



**Demographic  
and Health  
Surveys**

PN-AB11-182

**Phase II**

# **Model "B" Questionnaire**

**With Commentary  
For Low Contraceptive  
Prevalence Countries**

**Demographic and Health Surveys – Phase II**

**Model "B" Questionnaire  
with Commentary  
for  
Low Contraceptive Prevalence Countries**

**DHS-II Basic Documentation  
Number 2**

**Institute for Resource Development/Macro International, Inc.  
Columbia, Maryland**

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The Demographic and Health Surveys is a nine-year project to assist government and private agencies in developing countries to conduct national sample surveys on population and health. DHS is funded by the U.S. Agency for International Development and administered by the Institute for Resource Development.

The main objectives of the DHS program are: (1) to provide decisionmakers in the survey countries with data and analyses useful for informed policy choices, (2) to expand the international population and health database, (3) to advance survey methodology, (4) to develop in participating countries the skills and resources necessary to conduct demographic and health surveys.

For information about the Demographic and Health Surveys program, write to DHS, IRD/Macro International, Inc., 8850 Stanford Boulevard, Suite 4000, Columbia, MD 21045, USA (Telephone 301-290-2800; Telex 87775; Telefax 301-290-2999).

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## INTRODUCTION

The Demographic and Health Surveys Program (DHS) is now in the second phase of a nine-year project which began in September, 1984. Both the first phase (DHS-I) and the second phase (DHS-II) are intended to provide basic information on population and infant and child health for a large number of developing countries. DHS-II continues to promote the same objectives as DHS-I: (1) to provide the survey countries with data and analysis useful for informed policy choices; (2) to expand the international population and health data base; (3) to advance survey methodology; and (4) to help to develop in participating countries the technical skills and resources necessary to conduct demographic and health surveys.

These are essentially the same goals pursued by the predecessors of DHS, the World Fertility Survey (WFS) and the Contraceptive Prevalence Surveys (CPS). The program continues to be funded by the United States Agency for International Development and implemented by the Institute for Resource Development/Macro International, Inc.

During DHS-I, 34 surveys were carried out in 29 countries, resulting in 32 full-length final reports. In addition, there are 25 further analysis projects based on DHS-I data which have been organized by The Population Council, Inc. and various comparative and technical reports. Data are also being distributed to organizations and individuals worldwide for additional analysis.

The basic questionnaires developed for DHS-I went through some 20 drafts and numerous subsequent modifications based on field experience. A systematic review of the questionnaires was planned in preparation for the second round of surveys. This document is the product of that effort. This review was not undertaken because of any dissatisfaction with the DHS-I questionnaires; quite the contrary, the instruments were highly successful. Revisions have been made to increase the level of detail obtained and to expand the content coverage.

Following the precedent of DHS-I, we have again developed two model questionnaires: the "B" version for low contraceptive prevalence countries (described in this publication) and the "A" version for countries with high contraceptive use found in the companion report, **DHS-II Model A Questionnaire**. In light of the extensive investment in the preparation of the DHS-I questionnaires, which had the past experience of WFS and CPS on which to build, it is remarkable that the DHS-II questionnaires went through more than 15 drafts. There are basically two reasons for this; first, DHS-II incorporates a significantly expanded coverage of maternal and child health and second, includes a five-to-six year monthly calendar to record fertility, contraceptive, postpartum, marriage, migration and employment histories. The new health questions will be included in all countries whereas the calendar will be used only in questionnaires for countries with significant levels of contraceptive practice. Except for the calendar and the greater detail on contraceptive information in the "A" questionnaire, the two versions are essentially the same both in content and format. The questionnaire appropriate for a particular country is decided early in the survey implementation process. Countries are encouraged to add questions on topics of special interest.

The use of two basic questionnaires is one response to the need to recognize cultural diversity across a wide range of countries as is the opportunity to add country-specific questions. At the same time, there is the need to collect internationally comparable data which also implies important economies in training, data processing, and the preparation of reports.

The questionnaires also reflect various other competing interests, in part reflecting the

multiple purposes of DHS. The project is focused primarily on the collection of data relevant to program interests. They include: estimating levels of fertility and infant and child mortality; estimating levels of breastfeeding and the other proximate determinants of fertility; measuring contraceptive knowledge and use, availability, acceptability and the effectiveness of different methods; estimating the unmet need for birth control, reasons for nonuse, levels of unwanted fertility, preferences for additional children; measuring the extent of various childhood diseases in a recent time frame and treatment obtained, coverage rates for maternity care and childhood immunizations, nutritional status, infant feeding practices and other essentially descriptive parameters of interest to policy planners and program managers. These are all yardsticks by which program activity can be at least initially evaluated.

In addition, the questionnaires were designed to respond to program interests related to specific projects, for example, in social marketing. The questionnaires include questions on exposure to mass media, whether family planning messages have been heard on the radio, attitude toward the radio carrying such messages, and pill brand identification.

A final challenge was to meld family planning and demographic topics with the other topics of relevance to child health and survival. As a result, a significant fraction of the content of the DHS model questionnaires has been devoted to the subject of child health as was the case in DHS-I. Once again, the aim has been to achieve some appropriate balance in the competition for questionnaire space. The health items that have been included in the questionnaire cover water supply, toilet facilities, prenatal care, assistance at delivery, birth weight, tetanus toxoid injections, dates of all immunizations for children under five, infant feeding and diarrhea, fever, respiratory disease and their treatment. Moreover, the model questionnaires include the measurement of weight and height of women who have given birth in the 5-6 years prior to the survey and their surviving children as key indicators associated with nutritional status. The inclusion of health subjects in the questionnaires will also permit the linking of health with demographic variables, e.g., the analysis of the relationship between the length of birth intervals and the weight and height of children.

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The model questionnaires have benefitted from the scientific contributions of a great many individuals who specialize in various areas of the broad field of international population and maternal and child health. The list of contributors to the development of the various versions of the questionnaires is sufficiently numerous that it is not practical to mention each individually. However, DHS readily acknowledges and greatly appreciates the valuable advice provided by colleagues in host country institutions and the following organizations: Association for Voluntary Surgical Contraception, Centers for Disease Control, Center to Prevent Childhood Malnutrition, International Institute for Natural Family Planning, Mothercare Project, Office of Population Research, The Population Council, United Nations Children's Fund, World Health Organization, USAID Office of Population, USAID Office of Health, The World Bank, The World Hunger Program, and members of the DHS Scientific Advisory Committee.

The current revision and production of the questionnaires was accomplished at DHS and much of the credit for its strengths and responsibility for its defects rests with the DHS staff. The coordination of this effort was the responsibility of Jeremiah M. Sullivan and Ann Blanc. Elisabeth Sommerfelt was instrumental in organizing the health sections of the questionnaire. Other DHS staff who have invested considerable time in reviewing drafts of questionnaires and discussing changes are Fred Arnold, Mohamed Ayad, Bernard Barrere, George Bicego, Ties Boerma, David Cantoi, Trevor Croft, Annie Cross, Jeanne Cushing, Edilberto Loaiza, Luis Ochoa, Sri Poedjastoeti, Kia Reinis, Guillermo Rojas, Naomi Rutenberg, Shea Rutstein, Juan Schoemaker, Martin Vaessen and (former DHS staff) Ann Way. In addition, the senior DHS consultants - Robert Black and Charles Westoff - have contributed substantially to this effort.



## HOUSEHOLD SCHEDULE

### Household listing (1-15)

The Household Schedule has several purposes. The primary objectives are to screen the sample of households for women eligible to be interviewed (4-7) and to provide descriptive data on the characteristics of households. Data collected at the household level can also be used to assess the degree to which the sample represents the population. In countries where never-married women are excluded from the sample, information is collected in the Household Schedule which is used to derive denominators for the calculation of rates based on all women. In addition, information is obtained on the relationship of each household member to the head of the household (3), the education of all members of the household (8-10) and the survival and residence status of the parents of children less than 15 years of age (11-14).

The relationship of each member to the head of the household provides a picture of the structure and composition of the household. The educational attainment of the adult members of the household gives an indication of its resource base. The current enrollment and educational attainment of children provide a measure of their access to resources and their well-being and allows an investigation of the relationship between family size and children's educational opportunities. Information on the survivorship of the biological parents of children and whether or not they are household members can be used to measure the prevalence of child fostering.

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

| LINE NO. | USUAL RESIDENTS AND VISITORS | RELATIONSHIP TO HEAD OF HOUSEHOLD* | RESIDENCE                      |                                   | SEX                       |                    | AGE                             | EDUCATION          |                            |                                   | PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***                                       |   |                                   |          | ELIGIBILITY |  |
|----------|------------------------------|------------------------------------|--------------------------------|-----------------------------------|---------------------------|--------------------|---------------------------------|--------------------|----------------------------|-----------------------------------|---|---|-----------------------------------|----------|-------------|--|
|          |                              |                                    | Does (NAME) usually live here? | Did (NAME) sleep here last night? | Is (NAME) male or female? | How old is (NAME)? | IF AGED 6 YEARS OR OLDER        |                    |                            | Is (NAME)'s natural mother alive? | IF ALIVE  |   | Is (NAME)'s natural father alive? | IF ALIVE |             |  |
|          |                              |                                    |                                |                                   |                           |                    | Has (NAME) ever been to school? | IF ATTENDED SCHOOL | IF AGED LESS THAN 25 YEARS |                                   | Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER (12) | Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER (14) |                                   |          |             |  |
| (1)      | (2)                          | (3)                                | YES NO                         | YES NO                            | M F                       | IN YEARS           | YES NO                          | LEVEL GRADE        | YES NO                     | YES NO DK                         | YES NO DK   | YES NO DK   | YES NO DK                         | (15)     |             |  |
| 01       |                              |                                    | 1 2                            | 1 2                               | 1 2                       |                    | 1 2                             |                    | 1 2                        | 1 2 8                             |   | 1 2 8   |                                   | 01       |             |  |
| 02       |                              |                                    | 1 2                            | 1 2                               | 1 2                       |                    | 1 2                             |                    | 1 2                        | 1 2 8                             |   | 1 2 8   |                                   | 02       |             |  |
| 03       |                              |                                    | 1 2                            | 1 2                               | 1 2                       |                    | 1 2                             |                    | 1 2                        | 1 2 8                             |   | 1 2 8   |                                   | 03       |             |  |
| 04       |                              |                                    | 1 2                            | 1 2                               | 1 2                       |                    | 1 2                             |                    | 1 2                        | 1 2 8                             |   | 1 2 8   |                                   | 04       |             |  |
| 05       |                              |                                    | 1 2                            | 1 2                               | 1 2                       |                    | 1 2                             |                    | 1 2                        | 1 2 8                             |   | 1 2 8   |                                   | 05       |             |  |
| 06       |                              |                                    | 1 2                            | 1 2                               | 1 2                       |                    | 1 2                             |                    | 1 2                        | 1 2 8                             |   | 1 2 8   |                                   | 06       |             |  |
| 07       |                              |                                    | 1 2                            | 1 2                               | 1 2                       |                    | 1 2                             |                    | 1 2                        | 1 2 8                             |   | 1 2 8   |                                   | 07       |             |  |
| 08       |                              |                                    | 1 2                            | 1 2                               | 1 2                       |                    | 1 2                             |                    | 1 2                        | 1 2 8                             |   | 1 2 8   |                                   | 08       |             |  |
| 09       |                              |                                    | 1 2                            | 1 2                               | 1 2                       |                    | 1 2                             |                    | 1 2                        | 1 2 8                             |   | 1 2 8   |                                   | 09       |             |  |
| 10       |                              |                                    | 1 2                            | 1 2                               | 1 2                       |                    | 1 2                             |                    | 1 2                        | 1 2 8                             |   | 1 2 8   |                                   | 10       |             |  |

3

HOUSEHOLD SCHEDULE CONTINUED

| (1) | (2) | (3) | (4) |    | (5) |    | (6) |   | (7) | (8)      |   | (9) |    |             | (10) |     |    | (11) |    |    | (12) | (13) |    |    | (14) | (15) |
|-----|-----|-----|-----|----|-----|----|-----|---|-----|----------|---|-----|----|-------------|------|-----|----|------|----|----|------|------|----|----|------|------|
|     |     |     | YES | NO | YES | NO | M   | F |     | IN YEARS |   | YES | NO | LEVEL GRADE |      | YES | NO | YES  | NO | DK |      | YES  | NO | DK |      |      |
| 11  |     |     | 1   | 2  | 1   | 2  | 1   | 2 |     | 1        | 2 |     |    |             | 1    | 2   | 1  | 2    | 8  |    |      | 1    | 2  | 8  |      | 11   |
| 12  |     |     | 1   | 2  | 1   | 2  | 1   | 2 |     | 1        | 2 |     |    |             | 1    | 2   | 1  | 2    | 8  |    |      | 1    | 2  | 8  |      | 12   |
| 13  |     |     | 1   | 2  | 1   | 2  | 1   | 2 |     | 1        | 2 |     |    |             | 1    | 2   | 1  | 2    | 8  |    |      | 1    | 2  | 8  |      | 13   |
| 14  |     |     | 1   | 2  | 1   | 2  | 1   | 2 |     | 1        | 2 |     |    |             | 1    | 2   | 1  | 2    | 8  |    |      | 1    | 2  | 8  |      | 14   |
| 15  |     |     | 1   | 2  | 1   | 2  | 1   | 2 |     | 1        | 2 |     |    |             | 1    | 2   | 1  | 2    | 8  |    |      | 1    | 2  | 8  |      | 15   |
| 16  |     |     | 1   | 2  | 1   | 2  | 1   | 2 |     | 1        | 2 |     |    |             | 1    | 2   | 1  | 2    | 8  |    |      | 1    | 2  | 8  |      | 16   |
| 17  |     |     | 1   | 2  | 1   | 2  | 1   | 2 |     | 1        | 2 |     |    |             | 1    | 2   | 1  | 2    | 8  |    |      | 1    | 2  | 8  |      | 17   |
| 18  |     |     | 1   | 2  | 1   | 2  | 1   | 2 |     | 1        | 2 |     |    |             | 1    | 2   | 1  | 2    | 8  |    |      | 1    | 2  | 8  |      | 18   |
| 19  |     |     | 1   | 2  | 1   | 2  | 1   | 2 |     | 1        | 2 |     |    |             | 1    | 2   | 1  | 2    | 8  |    |      | 1    | 2  | 8  |      | 19   |
| 20  |     |     | 1   | 2  | 1   | 2  | 1   | 2 |     | 1        | 2 |     |    |             | 1    | 2   | 1  | 2    | 8  |    |      | 1    | 2  | 8  |      | 20   |

TICK HERE IF CONTINUATION SHEET USED

TOTAL NUMBER OF ELIGIBLE WOMEN

Just to make sure that I have a complete listing:

- Are there any other persons such as small children or infants that we have not listed? YES  ENTER EACH IN TABLE NO
- In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES  ENTER EACH IN TABLE NO
- Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES  ENTER EACH IN TABLE NO

\* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

- |                            |                       |                          |
|----------------------------|-----------------------|--------------------------|
| 01= HEAD                   | 05= GRANDCHILD        | 09= OTHER RELATIVE       |
| 02= WIFE OR HUSBAND        | 06= PARENT            | 10= ADOPTED/FOSTER CHILD |
| 03= SON OR DAUGHTER        | 07= PARENT-IN-LAW     | 11= NOT RELATED          |
| 04= SON OR DAUGHTER-IN-LAW | 08= BROTHER OR SISTER | 98= DK                   |

\*\* CODES FOR Q.9

LEVEL OF EDUCATION:

- 1= PRIMARY  
2= SECONDARY  
3= HIGHER  
8= DK

GRADE:

- 00=LESS THAN 1 YEAR COMPLETED  
98=DK

\*\*\* These questions refer to the biological parents of the child. Record 00 if parent not member of household.

### Water and toilet facilities (16-20)

These questions are intended to elucidate determinants of international variations in infant and child mortality and morbidity. The information on these facilities should be collected in response categories organized into major headings which are meaningful for cross-national comparative analysis. The major headings for sources of water and types of toilet facilities are shown in Questions 16, 19 and 20 and should appear in country-specific versions of the DHS questionnaires. Specific response categories under each major heading may be as detailed as considered necessary in any particular survey.

In the case of sources of water, the objective is to obtain information on the quantity of water available for general household use rather than on the quality of the available water. The major headings indicate the source from which water is obtained but do not distinguish sources on the basis of water quality. A question on the time to travel to and return from the source of water for handwashing and dishwashing is included as an indirect indicator of the quantity of water available for general household use.

In the case of types of toilet facilities, the main issue is the level of hygienic conditions offered by the household's toilet facilities. The major headings distinguish between flush toilet, pit toilet/latrine, and no specific facilities. "Flush toilet" is defined as a facility where the toilet is separated from the refuse disposal system by a water seal. Note that this definition does not distinguish between whether the water seal is maintained by water dumped from a bucket or a plumbing system or whether the disposal system is a pit, septic tank or public sewer system. The second major heading, "pit toilet/latrine", is defined as a system without a water seal and where the disposal system is a dug pit. This can be a pit dug behind a dwelling or a more elaborate "ventilated" latrine designed to provide sufficient air flow so that disease transmission by flying insects is minimized.

### Household possessions and dwelling characteristics (21-24)

There are two objectives to these lists (which vary in detail in different countries): 1) to provide some index of standard of living or socioeconomic status, and; 2) to provide further information on exposure to mass media (possession of radio, television). This indirect approach to the measurement of socioeconomic status is affected by urban-rural and regional differences in consumer choices and preference, but is considered more feasible than the use of direct questions on income. A question on the number of rooms used for sleeping in the house is included as an indicator of density or crowding.

| NO.             | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP TO |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |
|-----------------|---|---|---------|-----|----|--------------|---|---|---------------|---|---|---------------|---|---|-----------------|---|---|--|
| 16              | What is the source of water your household uses for handwashing and dishwashing?* | PIPED WATER<br>PIPED INTO<br>RESIDENCE/YARD/PLOT.....11 → 18<br>PUBLIC TAP.....12<br>WELL WATER<br>WELL IN RESIDENCE/YARD/PLOT...21 → 18<br>PUBLIC WELL.....22<br>SURFACE WATER<br>SPRING.....31<br>RIVER/STREAM.....32<br>POND/LAKE.....33<br>DAM.....34<br>RAINWATER.....41 → 18<br>TANKER TRUCK.....51<br>BOTTLED WATER.....61 → 18<br>OTHER.....71<br>(SPECIFY) |         |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |
| 17              | How long does it take to go there, get water, and come back?                      | MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/><br>ON PREMISES.....996  |         |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |
| 18              | Does your household get drinking water from this same source?                     | YES.....1 → 20<br>NO.....2  |         |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |
| 19              | What is the source of drinking water for members of your household?*              | PIPED WATER<br>PIPED INTO<br>RESIDENCE/YARD/PLOT.....11<br>PUBLIC TAP.....12<br>WELL WATER<br>WELL IN RESIDENCE/YARD/PLOT...21<br>PUBLIC WELL.....22<br>SURFACE WATER<br>SPRING.....31<br>RIVER/STREAM.....32<br>POND/LAKE.....33<br>DAM.....34<br>RAINWATER.....41<br>TANKER TRUCK.....51<br>BOTTLED WATER.....61<br>OTHER.....71<br>(SPECIFY)                     |         |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |
| 20              | What kind of toilet facility does your household have?*                           | FLUSH TOILET<br>OWN FLUSH TOILET.....11<br>SHARED FLUSH TOILET.....12<br>PIT TOILET/LATRINE<br>TRADITIONAL PIT TOILET.....21<br>VENTILATED IMPROVED PIT<br>(VIP) LATRINE.....22<br>NO FACILITY/BUSH/FIELD.....31<br>OTHER.....41<br>(SPECIFY)   |         |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |
| 21              | Does your household have:   | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A radio?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A television?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A refrigerator?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>                             |         | YES | NO | ELECTRICITY? | 1 | 2 | A radio?      | 1 | 2 | A television? | 1 | 2 | A refrigerator? | 1 | 2 |  |
|                 | YES   | NO  |         |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |
| ELECTRICITY?    | 1   | 2   |         |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |
| A radio?        | 1   | 2   |         |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |
| A television?   | 1   | 2   |         |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |
| A refrigerator? | 1   | 2   |         |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |
| 22              | How many rooms in your household are used for sleeping?                           | ROOMS..... <input type="text"/> <input type="text"/>  |         |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |
| 23              | MAIN MATERIAL OF THE FLOOR.**<br><br>RECORD OBSERVATION.                          | NATURAL FLOOR<br>EARTH/SAND.....11<br>DUNG.....12<br>RUDIMENTARY FLOOR<br>WOOD PLANKS.....21<br>PALM/BAMBOO.....22<br>FINISHED FLOOR<br>PARQUET OR POLISHED WOOD.....31<br>VINYL OR ASPHALT STRIPS.....32<br>CERAMIC TILES.....33<br>CEMENT.....34<br>CARPET.....35<br>OTHER.....41<br>(SPECIFY)  |         |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |
| 24              | Does any member of your household own:  | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A bicycle?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A motorcycle?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A car?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>   |         | YES | NO | A bicycle?   | 1 | 2 | A motorcycle? | 1 | 2 | A car?        | 1 | 2 |                 |   |   |  |
|                 | YES   | NO  |         |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |
| A bicycle?      | 1   | 2   |         |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |
| A motorcycle?   | 1   | 2   |         |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |
| A car?          | 1   | 2   |         |     |    |              |   |   |               |   |   |               |   |   |                 |   |   |  |

\* Coding categories to be developed locally and revised based on the pretest, however the large categories must be maintained.

\*\* Coding categories to be developed locally and revised based on the pretest, however the large categories must be maintained. The material of walls or ceilings may be a better measure in some countries.



## SECTION 1. RESPONDENT'S BACKGROUND

### Time of interview (101)

Time, recorded in questions 101 and 717, is used to determine the length of the interview.

### Residence and mobility (102-104)

These questions begin the interview and are intended to provide a basis for developing an index of rural to urban migration. Such an index has shown greater analytical power for explaining contraceptive use and fertility than either childhood or current residence alone.

### Date of birth and age of women (105-106)

Both the month and year of birth and age at last birthday are to be asked. The interviewer is instructed to reconcile age and birth date if possible. Reconciliation in the field is preferable to leaving inconsistencies that plague the editing process and must eventually be solved by the analyst. It is important, therefore, that the interviewer make a serious effort to determine these dates.

### Education and literacy (107-111)

The questions on education follow the time-tested WFS sequence. Probes for the type of education received will be required in countries where the educational system (or the number of grades at each level) has changed in the last 30 years. Question 111, which ascertains literacy for all women with less than 6 years of schooling, has been expanded to distinguish difficulty in reading because of the general expansion of literacy throughout the developing world. Education is one of the main factors influencing fertility, infant and child mortality, and health care.

### Mass media (112-114)

These questions, not asked in WFS or CPS, are intended to provide some simple index of exposure to modern ideas and messages communicated through written and visual media. Further information on exposure to mass media is provided in 120 through possession of radio or television and in 333-335 where the focus is on media exposure to family planning information.

### Religion and ethnicity (115-116)

These questions are relevant in countries with religious and/or ethnic diversity. There is considerable evidence that reproductive behavior is influenced by normative attitudes associated with religious values and with ethnicity. This information is also of potential programmatic value in identifying particular groups that may have special needs.

SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP TO |
|-----|--|--|---------|
| 101 | RECORD THE TIME.   | HOUR.....<br>MINUTES.....                                    |         |
| 102 | First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside? | CITY.....1<br>TOWN.....2<br>COUNTRYSIDE.....3                |         |
| 103 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?  | YEARS.....<br>ALWAYS.....95<br>VISITOR.....96                | 105     |
| 104 | Just before you moved here, did you live in a city, in a town, or in the countryside?  | CITY.....1<br>TOWN.....2<br>COUNTRYSIDE.....3                |         |
| 105 | In what month and year were you born?  | MONTH.....<br>DK MONTH.....98<br>YEAR.....<br>DK YEAR.....98 |         |
| 106 | How old were you at your last birthday?<br>COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.   | AGE IN COMPLETED YEARS.....                                  |         |
| 107 | Have you ever attended school?   | YES.....1<br>NO.....2  | 111     |
| 108 | What is the highest level of school you attended: primary, secondary, or higher?   | PRIMARY.....1<br>SECONDARY.....2<br>HIGHER.....3             |         |
| 109 | What is the highest (grade/form/year) you completed at that level?   | GRADE.....   |         |
| 110 | CHECK 108:<br>PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>  |  | 112     |
| 111 | Can you read and understand a letter or newspaper easily, with difficulty, or not at all?  | EASILY.....1<br>WITH DIFFICULTY.....2<br>NOT AT ALL.....3    | 113     |
| 112 | Do you usually read a newspaper or magazine at least once a week?  | YES.....1<br>NO.....2  |         |
| 113 | Do you usually listen to a radio at least once a week?   | YES.....1<br>NO.....2  |         |
| 114 | Do you usually watch television at least once a week?  | YES.....1<br>NO.....2  |         |
| 115 | COUNTRY-SPECIFIC QUESTION ON RELIGION.   |  |         |
| 116 | COUNTRY-SPECIFIC QUESTION ON ETHNICITY.  |  |         |

\* Revise according to the local education system.

**Household characteristics of non-usual residents (117-128)**

These questions are asked only of women who are interviewed in a household which is not their usual residence (e.g., visitors). Questions 117-118 are used to accurately identify the respondent's type of place of residence and region of residence. Questions 119-128 are identical to questions in the Household Schedule but are included here in order to obtain information about the household in which the respondent usually lives.

| NO.               | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP TO                                |     |    |                  |   |   |            |   |   |                 |   |   |                   |   |   |  |
|-------------------|---|---|--|-----|----|------------------|---|---|------------|---|---|-----------------|---|---|-------------------|---|---|--|
| 117               | CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE<br>THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT<br><input type="checkbox"/>   | THE WOMAN INTERVIEWED IS A USUAL RESIDENT<br><input type="checkbox"/>   | 201                                    |     |    |                  |   |   |            |   |   |                 |   |   |                   |   |   |  |
| 118               | Now I would like to ask about the place in which you usually live.<br><br>Do you usually live in a city, in a town, or in the countryside?<br><br>IF CITY: In which city do you live? | CAPITAL CITY, LARGE CITY.....1<br>SMALL CITY.....2<br>TOWN.....3<br>COUNTRYSIDE.....4   |  |     |    |                  |   |   |            |   |   |                 |   |   |                   |   |   |  |
| 119               | In which (STATE/PROVINCE) is that located?  | STATE(S)/PROVINCE(S).....1<br>STATE(S)/PROVINCE(S).....2<br>STATE(S)/PROVINCE(S).....3<br>STATE(S)/PROVINCE(S).....4<br>STATE(S)/PROVINCE(S).....5  |  |     |    |                  |   |   |            |   |   |                 |   |   |                   |   |   |  |
| 120               | Now I would like to ask about the household in which you usually live.<br><br>What is the source of water your household uses for handwashing and dishwashing?                        | PIPED WATER<br>PIPED INTO RESIDENCE/YARD/PLOT.....11<br>PUBLIC TAP.....12<br>WELL WATER<br>WELL IN RESIDENCE/YARD/PLOT...21<br>PUBLIC WELL.....22<br>SURFACE WATER<br>SPRING.....31<br>RIVER/STREAM.....32<br>POND/LAKE.....33<br>DAM.....34<br>RAINWATER.....41<br>TANKER TRUCK.....51<br>BOTTLED WATER.....61<br>OTHER.....71<br>(SPECIFY)      | 122<br>122<br>122<br>122<br>122<br>122 |     |    |                  |   |   |            |   |   |                 |   |   |                   |   |   |  |
| 121               | How long does it take to go there, get water, and come back?  | MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/><br>ON PREMISES.....996  |  |     |    |                  |   |   |            |   |   |                 |   |   |                   |   |   |  |
| 122               | Does your household get drinking water from this same source?   | YES.....1<br>NO.....2   | 124                                    |     |    |                  |   |   |            |   |   |                 |   |   |                   |   |   |  |
| 123               | What is the source of drinking water for members of your household?   | PIPED WATER<br>PIPED INTO RESIDENCE/YARD/PLOT.....11<br>PUBLIC TAP.....12<br>WELL WATER<br>WELL IN RESIDENCE/YARD/PLOT...21<br>PUBLIC WELL.....22<br>SURFACE WATER<br>SPRING.....31<br>RIVER/STREAM.....32<br>POND/LAKE.....33<br>DAM.....34<br>RAINWATER.....41<br>TANKER TRUCK.....51<br>BOTTLED WATER.....61<br>OTHER.....71<br>(SPECIFY)      |  |     |    |                  |   |   |            |   |   |                 |   |   |                   |   |   |  |
| 124               | What kind of toilet facility does your household have?  | FLUSH TOILET<br>OWN FLUSH TOILET.....11<br>SHARED FLUSH TOILET.....12<br>PIT TOILET/LATRINE<br>TRADITIONAL PIT TOILET.....21<br>VENTILATED IMPROVED PIT (VIP) LATRINE.....22<br>NO FACILITY/BUSH/FIELD.....31<br>OTHER.....41<br>(SPECIFY)  |  |     |    |                  |   |   |            |   |   |                 |   |   |                   |   |   |  |
| 125               | Does your household have:<br><br>Electricity?<br>A radio?<br>A television?<br>A refrigerator?   | <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> |  | YES | NO | ELECTRICITY..... | 1 | 2 | RADIO..... | 1 | 2 | TELEVISION..... | 1 | 2 | REFRIGERATOR..... | 1 | 2 |  |
|                   | YES   | NO  |  |     |    |                  |   |   |            |   |   |                 |   |   |                   |   |   |  |
| ELECTRICITY.....  | 1   | 2   |  |     |    |                  |   |   |            |   |   |                 |   |   |                   |   |   |  |
| RADIO.....        | 1   | 2   |  |     |    |                  |   |   |            |   |   |                 |   |   |                   |   |   |  |
| TELEVISION.....   | 1   | 2   |  |     |    |                  |   |   |            |   |   |                 |   |   |                   |   |   |  |
| REFRIGERATOR..... | 1   | 2   |  |     |    |                  |   |   |            |   |   |                 |   |   |                   |   |   |  |

\* Coding categories should be developed that are compatible with the 4 category system (large city, small city, town, countryside) used on the identification section of the cover sheet.  
 \*\* Coding categories should be developed that are compatible with the regional categorization used on the identification section of the cover sheet.  
 \* \*\* Coding categories to be developed locally and revised based on the pretest, however the large categories must be maintained.

| NO.             | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP<br>TO |     |    |              |   |   |                 |   |   |          |   |   |  |
|-----------------|---|--|------------|-----|----|--------------|---|---|-----------------|---|---|----------|---|---|--|
| 126             | How many rooms in your household are used for sleeping?                             | ROOMS..... <input type="text"/> <input type="text"/>   |            |     |    |              |   |   |                 |   |   |          |   |   |  |
| 127             | Could you describe the main material of the floor* of your home?                    | NATURAL FLOOR<br>EARTH/SAND.....11<br>DUNG.....12<br>RUDIMENTARY FLOOR<br>WOOD PLANKS.....21<br>PALM/BAMBOO.....22<br>FINISHED FLOOR<br>PARQUET OR POLISHED WOOD.....31<br>VINYL OR ASPHALT STRIPS.....32<br>CERAMIC TILES.....33<br>CEMENT.....34<br>CARPET.....35<br>OTHER _____ 41<br>(SPECIFY) |            |     |    |              |   |   |                 |   |   |          |   |   |  |
| 128             | Does any member of your household own:<br><br>A bicycle?<br>A motorcycle?<br>A car? | <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>                    |            | YES | NO | BICYCLE..... | 1 | 2 | MOTORCYCLE..... | 1 | 2 | CAR..... | 1 | 2 |  |
|                 | YES   | NO   |            |     |    |              |   |   |                 |   |   |          |   |   |  |
| BICYCLE.....    | 1   | 2  |            |     |    |              |   |   |                 |   |   |          |   |   |  |
| MOTORCYCLE..... | 1   | 2  |            |     |    |              |   |   |                 |   |   |          |   |   |  |
| CAR.....        | 1   | 2  |            |     |    |              |   |   |                 |   |   |          |   |   |  |

\* Coding categories to be developed locally and revised based on the pretest, however the large categories must be maintained. The material of walls or ceilings may be a better measure in some countries.

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## SECTION 2. REPRODUCTION

### Lifetime fertility (201-210)

Questions 201-210 on lifetime fertility are standard preliminary questions aimed at determining the total number of births (and child deaths) in the woman's history and they set the stage for the detailed history in 211-220.

Experience has indicated that certain types of events are under-reported; this is the reason for distinguishing children living at home from those living away, and from those who have died. Distinction by sex improves reporting and allows estimation of sex-specific mortality rates.

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES                               | SKIP TO  |  |  |  |  |
|-----|--|---|--|--|--|--|--|
| 201 | How I would like to ask about all the births you have had during your life. Have you ever given birth?   | YES.....1<br>NO.....2                           | →206   |  |  |  |  |
| 202 | Do you have any sons or daughters to whom you have given birth who are now living with you?  | YES.....1<br>NO.....2                           | →204   |  |  |  |  |
| 203 | How many sons live with you?<br>And how many daughters live with you?<br>IF NONE RECORD '00'.  | SONS AT HOME.....<br>DAUGHTERS AT HOME.....     | <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> |  |  |  |  |
|     |  |   |  |  |  |  |  |
|     |  |   |  |  |  |  |  |
| 204 | Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?   | YES.....1<br>NO.....2                           | →206   |  |  |  |  |
| 205 | How many sons are alive but do not live with you?<br>And how many daughters are alive but do not live with you?<br>IF NONE RECORD '00'.  | SONS ELSEWHERE.....<br>DAUGHTERS ELSEWHERE..... | <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> |  |  |  |  |
|     |  |   |  |  |  |  |  |
|     |  |   |  |  |  |  |  |
| 206 | Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?   | YES.....1<br>NO.....2                           | →208   |  |  |  |  |
| 207 | In all, how many boys have died?<br>And how many girls have died?<br>IF NONE RECORD '00'.  | BOYS DEAD.....<br>GIRLS DEAD.....               | <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> |  |  |  |  |
|     |  |   |  |  |  |  |  |
|     |  |   |  |  |  |  |  |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.<br>IF NONE RECORD '00'.   | TOTAL.....                                      | <table border="1"><tr><td></td><td></td></tr></table>                            |  |  |  |  |
|     |  |   |  |  |  |  |  |
| 209 | CHECK 208:<br><br>Just to make sure that I have this right: you have had in TOTAL ___ births during your life. Is that correct?<br><br>YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY |   |  |  |  |  |  |
| 210 | CHECK 208:<br><br>ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>   |   | →223   |  |  |  |  |

### Detailed birth history (211-220)

The detailed birth history comprises the heart of the fertility survey from which fertility and infant and child mortality rates are derived.

Fertility surveys conducted in developing countries over the past several decades have differed widely in their approaches to collecting data on births. The complexity of questionnaires has ranged from that typically found in the Contraceptive Prevalence Surveys which include a simple question on the date of the last live birth, to that in the World Fertility Surveys which include a complete history of all live births that a respondent has ever had. Another strategy is the so-called "last live birth questions" where respondents are asked about the dates of both their last live birth and the penultimate birth (as well as any pregnancies which occurred after the last live birth). Another approach to collecting recent fertility information is to use a "truncated history" approach, i.e., to obtain information on all births in the past five years.

Each of these approaches has advantages and limitations. The full birth history is incorporated in the DHS Model Questionnaire. Complete birth histories clearly have the advantage of supplying a much richer data set to study trends in fertility, variations across cohorts and time periods, and the characteristics of birth intervals. A complete history also permits better estimation of current levels of fertility by allowing a more thorough evaluation of the quality of the data. Even in countries that have a previous WFS or other survey, the full birth history would enhance the ability to disentangle genuine trends from errors by joint analysis of overlapping histories.

The interviewer is required to probe and convert all dates to calendar form. These probes may be annoying but they are critical to obtaining high quality data.

The full birth and child survival history is used to calculate age-specific fertility and infant and child mortality rates for a recent period and to derive cohort-period rates that can be used to infer trends.

The DHS-II version has added a question (219) to determine with whom the child lives if not with the mother. It is expected that children's health and well-being will be affected by the presence or absence of their biological mother. For those children who are not in the same household with their mother, their health status and educational opportunities are likely to be affected by the person with whom they reside.

211 Now I would like to talk to you about all of 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 LINES.

| 212  | 213                                     | 214                        | 215   | 216                    | 217  | 218                        | 219  | 220   |
|--|---|----------------------------|---|------------------------|--|----------------------------|--|---|
| What name was given to your (first,next) baby? | RECORD SINGLE OR MULTIPLE BIRTH STATUS. | Is (NAME) a boy or a girl? | In what month and year was (NAME) born?<br><br>PROBE:<br>What is his/her birthday?<br>OR: In what season was he/she born? | Is (NAME) still alive? | How old was (NAME) at his/her last birthday?<br><br>RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | IF LESS THAN 15 YRS. OF AGE:<br><br>With whom does he/she live?<br><br>IF 15+: GO TO NEXT BIRTH. | IF DEAD:<br><br>How old was he/she when he/she died?<br><br>IF "1 YR.", PROBE:<br>How many months old was (NAME)?<br><br>RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS. |

|                       |                      |                    |  |                                |                                      |   |  |   |
|-----------------------|----------------------|--------------------|--|--------------------------------|--------------------------------------|---|--|---|
| 01<br>_____<br>(NAME) | SING...1<br>MULT...2 | BOY...1<br>GIRL..2 | MONTH.. <input type="text"/><br>YEAR... <input type="text"/> | YES...1<br>NO....2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> | YES.....1<br>(GO TO NEXT BIRTH)<br>NO.....2 | FATHER.....1<br>OTHER RELATIVE..2<br>SOMEONE ELSE...3<br>(GO NEXT BIRTH) | DAYS....1<br>MONTHS..2<br>YEARS...3<br><input type="text"/> |
| 02<br>_____<br>(NAME) | SING...1<br>MULT...2 | BOY...1<br>GIRL..2 | MONTH.. <input type="text"/><br>YEAR... <input type="text"/> | YES...1<br>NO....2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> | YES.....1<br>(GO TO NEXT BIRTH)<br>NO.....2 | FATHER.....1<br>OTHER RELATIVE..2<br>SOMEONE ELSE...3<br>(GO NEXT BIRTH) | DAYS....1<br>MONTHS..2<br>YEARS...3<br><input type="text"/> |
| 03<br>_____<br>(NAME) | SING...1<br>MULT...2 | BOY...1<br>GIRL..2 | MONTH.. <input type="text"/><br>YEAR... <input type="text"/> | YES...1<br>NO....2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> | YES.....1<br>(GO TO NEXT BIRTH)<br>NO.....2 | FATHER.....1<br>OTHER RELATIVE..2<br>SOMEONE ELSE...3<br>(GO NEXT BIRTH) | DAYS....1<br>MONTHS..2<br>YEARS...3<br><input type="text"/> |
| 04<br>_____<br>(NAME) | SING...1<br>MULT...2 | BOY...1<br>GIRL..2 | MONTH.. <input type="text"/><br>YEAR... <input type="text"/> | YES...1<br>NO....2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> | YES.....1<br>(GO TO NEXT BIRTH)<br>NO.....2 | FATHER.....1<br>OTHER RELATIVE..2<br>SOMEONE ELSE...3<br>(GO NEXT BIRTH) | DAYS....1<br>MONTHS..2<br>YEARS...3<br><input type="text"/> |
| 05<br>_____<br>(NAME) | SING...1<br>MULT...2 | BOY...1<br>GIRL..2 | MONTH.. <input type="text"/><br>YEAR... <input type="text"/> | YES...1<br>NO....2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> | YES.....1<br>(GO TO NEXT BIRTH)<br>NO.....2 | FATHER.....1<br>OTHER RELATIVE..2<br>SOMEONE ELSE...3<br>(GO NEXT BIRTH) | DAYS....1<br>MONTHS..2<br>YEARS...3<br><input type="text"/> |
| 06<br>_____<br>(NAME) | SING...1<br>MULT...2 | BOY...1<br>GIRL..2 | MONTH.. <input type="text"/><br>YEAR... <input type="text"/> | YES...1<br>NO....2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> | YES.....1<br>(GO TO NEXT BIRTH)<br>NO.....2 | FATHER.....1<br>OTHER RELATIVE..2<br>SOMEONE ELSE...3<br>(GO NEXT BIRTH) | DAYS....1<br>MONTHS..2<br>YEARS...3<br><input type="text"/> |
| 07<br>_____<br>(NAME) | SING...1<br>MULT...2 | BOY...1<br>GIRL..2 | MONTH.. <input type="text"/><br>YEAR... <input type="text"/> | YES...1<br>NO....2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> | YES.....1<br>(GO TO NEXT BIRTH)<br>NO.....2 | FATHER.....1<br>OTHER RELATIVE..2<br>SOMEONE ELSE...3<br>(GO NEXT BIRTH) | DAYS....1<br>MONTHS..2<br>YEARS...3<br><input type="text"/> |
| 08<br>_____<br>(NAME) | SING...1<br>MULT...2 | BOY...1<br>GIRL..2 | MONTH.. <input type="text"/><br>YEAR... <input type="text"/> | YES...1<br>NO....2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> | YES.....1<br>(GO TO NEXT BIRTH)<br>NO.....2 | FATHER.....1<br>OTHER RELATIVE..2<br>SOMEONE ELSE...3<br>(GO NEXT BIRTH) | DAYS....1<br>MONTHS..2<br>YEARS...3<br><input type="text"/> |

|   |  |                                   |  |                               |  |  |   |   |
|---|--|-----------------------------------|--|-------------------------------|--|--|---|---|
| 212<br>What name was given to your next baby? | 213<br>RECORD SINGLE OR MULTIPLE BIRTH STATUS. | 214<br>Is (NAME) a boy or a girl? | 215<br>In what month and year was (NAME) born?<br><br>PROBE: What is his/her birthday? OR: In what season? | 216<br>Is (NAME) still alive? | 217<br>IF ALIVE:<br>How old was (NAME) at his/her last birthday?<br><br>RECORD AGE IN COMPLETED YEARS. | 218<br>IF ALIVE:<br>Is (NAME) living with you? | 219<br>IF LESS THAN 15 YRS. OF AGE:<br>With whom does he/she live?<br><br>IF 15+: GO TO NEXT BIRTH. | 220<br>IF DEAD:<br>How old was he/she when he/she died?<br><br>IF "1 YR.", PROBE: How many months old was (NAME)?<br><br>RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS. |
|---|--|-----------------------------------|--|-------------------------------|--|--|---|---|

|                       |                      |                    |  |                               |                                      |  |  |   |
|-----------------------|----------------------|--------------------|--|-------------------------------|--------------------------------------|--|--|---|
| 09<br>_____<br>(NAME) | SING...1<br>MULT...2 | BOY...1<br>GIRL..2 | MONTH.. <input type="text"/><br>YEAR... <input type="text"/> | YES...1<br>NO...2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> | YES.....1<br>(GO TO NEXT BIRTH)<br>NO. ....2 | FATHER.....1<br>OTHER RELATIVE..2<br>SOMEONE ELSE...3<br>(GO NEXT BIRTH) | DAYS....1<br>MONTHS..2<br>YEARS...3<br><input type="text"/> |
| 10<br>_____<br>(NAME) | SING...1<br>MULT...2 | BOY...1<br>GIRL..2 | MONTH.. <input type="text"/><br>YEAR... <input type="text"/> | YES...1<br>NO...2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> | YES.....1<br>(GO TO NEXT BIRTH)<br>NO.....2  | FATHER.....1<br>OTHER RELATIVE..2<br>SOMEONE ELSE...3<br>(GO NEXT BIRTH) | DAYS....1<br>MONTHS..2<br>YEARS...3<br><input type="text"/> |
| 11<br>_____<br>(NAME) | SING...1<br>MULT...2 | BOY...1<br>GIRL..2 | MONTH.. <input type="text"/><br>YEAR... <input type="text"/> | YES...1<br>NO...2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> | YES.....1<br>(GO TO NEXT BIRTH)<br>NO.....2  | FATHER.....1<br>OTHER RELATIVE..2<br>SOMEONE ELSE...3<br>(GO NEXT BIRTH) | DAYS....1<br>MONTHS..2<br>YEARS...3<br><input type="text"/> |
| 12<br>_____<br>(NAME) | SING...1<br>MULT...2 | BOY...1<br>GIRL..2 | MONTH.. <input type="text"/><br>YEAR... <input type="text"/> | YES...1<br>NO...2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> | YES.....1<br>(GO TO NEXT BIRTH)<br>NO.....2  | FATHER.....1<br>OTHER RELATIVE..2<br>SOMEONE ELSE...3<br>(GO NEXT BIRTH) | DAYS....1<br>MONTHS..2<br>YEARS...3<br><input type="text"/> |
| 13<br>_____<br>(NAME) | SING...1<br>MULT...2 | BOY...1<br>GIRL..2 | MONTH.. <input type="text"/><br>YEAR... <input type="text"/> | YES...1<br>NO...2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> | YES.....1<br>(GO TO NEXT BIRTH)<br>NO.....2  | FATHER.....1<br>OTHER RELATIVE..2<br>SOMEONE ELSE...3<br>(GO NEXT BIRTH) | DAYS....1<br>MONTHS..2<br>YEARS...3<br><input type="text"/> |
| 14<br>_____<br>(NAME) | SING...1<br>MULT...2 | BOY...1<br>GIRL..2 | MONTH.. <input type="text"/><br>YEAR... <input type="text"/> | YES...1<br>NO...2<br>↓<br>220 | AGE IN YEARS<br><input type="text"/> | YES.....1<br>(GO TO NEXT BIRTH)<br>NO.....2  | FATHER.....1<br>OTHER RELATIVE..2<br>SOMEONE ELSE...3<br>(GO TO 221)     | DAYS....1<br>MONTHS..2<br>YEARS...3<br><input type="text"/> |

221 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME  NUMBERS ARE DIFFERENT  (PROBE AND RECONCILE)

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.

FOR AGE AT DEATH 12 MONTHS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.

222 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1985.\*  
IF NONE, RECORD 0.

\* For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987 or 1988, respectively.

### Current pregnancy (223-225)

If the woman reports that she is currently pregnant, she is asked how many months. The planning status of the current pregnancy is then inquired about in 225 in order to provide information on contraceptive failure and to help in estimating the current need for contraception.

### Menstruation (226-228)

Question 226 is used to provide a basis for classifying the fecundity status of women and to improve the reporting of current pregnancy. Unlike earlier surveys that asked women's perceptions about their ability to conceive, the DHS depends on reporting of menstruation in conjunction with other information on contraception and lactation. Questions 227-228 are included to determine a respondent's general knowledge about the biology of reproduction. This knowledge is crucial for women relying on periodic abstinence for contraception.

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP TO |
|-----|---|--|---------|
| 223 | Are you pregnant now?   | YES.....1<br>NO.....2<br>UNSURE.....8  | 226     |
| 224 | How many months pregnant are you?   | MONTHS..... <input type="text"/>   |         |
| 225 | At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not</u> want to become pregnant at all?      | THEN.....1<br>LATER.....2<br>NOT AT ALL.....3  |         |
| 226 | When did your last menstrual period start?  | DAYS AGO.....1 <input type="text"/><br>WEEKS AGO.....2 <input type="text"/><br>MONTHS AGO.....3 <input type="text"/><br>YEARS AGO.....4 <input type="text"/><br>IN MENOPAUSE.....994<br>BEFORE LAST BIRTH.....995<br>NEVER MENSTRUATED.....996 |         |
| 227 | Between the first day of a woman's period and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times? | YES.....1<br>NO.....2<br>DK.....8  | 301     |
| 228 | During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?*  | DURING HER PERIOD.....1<br>RIGHT AFTER HER PERIOD<br>HAS ENDED.....2<br>IN THE MIDDLE OF THE CYCLE.....3<br>JUST BEFORE HER PERIOD BEGINS...4<br>OTHER.....5<br>(SPECIFY)<br>DK.....8  |         |

\* Coding categories to be developed locally and revised based on the pretest.

### SECTION 3. CONTRACEPTION

#### Knowledge and use of methods; knowledge of sources (301-304)

The section on contraception opens with standard questions asking the respondent whether she knows of different methods and if so, whether she has ever used the method, and whether she knows where to obtain it. Knowledge or recognition of different methods is first asked without prompting the respondent (301); when the methods spontaneously recognized are recorded, she is then asked whether she has ever heard about use of the methods she has not mentioned (302). Nine specific methods are listed. Women who recognize particular methods are then asked whether they have ever used them (303).

This procedure may seem tedious but experience has indicated that it is necessary to obtain accurate information about contraceptive practice. In particular, the procedure serves to lead into subsequent questions about current and recent use by clearly communicating the concept of contraception.

The question about where one would go to get each method (304) is aimed at determining chiefly how available it is to the woman. The analytical interest is primarily to understand whether nonuse of contraception (or of certain methods) can be attributed to lack of availability.

SECTION 3. CONTRACEPTION

**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. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.  
 THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.  
 CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.  
 THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-304 BEFORE PROCEEDING TO THE NEXT METHOD.

|  |  |                                  |  |
|--|--|----------------------------------|--|
|  | 302 Have you ever heard of (METHOD)?<br>READ DESCRIPTION OF EACH METHOD. | 303 Have you ever used (METHOD)? | 304 Do you know where a person could go to get (METHOD)? |
|--|--|----------------------------------|--|

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

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

### Probes on contraceptive use (306-307)

These questions function as a screening device to check on the classification of the respondent as a "never user" of contraception. This is important because if she is so classified she is skipped out of all subsequent questions on current or recent use.

### First use of contraception (308)

This question is aimed at determining the respondent's introduction to contraception. The number of children she had, if any, at the time is relevant to monitoring trends in the timing of use.

### Current use (311-312 )

The main purpose of the questions on current use of contraception is to estimate current contraceptive prevalence rates by method. In addition, the classification of the respondent as a current user or non-user determines which questions she is asked in the rest of Section 3 as well as in other parts of the questionnaire.

### Pill use (313-317)

Details on brand, cost, and contact with family planning professionals are included for the evaluation of family planning and social marketing programs.

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP TO    |
|------|---|--|------------|
| 306  | Have you ever used anything or tried in any way to delay or avoid getting pregnant?   | YES..... <input type="checkbox"/><br>NO..... <input type="checkbox"/>  | 324        |
| 307  | What have you used or done?<br>CORRECT 303-305 (AND 302 IF NECESSARY).  |  |            |
| 308  | Now I would like to ask you about the time when you first did something or used a method to avoid getting pregnant.<br><br>How many living children did you have at that time, if any?<br><br>IF NONE, RECORD '00'. | NUMBER OF CHILDREN..... <input type="text"/>   |            |
| 309  | CHECK 223:<br><br>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>   |  | 324        |
| 310  | CHECK 303:<br><br>WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>   |  | 312A       |
| 311  | Are you currently doing something or using any method to delay or avoid getting pregnant?   | YES.....1<br>NO.....2  | 324        |
| 312  | Which method are you using?*  | PILL.....01<br>IUD.....02<br>INJECTIONS.....03<br>DIAPHRAGM/FOAM/JELLY.....04<br>CONDOM.....05<br>FEMALE STERILIZATION.....06<br>MALE STERILIZATION.....07<br>PERIODIC ABSTINENCE.....08<br>WITHDRAWAL.....09<br>OTHER.....10<br>(SPECIFY) | 318<br>323 |
| 312A | CIRCLE '06' FOR FEMALE STERILIZATION.   |  |            |
| 313  | At the time you first started using the pill, did you consult a doctor or a nurse?***   | YES.....1<br>NO.....2<br>DK.....8  |            |
| 314  | At the time you last got pills, did you consult a doctor or a nurse?***   | YES.....1<br>NO.....2  |            |
| 315  | May I see the package of pills you are using now?<br><br>RECORD NAME OF BRAND.  | PACKAGE SEEN.....1<br><br>BRAND NAME <input type="text"/><br><br>PACKAGE NOT SEEN.....2  | 317        |
| 316  | Do you know the brand name of the pills you are now using?<br><br>RECORD NAME OF BRAND.   | BRAND NAME <input type="text"/><br><br>DK.....98   |            |
| 317  | How much does one (packet/cycle) of pills cost you?   | COST..... <input type="text"/><br><br>FREE.....996<br>DK.....998   |            |

\* Method codes to be developed locally and to include popular combinations of methods.  
For countries where periodic abstinence is important, the types of methods to determine the fertile period should be included in the coding categories.  
\*\* Person consulted should be modified according to local practices.

### Source and availability of method currently used (318-320)

Where the woman obtained the modern method she is now using (318), how long it takes to travel there (319) and how convenient it is to reach that source (320) are further dimensions of the measurement of availability. The list of sources of contraception in this and subsequent questions should be based on the family planning delivery system in each country. In order to maintain comparability across countries, the sources should be grouped under the major headings as shown.

### Sterilization (322)

Women who reported sterilization as their method (312) are asked about the date of the operation (322) in order to study trends in the age at the time of the procedure.

### Duration of current use (323)

Women who are currently using contraception are asked how long they have been using the method. This information will be used to estimate the distribution of users of different methods by duration of use.

### Intentions to use contraception in the future (324-327)

Women who are not currently using contraception, which includes women now pregnant as well as past users and never users, are asked about their intention to use (with a distinction between use in the near future or later use), and the method they might prefer. Such data provide an indication of the future demand for services. Reasons for not intending to use are elicited in 325; they cover a wide variety of possibilities.

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP TO      |
|-----|---|--|--------------|
| 318 | <p>CHECK 312:</p> <p>SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/></p> <p>Where did the sterilization take place?*</p> <p>Where did you obtain (METHOD) the last time?*</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTER.....12</p> <p>FAMILY PLANNING CLINIC.....13</p> <p>MOBILE CLINIC.....14</p> <p>FIELD WORKER.....15 →321</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL OR CLINIC.....21</p> <p>PHARMACY.....22</p> <p>PRIVATE DOCTOR.....23</p> <p>MOBILE CLINIC.....24</p> <p>FIELD WORKER.....25 →321</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>CHURCH.....32</p> <p>FRIENDS/RELATIVES.....33</p> <p>OTHER.....41 →321</p> <p>(SPECIFY)</p> <p>DK.....98</p>                         |              |
| 319 | <p>How long does it take to travel from your home to this place?</p> <p>IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.</p>  | <p>MINUTES.....1</p> <p>HOURS.....2</p> <p>DK.....9998</p>   |              |
| 320 | <p>Is it easy or difficult to get there?</p>  | <p>EASY.....1</p> <p>DIFFICULT.....2</p>   |              |
| 321 | <p>CHECK 312:</p> <p>SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/></p>   |  | →323         |
| 322 | <p>In what month and year was the sterilization operation performed?</p>  | <p>MONTH.....</p> <p>YEAR.....</p>   | →334         |
| 323 | <p>For how many months have you been using (CURRENT METHOD) continuously?</p> <p>IF LESS THAN 1 MONTH, RECORD '00'.</p>   | <p>MONTHS.....</p> <p>8 YEARS OR LONGER.....96</p>   | →329         |
| 324 | <p>Do you intend to use a method to delay or avoid pregnancy at any time in the future?</p>   | <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>   | →326<br>→330 |
| 325 | <p>What is the main reason you do not intend to use a method?</p>   | <p>WANTS CHILDREN.....01</p> <p>LACK OF KNOWLEDGE.....02</p> <p>PARTNER OPPOSED.....03</p> <p>COST TOO MUCH.....04</p> <p>SIDE EFFECTS.....05</p> <p>HEALTH CONCERNS.....06</p> <p>HARD TO GET METHODS.....07</p> <p>RELIGION.....08 →330</p> <p>OPPOSED TO FAMILY PLANNING.....09</p> <p>FATALISTIC.....10</p> <p>OTHER PEOPLE OPPOSED.....11</p> <p>INFREQUENT SEX.....12</p> <p>DIFFICULT TO GET PREGNANT.....13</p> <p>MENOPAUSAL/HAD HYSTERECTOMY.....14</p> <p>INCONVENIENT.....15</p> <p>NOT MARRIED.....16</p> <p>OTHER.....17</p> <p>(SPECIFY)</p> <p>DK.....98</p> |              |
| 326 | <p>Do you intend to use a method within the next 12 months?</p>   | <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>   |              |
| 327 | <p>When you use a method, which method would you prefer to use?</p>   | <p>PILL.....01</p> <p>IUD.....02</p> <p>INJECTIONS.....03</p> <p>DIAPHRAGM/FOAM/JELLY.....04</p> <p>CONDOM.....05</p> <p>FEMALE STERILIZATION.....06</p> <p>MALE STERILIZATION.....07</p> <p>PERIODIC ABSTINENCE.....08</p> <p>WITHDRAWAL.....09</p> <p>OTHER.....10 →330</p> <p>(SPECIFY)</p> <p>UNSURE.....98</p>  |              |

\* Coding categories to be developed locally and revised based on the pretest, however, the large categories must be maintained.

### Source of preferred method (328-333)

These questions relate to availability of the method preferred for women who intend to use and general availability for women who do not intend to use and those who are currently using a traditional method; they are analogous to an earlier set of questions for women currently using a modern method. Such information can be of value to program managers.

### Media information on family planning (334-336)

These questions measure public exposure to family planning messages on radio and television. The objective of 335 is to provide a basis for demonstrating the public acceptability of having such information broadcast.



## SECTION 4A. PREGNANCY AND BREASTFEEDING

The questions in this section refer to all children born in the 5-6 years before the survey in order to obtain a representative sample of live births in the country during that time period. A few questions about current feeding practices are asked only in reference to last born children.

### Fertility planning (403-404)

It is important to be able to classify births as wanted or unwanted and whether (if wanted) they occurred sooner than preferred. This is the objective of 403 which permits estimating what the level of fertility would be in the population if only wanted births had occurred. Women who report the birth as wanted but as having occurred earlier than wanted are then asked (404) how much longer they would like to have waited. This information permits determining the preferred length of birth intervals.

### Antenatal Care (405-408)

In order to detect problems associated with pregnancy and childbearing, all pregnant women should have routine antenatal checkups. Questions 405 and 407 ascertain whether the woman received antenatal care, by whom and how early in her pregnancy.

Many countries recommend that an antenatal record (sometimes called a "Mother retained card") (406), which is kept by the pregnant woman, be used as an aid in providing effective antenatal care. The number of visits made during each pregnancy (408), will indicate who receives an adequate number of antenatal care check-ups. Analysis of information regarding the number of visits (408) in conjunction with information about the stage of pregnancy when antenatal care was started (407) will give an indication of whether women who make many antenatal care visits do so because 1) they initiate the visits early in pregnancy, (i.e., they use the services for preventive care), or 2) they start late, perhaps because of medical complications arising toward the end of pregnancy, necessitating many visits.

The term for "antenatal care" (405-408) should correspond with the term used for routine, preventive antenatal care in the country, e.g. "control de embarazo" in Spanish.

### Tetanus Toxoid (409-410)

Neonatal tetanus is an almost universally fatal disease, which can be prevented by transfer of immunity to the baby while still in the womb, from a mother who has been adequately immunized. The number of women who have received tetanus toxoid during any pregnancy resulting in a live birth during the 5-6 years preceding the survey will be obtained from 409. Since most women are unlikely to have received tetanus toxoid during childhood, they need two doses during their first pregnancy and a booster dose during subsequent pregnancies. An attempt is made to distinguish tetanus toxoid from other injections by specifying where the injection is given (i.e., in the arm). Analysis of the number of tetanus toxoid doses given (410) during the first and subsequent pregnancies indicates, whether the antenatal care services are providing adequate tetanus toxoid coverage. From these data one can estimate changes in tetanus toxoid coverage over the preceding 5-6 years.

|     |   |   |   |
|-----|---|---|---|
| 401 | CHECK 222:<br>ONE OR MORE<br>BIRTHS SINCE JAN. 1985* <input type="checkbox"/>   | NO BIRTHS<br>SINCE JAN. 1985* <input type="checkbox"/>  | (SKIP TO 501)   |
| 402 | ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1985* IN THE TABLE.<br>ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS,<br>USE ADDITIONAL FORMS). |   |   |
|     | Now I would like to ask you some more questions about the health of all your children born in the past five years.<br>(We will talk about one child at a time.)   |   |   |
|     | LINE NUMBER<br>FROM Q. 212  | <input type="text"/>  | <input type="text"/>  |
|     | FROM Q. 212<br>AND Q. 216   | LAST BIRTH<br>NAME <input type="text"/><br>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>   | NEXT-TO-LAST BIRTH<br>NAME <input type="text"/><br>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>   |
|     |   | SECOND-FROM-LAST BIRTH<br>NAME <input type="text"/><br>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>   |   |
| 403 | At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> or did you want <u>no (more)</u> children at all?  | THEN.....1<br>(SKIP TO 405)←<br>LATER.....2<br>NO MORE.....3<br>(SKIP TO 405)←  | THEN.....1<br>(SKIP TO 405)←<br>LATER.....2<br>NO MORE.....3<br>(SKIP TO 405)←  |
| 404 | How much longer would you like to have waited?  | MONTHS.....1 <input type="text"/><br>YEARS.....2 <input type="text"/><br>DK.....998   | MONTHS.....1 <input type="text"/><br>YEARS.....2 <input type="text"/><br>DK.....998   |
| 405 | When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?*  | HEALTH PROFESSIONAL<br>DOCTOR.....A<br>NURSE/MIDWIFE.....B<br>AUXILIARY MIDWIFE.....C<br>OTHER PERSON<br>TRAINED (TRADITIONAL)<br>BIRTH ATTENDANT.....D<br>TRADITIONAL BIRTH<br>ATTENDANT.....E<br>OTHER.....F<br>(SPECIFY)<br>NO ONE.....G<br>(SKIP TO 409)← | HEALTH PROFESSIONAL<br>DOCTOR.....A<br>NURSE/MIDWIFE.....B<br>AUXILIARY MIDWIFE.....C<br>OTHER PERSON<br>TRAINED (TRADITIONAL)<br>BIRTH ATTENDANT.....D<br>TRADITIONAL BIRTH<br>ATTENDANT.....E<br>OTHER.....F<br>(SPECIFY)<br>NO ONE.....G<br>(SKIP TO 409)← |
|     | IF YES, Whom did you see? Anyone else?<br>RECORD ALL PERSONS SEEN.  |   |   |
| 406 | Were you given an antenatal card for this pregnancy?  | YES.....1<br>NO.....2<br>DK.....8   | YES.....1<br>NO.....2<br>DK.....8   |
| 407 | How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?  | MONTHS..... <input type="text"/><br>DK.....98   | MONTHS..... <input type="text"/><br>DK.....98   |
| 408 | How many antenatal visits did you have during this pregnancy?   | NO. OF VISITS..... <input type="text"/><br>DK.....98  | NO. OF VISITS..... <input type="text"/><br>DK.....98  |
| 409 | When you were pregnant with (NAME) were you given an injection in the arm*** to prevent the baby from getting tetanus, that is, convulsions after birth?  | YES.....1<br>NO.....2<br>(SKIP TO 411)←<br>DK.....8   | YES.....1<br>NO.....2<br>(SKIP TO 411)←<br>DK.....8   |
| 410 | During this pregnancy how many times did you get this injection?  | TIMES..... <input type="text"/><br>DK.....8   | TIMES..... <input type="text"/><br>DK.....8   |

\* For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.

\*\* Coding categories to be developed locally and revised based on the pretest, however, the large categories must be maintained. The category "trained traditional birth attendant" (or "trained community health worker") should be used where the respondents can identify this category. It is also important to choose the appropriate term for "antenatal" care.

\*\*\* Vaccination practices may vary from country to country and should specify where the injection is given, e.g., the arm.

### Delivery (411-414), size of newborn baby (415-417)

The majority of maternal deaths occur because of untreated or inadequately treated complications arising during pregnancy, delivery and the postpartum period. Neonatal deaths, which constitute a large proportion of infant deaths, can often be traced to complications of the birth process or to potentially treatable conditions in the neonatal period. Many countries are training traditional birth attendants to provide basic maternity care and to recognize when women require referral for more specialized obstetric services. The questions specifying whether the delivery took place in a health facility (411) and identifying the person who assisted the woman during delivery (412) will help identify groups that are underserved by the health care system. Delivery by Caesarian section (414) is necessary for some women due to pregnancy complications. Differential Caesarian section rates (414) may also indicate that some groups do not have access to hospital based obstetric services for the management of obstetrical complications. On the other hand, some countries may find very high Caesarian section rates, indicating that this surgical operation is performed for non-medical reasons.

Full-term but of low-birth-weight babies face higher risks of dying than do babies of normal birthweight. The mortality rate for premature babies is even higher (413). The respondents are asked to give both the baby's birthweight (416-417) and, since some babies will not have been weighed at birth, their subjective assessment of the baby's size at birth (415). An analysis of the responses for the women who can answer both of these questions (415 and 417), will give an indication of what women mean by each of the subjective categories ("very small", "average", etc.) in 415. Programs which aim to lower infant mortality rates through the prevention of low birth weight can use the estimates of the proportion of low-birth-weight babies for planning purposes. Birthweight and the size of the baby at birth also serve as proxies for the newborn's health status and as a predictor of subsequent morbidity and mortality.

### Postpartum amenorrhea and abstinence (418-423)

Information on the duration of postpartum amenorrhea and abstinence is collected to determine the importance of these variables on the length of birth intervals and on the general level of fertility in the population. These durations vary a great deal across countries and can relate strongly to the use of contraception and the probability of conception.

|     | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST BIRTH<br>NAME _____  |
|-----|--|---|---|
| 411 | Where did you give birth to (NAME)?*   | HOME<br>YOUR HOME.....11<br>OTHER HOME.....12<br>PUBLIC SECTOR<br>GVT. HOSPITAL.....21<br>GVT. HEALTH CENTER.....22<br>GVT. HEALTH POST.....23<br>PRIVATE SECTOR<br>PVT. HOSPITAL/CLINIC...31<br>OTHER.....41<br>(SPECIFY)                                    | HOME<br>YOUR HOME.....11<br>OTHER HOME.....12<br>PUBLIC SECTOR<br>GVT. HOSPITAL.....21<br>GVT. HEALTH CENTER.....22<br>GVT. HEALTH POST.....23<br>PRIVATE SECTOR<br>PVT. HOSPITAL/CLINIC...31<br>OTHER.....41<br>(SPECIFY)                                    |
| 412 | Who assisted with the delivery of (NAME)?<br><br>Anyone else?<br><br>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.* | HEALTH PROFESSIONAL<br>DOCTOR.....A<br>NURSE/MIDWIFE.....B<br>AUXILIARY MIDWIFE.....C<br>OTHER PERSON<br>TRAINED (TRADITIONAL)<br>BIRTH ATTENDANT.....D<br>TRADITIONAL BIRTH<br>ATTENDANT.....E<br>RELATIVE.....F<br>OTHER.....G<br>(SPECIFY)<br>NO ONE.....H | HEALTH PROFESSIONAL<br>DOCTOR.....A<br>NURSE/MIDWIFE.....B<br>AUXILIARY MIDWIFE.....C<br>OTHER PERSON<br>TRAINED (TRADITIONAL)<br>BIRTH ATTENDANT.....D<br>TRADITIONAL BIRTH<br>ATTENDANT.....E<br>RELATIVE.....F<br>OTHER.....G<br>(SPECIFY)<br>NO ONE.....H |
| 413 | Has (NAME) born on time or prematurely?  | ON TIME.....1<br>PREMATURELY.....2<br>DK.....8  | ON TIME.....1<br>PREMATURELY.....2<br>DK.....8  |
| 414 | Was (NAME) delivered by caesarian section?   | YES.....1<br>NO.....2   | YES.....1<br>NO.....2   |
| 415 | When (NAME) was born, was he/she:<br>very large,<br>larger than average,<br>average,<br>smaller than average,<br>or very small?      | VERY LARGE.....1<br>LARGER THAN AVERAGE.....2<br>AVERAGE.....3<br>SMALLER THAN AVERAGE.....4<br>VERY SMALL.....5<br>DK.....8  | VERY LARGE.....1<br>LARGER THAN AVERAGE.....2<br>AVERAGE.....3<br>SMALLER THAN AVERAGE.....4<br>VERY SMALL.....5<br>DK.....8  |
| 416 | Was (NAME) weighed at birth?   | YES.....1<br>NO.....2<br>(SKIP TO 418) ←  | YES.....1<br>NO.....2<br>(SKIP TO 419) ←  |
| 417 | How much did (NAME) weigh?   | KILOGRAMS..... <input type="text"/> <input type="text"/><br>DK.....98   | KILOGRAMS..... <input type="text"/> <input type="text"/><br>DK.....98   |
| 418 | Has your period returned since the birth of (NAME)?  | YES.....1<br>(SKIP TO 420) ←<br>NO.....2<br>(SKIP TO 421) ←   |   |
| 419 | Did your period return between the birth of (NAME) and your next pregnancy?  | YES.....1<br>NO.....2<br>(SKIP TO 423) ←  | YES.....1<br>NO.....2<br>(SKIP TO 423) ←  |
| 420 | For how many months after the birth of (NAME) did you <u>not</u> have a period?  | MONTHS..... <input type="text"/> <input type="text"/><br>DK.....98  | MONTHS..... <input type="text"/> <input type="text"/><br>DK.....98  |
| 421 | CHEV 223:<br>RESPONDENT PREGNANT?  | NOT PREGNANT <input type="checkbox"/><br>PREGNANT OR UNSURE <input type="checkbox"/><br>(SKIP TO 423)   |   |
| 422 | Have you resumed sexual relations since the birth of (NAME)?   | YES.....1<br>NO.....2<br>(SKIP TO 424) ←  |   |
| 423 | For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?  | MONTHS..... <input type="text"/> <input type="text"/><br>DK.....98  | MONTHS..... <input type="text"/> <input type="text"/><br>DK.....98  |

\* Coding categories to be developed locally and revised based on the pretest, however, the large categories must be maintained.

Infant feeding affects both the mother and the child. It affects the child through his/her nutritional status and risk of dying. It affects the mother through its effect on the period of postpartum infertility, and hence affects the length of the birth interval and fertility levels. These effects of breastfeeding are influenced by the duration and intensity of breastfeeding, and by the age at which the child receives supplemental foods and liquids.

Breastfeeding: Ever, duration, reasons for never breastfeeding and stopping (424-428, 433-434)

For each child born in the last 5-6 years, the respondent is asked whether the baby was breastfed (424) and about the duration of breastfeeding (433). Respondents are also asked about the reasons for never breastfeeding (425) and for stopping breastfeeding (434).

Question 426, which refers to the last born child, asks about the elapsed length of time from birth until the baby was first put to the breast. Breastfeeding practices immediately after birth vary. Among some groups the baby is placed at the breast soon after birth, while among others the baby is not put to the breast until somewhat later, so he or she does not receive the colostrum containing high concentrations of the antibodies which protect the baby from infection. Delay in placing the baby at the breast may contribute to breastfeeding failure..

|                          | NAME   | LAST BIRTH   | NAME   | NEXT-TO-LAST BIRTH   | NAME   | SECOND-FROM-LAST BIRTH   |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|---|--------------|-------------------|---|--------|-------------|---|-------------|------------------|---|---------------|--------------------|---|-------------|------------------|---|--------------------------|------------------------|---|----------------|---------------------|---|--------------------------|------------------------|---|--|--|--|--|
| 424                      | Did you ever breastfeed (NAME)?  | YES.....1<br>(SKIP TO 426)←  | NO.....2   | YES.....1<br>(SKIP TO 433)←  | NO.....2   | YES.....1<br>(SKIP TO 433)←  | NO.....2   |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| 425                      | Why did you not breastfeed (NAME)?   | MOTHER ILL/WEAK.....01<br>CHILD ILL/WEAK.....02<br>CHILD DIED.....03<br>NIPPLE/BREAST PROBLEM...04<br>INSUFFICIENT MILK.....05<br>MOTHER WORKING.....06<br>CHILD REFUSED.....07<br>OTHER.....08<br>(SPECIFY)<br>(SKIP TO 435)←   | MOTHER ILL/WEAK.....01<br>CHILD ILL/WEAK.....02<br>CHILD DIED.....03<br>NIPPLE/BREAST PROBLEM...04<br>INSUFFICIENT MILK.....05<br>MOTHER WORKING.....06<br>CHILD REFUSED.....07<br>OTHER.....08<br>(SPECIFY)<br>(SKIP TO 435)← | MOTHER ILL/WEAK.....01<br>CHILD ILL/WEAK.....02<br>CHILD DIED.....03<br>NIPPLE/BREAST PROBLEM...04<br>INSUFFICIENT MILK.....05<br>MOTHER WORKING.....06<br>CHILD REFUSED.....07<br>OTHER.....08<br>(SPECIFY)<br>(SKIP TO 435)← | MOTHER ILL/WEAK.....01<br>CHILD ILL/WEAK.....02<br>CHILD DIED.....03<br>NIPPLE/BREAST PROBLEM...04<br>INSUFFICIENT MILK.....05<br>MOTHER WORKING.....06<br>CHILD REFUSED.....07<br>OTHER.....08<br>(SPECIFY)<br>(SKIP TO 435)← | MOTHER ILL/WEAK.....01<br>CHILD ILL/WEAK.....02<br>CHILD DIED.....03<br>NIPPLE/BREAST PROBLEM...04<br>INSUFFICIENT MILK.....05<br>MOTHER WORKING.....06<br>CHILD REFUSED.....07<br>OTHER.....08<br>(SPECIFY)<br>(SKIP TO 435)← | MOTHER ILL/WEAK.....01<br>CHILD ILL/WEAK.....02<br>CHILD DIED.....03<br>NIPPLE/BREAST PROBLEM...04<br>INSUFFICIENT MILK.....05<br>MOTHER WORKING.....06<br>CHILD REFUSED.....07<br>OTHER.....08<br>(SPECIFY)<br>(SKIP TO 435)← |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| 426                      | How long after birth did you first put (NAME) to the breast?<br><br>IF LESS THAN 1 HOUR, RECORD '00' HOURS.<br>IF LESS THAN 24 HOURS, RECORD HOURS.<br>OTHERWISE, RECORD DAYS. | IMMEDIATELY.....000<br><br>HOURS.....1 <input type="text"/> <input type="text"/><br>DAYS.....2 <input type="text"/> <input type="text"/>   |  |  |  |  |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| 427                      | CHECK 216:<br>CHILD ALIVE?   | ALIVE <input type="checkbox"/><br>DEAD <input type="checkbox"/><br>(SKIP TO 433)   |  |  |  |  |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| 428                      | Are you still breast-feeding (NAME)?   | YES.....1<br>NO.....2<br>(SKIP TO 433)←  |  |  |  |  |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| 429                      | How many times did you breastfeed last night between sunset and sunrise?<br><br>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.  | NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>   |  |  |  |  |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| 430                      | How many times did you breastfeed yesterday during the daylight hours?<br><br>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.  | NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>  |  |  |  |  |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| 431                      | At any time yesterday or last night was (NAME) given any of the following?*  | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Plain water?</td> <td>PLAIN WATER.....1</td> <td>2</td> </tr> <tr> <td>Sugar water?</td> <td>SUGAR WATER.....1</td> <td>2</td> </tr> <tr> <td>Juice?</td> <td>JUICE.....1</td> <td>2</td> </tr> <tr> <td>Herbal tea?</td> <td>HERBAL TEA.....1</td> <td>2</td> </tr> <tr> <td>Baby formula?</td> <td>BABY FORMULA.....1</td> <td>2</td> </tr> <tr> <td>Fresh milk?</td> <td>FRESH MILK.....1</td> <td>2</td> </tr> <tr> <td>Tinned or powdered milk?</td> <td>TINNED/POWDERED MILK.1</td> <td>2</td> </tr> <tr> <td>Other liquids?</td> <td>OTHER LIQUIDS.....1</td> <td>2</td> </tr> <tr> <td>Any solid or mushy food?</td> <td>SOLID/MUSHY FOOD.....1</td> <td>2</td> </tr> </tbody> </table> |  | YES  | NO   | Plain water?   | PLAIN WATER.....1  | 2 | Sugar water? | SUGAR WATER.....1 | 2 | Juice? | JUICE.....1 | 2 | Herbal tea? | HERBAL TEA.....1 | 2 | Baby formula? | BABY FORMULA.....1 | 2 | Fresh milk? | FRESH MILK.....1 | 2 | Tinned or powdered milk? | TINNED/POWDERED MILK.1 | 2 | Other liquids? | OTHER LIQUIDS.....1 | 2 | Any solid or mushy food? | SOLID/MUSHY FOOD.....1 | 2 |  |  |  |  |
|                          | YES  | NO   |  |  |  |  |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| Plain water?             | PLAIN WATER.....1  | 2  |  |  |  |  |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| Sugar water?             | SUGAR WATER.....1  | 2  |  |  |  |  |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| Juice?                   | JUICE.....1  | 2  |  |  |  |  |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| Herbal tea?              | HERBAL TEA.....1   | 2  |  |  |  |  |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| Baby formula?            | BABY FORMULA.....1   | 2  |  |  |  |  |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| Fresh milk?              | FRESH MILK.....1   | 2  |  |  |  |  |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| Tinned or powdered milk? | TINNED/POWDERED MILK.1   | 2  |  |  |  |  |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| Other liquids?           | OTHER LIQUIDS.....1  | 2  |  |  |  |  |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| Any solid or mushy food? | SOLID/MUSHY FOOD.....1   | 2  |  |  |  |  |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |
| 432                      | CHECK 431:<br>FOOD OR LIQUID GIVEN YESTERDAY?  | "YES" TO ONE OR MORE <input type="checkbox"/><br>"NO" TO ALL <input type="checkbox"/><br>(SKIP TO 437) (SKIP TO 436)   |  |  |  |  |  |   |              |                   |   |        |             |   |             |                  |   |               |                    |   |             |                  |   |                          |                        |   |                |                     |   |                          |                        |   |  |  |  |  |

\* List of liquids and foods to be developed locally and revised based on the pretest. This list should include common weaning foods.

Supplemental foods given yesterday, age when solids and liquids were first introduced, and frequency of breastfeeding (429-431, 436-437)

Both the child's health and nutritional status and the duration of postpartum amenorrhea are affected by the intensity of breastfeeding, which is assessed by asking how many times the baby was breastfed during a 24 hour period (429-430). In addition, the information about supplemental foods given to breastfed babies on the day preceding the interview (431), and the age at introduction of foods other than breastmilk (436-437), which is asked for all children, will permit an assessment of the intensity of breastfeeding.

The questions on infant feeding practices obtain information about the age at introduction of solids, milks and liquids (436-437) for all children born in the past 5-6 years in order to assess whether the supplemental foods are introduced at an appropriate age. Two issues are of importance with regard to the effect of feeding practices on child health, mortality and physical growth: 1) An introduction of breastmilk substitutes too early interferes with the establishment of successful lactation and contributes to breastfeeding failure. In addition, the milk substitute or infant formula given to the baby is often watered down, providing too few calories. The milk substitutes are also frequently contaminated, exposing the infant to the cycle of malnutrition and diarrheal illness; 2) An introduction of weaning foods too late will result in malnutrition since the child does not receive enough calories for his/her needs.

The use of breastmilk substitutes also affects the duration of amenorrhea, since they result in less suckling which, in turn, leads to a decreased production of pituitary hormones and to a shorter duration of postpartum amenorrhea.

Bottle feeding (439)

Question 439 asks whether the last born child was given anything to drink from a bottle with a nipple. Since it is difficult to clean feeding bottles, their use places the child at high risk for developing diarrhea. The use of a feeding bottle for giving liquids to a breastfed baby may suggest that the baby receives less breastmilk and spends less time suckling at the breast.

|     | LAST BIRTH<br>NAME _____  | NEXT-TO-LAST BIRTH<br>NAME _____  | SECOND-FROM-LAST BIRTH<br>NAME _____  |
|-----|---|---|---|
| 433 | For how many months did you breastfeed (NAME)?<br><br>MONTHS..... <input type="text"/> <input type="text"/><br>UNTIL DIED.....96<br>(SKIP TO 436)←  | MONTHS..... <input type="text"/> <input type="text"/><br>UNTIL DIED.....96<br>(SKIP TO 436)←  | MONTHS..... <input type="text"/> <input type="text"/><br>UNTIL DIED.....96<br>(SKIP TO 436)←  |
| 434 | Why did you stop breastfeeding (NAME)?<br><br>MOTHER ILL/WEAK.....01<br>CHILD ILL/WEAK.....02<br>CHILD DIED.....03<br>NIPPLE/BREAST PROBLEM...04<br>INSUFFICIENT MILK.....05<br>MOTHER WORKING.....06<br>CHILD REFUSED.....07<br>WEANING AGE.....08<br>BECAME PREGNANT.....09<br>STARTED USING CONTRACEPTION.....10<br>OTHER.....11<br>(SPECIFY)  | MOTHER ILL/WEAK.....01<br>CHILD ILL/WEAK.....02<br>CHILD DIED.....03<br>NIPPLE/BREAST PROBLEM...04<br>INSUFFICIENT MILK.....05<br>MOTHER WORKING.....06<br>CHILD REFUSED.....07<br>WEANING AGE.....08<br>BECAME PREGNANT.....09<br>STARTED USING CONTRACEPTION.....10<br>OTHER.....11<br>(SPECIFY)  | MOTHER ILL/WEAK.....01<br>CHILD ILL/WEAK.....02<br>CHILD DIED.....03<br>NIPPLE/BREAST PROBLEM...04<br>INSUFFICIENT MILK.....05<br>MOTHER WORKING.....06<br>CHILD REFUSED.....07<br>WEANING AGE.....08<br>BECAME PREGNANT.....09<br>STARTED USING CONTRACEPTION.....10<br>OTHER.....11<br>(SPECIFY)  |
| 435 | CHECK 216:<br>CHILD ALIVE?<br><br>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/><br>v<br>(SKIP TO 437)  | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/><br>v<br>(SKIP TO 437)  | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/><br>v<br>(SKIP TO 437)  |
| 436 | Was (NAME) ever given water or anything else to drink or eat (other than breastmilk)?<br><br>YES.....1<br>NO.....2<br>(SKIP TO 440)←  | YES.....1<br>NO.....2<br>(SKIP TO 440)←   | YES.....1<br>NO.....2<br>(SKIP TO 440)←   |
| 437 | How many months old was (NAME) when you started giving the following on a regular basis?:<br><br>Formula or milk other than breastmilk?*<br><br>AGE IN MONTHS..... <input type="text"/> <input type="text"/><br>NOT GIVEN.....96<br><br>Plain water?*<br>AGE IN MONTHS..... <input type="text"/> <input type="text"/><br>NOT GIVEN.....96<br><br>Other liquids?*<br>AGE IN MONTHS..... <input type="text"/> <input type="text"/><br>NOT GIVEN.....96<br><br>Any solid or mushy food?*<br>AGE IN MONTHS..... <input type="text"/> <input type="text"/><br>NOT GIVEN.....96<br><br>IF LESS THAN 1 MONTH, RECORD '00'. | AGE IN MONTHS..... <input type="text"/> <input type="text"/><br>NOT GIVEN.....96<br><br>AGE IN MONTHS..... <input type="text"/> <input type="text"/><br>NOT GIVEN.....96<br><br>AGE IN MONTHS..... <input type="text"/> <input type="text"/><br>NOT GIVEN.....96<br><br>AGE IN MONTHS..... <input type="text"/> <input type="text"/><br>NOT GIVEN.....96<br><br>(SKIP TO 440) | AGE IN MONTHS..... <input type="text"/> <input type="text"/><br>NOT GIVEN.....96<br><br>AGE IN MONTHS..... <input type="text"/> <input type="text"/><br>NOT GIVEN.....96<br><br>AGE IN MONTHS..... <input type="text"/> <input type="text"/><br>NOT GIVEN.....96<br><br>AGE IN MONTHS..... <input type="text"/> <input type="text"/><br>NOT GIVEN.....96<br><br>(SKIP TO 440) |
| 438 | CHECK 216:<br>CHILD ALIVE?<br><br>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/><br>v<br>(SKIP TO 440)  |   |   |
| 439 | Did (NAME) drink anything from a bottle with a nipple yesterday or last night?<br><br>YES.....1<br>NO.....2<br>DK.....8   |   |   |
| 440 | GO BACK TO 403 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO FIRST COLUMN OF 441   |   |   |

\* Terms to be developed locally and revised based on pretest (should include common weaning foods).

## SECTION 4B. IMMUNIZATION AND HEALTH

### Vaccination information obtained from written records and from the mother's recall (442-447)

Information about the immunization of children born in the last 5-6 years is collected to ascertain the level of coverage, and hence the level of protection against specific diseases. The data are also used in analyses of use of health services, to determine "missed opportunities" for vaccinations, and to identify high risk groups that are not benefiting from immunization programs. Examples of "missed opportunities" would be a mother who has received recent antenatal care, but whose children have not been immunized, or children who have visited a health facility recently, but have not received an immunization.

The immunization record filled out by health workers and kept by the mother is the main source of information about childhood vaccinations. The date of vaccination against tuberculosis (BCG vaccine), diphtheria, whooping cough, tetanus, poliomyelitis and measles are copied into the questionnaire from the vaccination cards (444). For multiple dose vaccines, the date of each dose is recorded. An examination of the age at vaccination for successive age cohorts allows an analysis of changes in performance of the immunization program. Respondents are also asked if the child has received any vaccinations not written on the card (445).

When there is no card, the mother is asked if she ever had a card for that child (443), in order to allow estimation of the effect of card loss on the coverage data obtained from the written records. She is also asked which immunizations the child has received, if any (446-447). The questions probing for immunizations will determine whether the child ever received BCG vaccine, polio vaccine (including the number of doses) and measles vaccine (447). BCG vaccine leaves a scar and is usually given as an injection in the left arm or shoulder. Polio vaccine is usually given orally as (pink) drops, and it is usually recommended that children receive three or four doses in the first year of life, though other vaccination schedules may also be used. If four doses are given, one of these is usually given soon after birth. Measles vaccine is given as an injection, and is usually recommended to be given at nine months of age. Questions are not asked about the injection against diphtheria, whooping cough and tetanus (DPT) since the number of DPT doses closely parallels the number of polio vaccine doses.

Since almost everyone vaccinated with BCG develops an easily recognizable scar, all children under five years will be checked for the presence of a BCG scar at the time when they are weighed and measured (see Section 8, 805). The validity of the BCG vaccination rate based on the written immunization record (444) and the mother's report (447) can be estimated by comparing these coverage rates with the BCG scar rate.

As noted above, immunization status will be obtained for all children born alive in the last 5-6 years, including children who have not survived until the time of the survey. A comparison of the immunization status of surviving children versus children who died is important because some of the immunizable diseases, e.g. measles, contribute to increased mortality. In addition, differences in immunization coverage between these two groups of children will also indicate differences in contact with health services, as in the case of BCG vaccine which is usually recommended to be given to babies soon after birth.

SECTION 4B. IMMUNIZATION AND HEALTH

441 ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1985\* IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

|  |   |   |   |
|--|---|---|---|
| LINE NUMBER<br>FROM Q. 212   | <input type="text"/>  | <input type="text"/>  |   |
|  | LAST BIRTH<br>NAME <input type="text"/><br>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | NEXT-TO-LAST BIRTH<br>NAME <input type="text"/><br>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | SECOND-FROM-LAST BIRTH<br>NAME <input type="text"/><br>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> |
| 442 Do you have a card where (NAME'S) vaccinations are written down?*  | YES, SEEN.....1<br>(SKIP TO 444)←   | YES, SEEN.....1<br>(SKIP TO 444)←   | YES, SEEN.....1<br>(SKIP TO 444)←   |
| IF YES: May I see it, please?  | YES, NOT SEEN.....2<br>(SKIP TO 446)←   | YES, NOT SEEN.....2<br>(SKIP TO 446)←   | YES, NOT SEEN.....2<br>(SKIP TO 446)←   |
|  | NO CARD.....3   | NO CARD.....3   | NO CARD.....3   |
| 443 Did you ever have a vaccination card for (NAME)?   | YES.....1<br>(SKIP TO 446)←   | YES.....1<br>(SKIP TO 446)←   | YES.....1<br>(SKIP TO 446)←   |
|  | NO.....2  | NO.....2  | NO.....2  |
| 444 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.**<br><br>(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE RECORDED. | DAY MO YR<br>BCG<br>P1<br>P2<br>P3<br>D1<br>D2<br>D3<br>MEA   | DAY MO YR<br>BCG<br>P1<br>P2<br>P3<br>D1<br>D2<br>D3<br>MEA   | DAY MO YR<br>BCG<br>P1<br>P2<br>P3<br>D1<br>D2<br>D3<br>MEA   |
| 445 Has (NAME) received any vaccinations that are not recorded on this card?   | YES.....1<br>(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) ←           | YES.....1<br>(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) ←                   | YES.....1<br>(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) ←                       |
| RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 1-3 AND/OR MEASLES VACCINE(S).  | NO.....2<br>DK.....8<br>(SKIP TO 448) ←   | NO.....2<br>DK.....8<br>(SKIP TO 448) ←   | NO.....2<br>DK.....8<br>(SKIP TO 448) ←   |
| 446 Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?   | YES.....1<br>NO.....2<br>(SKIP TO 448)←   | YES.....1<br>NO.....2<br>(SKIP TO 448)←   | YES.....1<br>NO.....2<br>(SKIP TO 448)←   |
|  | DK.....8  | DK.....8  | DK.....8  |
| 447 Please tell me if (NAME) (has) received any of the following vaccinations:**   |   |   |   |
| A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?***  | YES.....1<br>NO.....2<br>DK.....8   | YES.....1<br>NO.....2<br>DK.....8   | YES.....1<br>NO.....2<br>DK.....8   |
| Polio vaccine, that is, drops in the mouth?  | YES.....1<br>NO.....2<br>DK.....8   | YES.....1<br>NO.....2<br>DK.....8   | YES.....1<br>NO.....2<br>DK.....8   |
| IF YES:<br>How many times?   | NUMBER OF TIMES..... <input type="text"/>   | NUMBER OF TIMES..... <input type="text"/>   | NUMBER OF TIMES..... <input type="text"/>   |
| An injection against measles?  | YES.....1<br>NO.....2<br>DK.....8   | YES.....1<br>NO.....2<br>DK.....8   | YES.....1<br>NO.....2<br>DK.....8   |
| 448 CHECK 216:<br>CHILD ALIVE?   | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/><br>(SKIP TO 450)                           | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/><br>(SKIP TO 450)                                   | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/><br>(SKIP TO 450)                                       |
| 449 GO BACK TO 442 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 480.   |   |   |   |

\* For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.

\*\* To be developed locally since immunization practices may vary from country to country, as may the terms used for the written record and for the vaccinations. For example, if polio vaccine is given at birth, revise categories in 444 accordingly.

\*\*\* Adapt question locally after determining the most common injection site (usually the left arm or shoulder). All children under 5 years will be checked for a BCG scar, normally during the height and weight measurement (see Section 8).

Three principal causes of death in children under five are diarrhea, pneumonia and malaria. The questions about fever, cough, and diarrhea aim to determine how children with each of these problems are treated and the extent of their contact with the health care system.

#### Fever (450, 456-459)

In countries where malaria is prevalent, it is recommended that all fevers be treated presumptively as malaria. The question about the occurrence of fever (450), in conjunction with the questions about treatment (457) and contact with health services (458-459) will be used to estimate the proportion of children with fever who are treated with antimalarial medication. In addition, these questions will be used to determine what proportion of children with a cough also had a fever in the preceding two weeks. The questions about treatment and use of health services will be asked in reference to any illness associated with fever and/or cough occurring in the past two weeks (see below).

#### Cough - Acute respiratory tract infection (451-459)

In addition to providing information about treatment and contact with health services, the questions about cough or acute respiratory infection (ARI) also provide an estimate of the proportion of children who show symptoms consistent with acute lower respiratory infection (ALRI). Since ALRI, primarily pneumonia, is the cause of a significant proportion of infant and childhood deaths, programs for the early identification and antibiotic treatment of pneumonia (or ALRI) are being implemented in many areas in order to reduce childhood mortality levels. The World Health Organization has drawn up guidelines for the case management of ALRI; however, almost no data exist for estimating the demands this will place on the health care delivery system.

The questions asking whether the child has been ill with a cough in the past two weeks (451) and the past 24 hours (452) are followed by questions about the duration of the illness (453), and whether the child was breathing rapidly (454). Children who are more severely ill and who have an acute lower respiratory infection, primarily pneumonia, have an increased respiratory rate, i.e., they breathe faster than normal.

The interviewer is asked to record all treatment given for the illness associated with a cough (457) regardless of whether the family or health professionals decided on the treatment. Since fever and cough frequently occur together, and since the treatment given for these two is similar, the question about treatment is asked in reference to any illness with fever and/or cough in the past two weeks. If a syrup was used, its appearance may be of help in differentiating whether it was an antibiotic, and mothers may often describe antimalarial medication as extremely bitter.

Contact with health services is also ascertained in reference to any illness associated with fever and/or cough in the past two weeks (458-459). The health facilities listed in the response to this question range from a small health post to a health center and hospital. A health post or dispensary usually has no inpatient beds, while a center usually has at least a few "maternity" and "general" beds. Since some countries use the term "clinic" to describe certain health facilities this term has also been included. The specific names chosen for the health facilities should reflect the terms used locally.

|     | NAME _____<br>LAST BIRTH  | NAME _____<br>NEXT-TO-LAST BIRTH   | NAME _____<br>SECOND-FROM-LAST BIRTH   |  |
|-----|---|--|--|--|
| 450 | Has (NAME) been ill with a fever at any time in the last 2 weeks?<br>YES.....1<br>NO.....2<br>DK.....8  | YES.....1<br>NO.....2<br>DK.....8  | YES.....1<br>NO.....2<br>DK.....8  |  |
| 451 | Has (NAME) been ill with a cough at any time in the last 2 weeks?<br>YES.....1<br>NO.....2<br>(SKIP TO 455)←.....8<br>DK.....8                          | YES.....1<br>NO.....2<br>(SKIP TO 455)←.....8<br>DK.....8  | YES.....1<br>NO.....2<br>(SKIP TO 455)←.....8<br>DK.....8  |  |
| 452 | Has (NAME) been ill with a cough in the last 24 hours?<br>YES.....1<br>NO.....2<br>DK.....8   | YES.....1<br>NO.....2<br>DK.....8  | YES.....1<br>NO.....2<br>DK.....8  |  |
| 453 | For how many days (has the cough lasted/did the cough last)?<br>IF LESS THAN 1 DAY, RECORD '00'.<br>DAYS..... <input type="text"/> <input type="text"/> | DAYS..... <input type="text"/> <input type="text"/>  | DAYS..... <input type="text"/> <input type="text"/>  |  |
| 454 | When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?<br>YES.....1<br>NO.....2<br>DK.....8          | YES.....1<br>NO.....2<br>DK.....8  | YES.....1<br>NO.....2<br>DK.....8  |  |
| 455 | CHECK 450 AND 451:<br>FEVER OR COUGH?<br><input type="checkbox"/> YES<br><input type="checkbox"/> OTHER (SKIP TO 460)<br>v                              | "YES" IN EITHER 450 OR 451<br><input type="checkbox"/> YES<br><input type="checkbox"/> OTHER (SKIP TO 460)<br>v  | "YES" IN EITHER 450 OR 451<br><input type="checkbox"/> YES<br><input type="checkbox"/> OTHER (SKIP TO 460)<br>v  |  |
| 456 | Was anything given to treat the fever/cough?<br>YES.....1<br>NO.....2<br>(SKIP TO 458)←.....8<br>DK.....8   | YES.....1<br>NO.....2<br>(SKIP TO 458)←.....8<br>DK.....8  | YES.....1<br>NO.....2<br>(SKIP TO 458)←.....8<br>DK.....8  |  |
| 457 | What was given to treat the fever/cough? *<br>Anything else?<br>RECORD ALL MENTIONED.   | INJECTION.....A<br>ANTIBIOTIC (PILL OR SYRUP).....B<br>ANTIMALARIAL (PILL OR SYRUP).....C<br>COUGH SYRUP.....D<br>OTHER PILL OR SYRUP.....E<br>UNKNOWN PILL OR SYRUP.....F<br>HOME REMEDY/HERBAL MEDICINE.....G<br>OTHER.....H<br>(SPECIFY)  | INJECTION.....A<br>ANTIBIOTIC (PILL OR SYRUP).....B<br>ANTIMALARIAL (PILL OR SYRUP).....C<br>COUGH SYRUP.....D<br>OTHER PILL OR SYRUP.....E<br>UNKNOWN PILL OR SYRUP.....F<br>HOME REMEDY/HERBAL MEDICINE.....G<br>OTHER.....H<br>(SPECIFY)  | INJECTION.....A<br>ANTIBIOTIC (PILL OR SYRUP).....B<br>ANTIMALARIAL (PILL OR SYRUP).....C<br>COUGH SYRUP.....D<br>OTHER PILL OR SYRUP.....E<br>UNKNOWN PILL OR SYRUP.....F<br>HOME REMEDY/HERBAL MEDICINE.....G<br>OTHER.....H<br>(SPECIFY)  |
| 458 | Did you seek advice or treatment for the fever/cough?<br>YES.....1<br>NO.....2<br>(SKIP TO 460)←.....8  | YES.....1<br>NO.....2<br>(SKIP TO 460)←.....8  | YES.....1<br>NO.....2<br>(SKIP TO 460)←.....8  |  |
| 459 | Where did you seek advice or treatment? **<br>Anywhere else?<br>RECORD ALL MENTIONED.   | PUBLIC SECTOR<br>GVT. HOSPITAL.....A<br>GVT. HEALTH CENTER.....B<br>GVT. HEALTH POST.....C<br>MOBILE CLINIC.....D<br>COMMUNITY HEALTH WORKER.E<br>MEDICAL PRIVATE SECTOR<br>PVT. HOSPITAL/CLINIC...F<br>PHARMACY.....G<br>PRIVATE DOCTOR.....H<br>MOBILE CLINIC.....I<br>COMMUNITY HEALTH WORKER.J<br>OTHER PRIVATE SECTOR<br>SHOP.....K<br>TRADITIONAL PRACTITIONER.....L<br>OTHER.....M<br>(SPECIFY) | PUBLIC SECTOR<br>GVT. HOSPITAL.....A<br>GVT. HEALTH CENTER.....B<br>GVT. HEALTH POST.....C<br>MOBILE CLINIC.....D<br>COMMUNITY HEALTH WORKER.E<br>MEDICAL PRIVATE SECTOR<br>PVT. HOSPITAL/CLINIC...F<br>PHARMACY.....G<br>PRIVATE DOCTOR.....H<br>MOBILE CLINIC.....I<br>COMMUNITY HEALTH WORKER.J<br>OTHER PRIVATE SECTOR<br>SHOP.....K<br>TRADITIONAL PRACTITIONER.....L<br>OTHER.....M<br>(SPECIFY) | PUBLIC SECTOR<br>GVT. HOSPITAL.....A<br>GVT. HEALTH CENTER.....B<br>GVT. HEALTH POST.....C<br>MOBILE CLINIC.....D<br>COMMUNITY HEALTH WORKER.E<br>MEDICAL PRIVATE SECTOR<br>PVT. HOSPITAL/CLINIC...F<br>PHARMACY.....G<br>PRIVATE DOCTOR.....H<br>MOBILE CLINIC.....I<br>COMMUNITY HEALTH WORKER.J<br>OTHER PRIVATE SECTOR<br>SHOP.....K<br>TRADITIONAL PRACTITIONER.....L<br>OTHER.....M<br>(SPECIFY) |

\* Appearance may aid in identifying syrup as an antibiotic or an antimalarial (which a mother may describe as very bitter).

\*\* Coding categories to be developed locally and revised based on the pretest, however, the large categories must be maintained.

### Diarrhea and treatment with oral rehydration therapy (460-478)

The questions about diarrhea are included to estimate the importance of acute and chronic (or persistent) diarrhea and of dysentery. The questions about treatment specifically explore whether oral rehydration therapy was given to children with diarrhea.

The two week (460) and 24 hour (462) reference periods were chosen since diarrhea treatment surveys carried out by national diarrhea control programs usually use these two reference periods. The term(s) used for diarrhea in these questions should also include the word(s) which refer to dysenteric stools (i.e., stools with blood).

Knowledge about the duration of the diarrhea (463) will allow an estimation of the proportion of children with diarrhea who have persistent diarrhea, and the question about blood in the stool (464) will provide an approximation of the percentage of children who have dysentery.

Since most programs to control morbidity and mortality from diarrhea emphasize giving an increased amount of fluids to children with acute watery diarrhea, the respondent is asked whether the child was given an increased amount of fluids during the diarrheal episode. Mothers who are still breastfeeding their infants are asked whether they changed the frequency of breastfeeds while the child had diarrhea (466-467). All mothers are asked if the child was offered the usual amount of liquid to drink as before the diarrheal illness, or if they were offered either more or less (468).

The respondents are asked to list any treatment given for the diarrhea (469-470) in order to allow estimation of the proportion of children who receive appropriate treatment as well as the extent of forms of treatment which may be inappropriate, e.g. antibiotics. Contact with health services is also recorded (471-472). The categories used for the health facilities in the response to this question should be the same as the categories used with regard to fever and cough.

|   | LAST BIRTH<br>NAME _____   | NEXT-TO-LAST BIRTH<br>NAME _____   | SECOND-FROM-LAST BIRTH<br>NAME _____   |  |
|---|--|--|--|--|
| 460   | Has (NAME) had diarrhea in the last two weeks?*  | YES.....1<br>(SKIP TO 462)←<br>NO.....2<br>DK.....8  | YES.....1<br>(SKIP TO 462)←<br>NO.....2<br>DK.....8  | YES.....1<br>(SKIP TO 462)←<br>NO.....2<br>DK.....8  |
| 461 GO BACK TO 442 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 480 |  |  |  |  |
| 462   | Has (NAME) had diarrhea in the last 24 hours?*   | YES.....1<br>NO.....2<br>DK.....8  | YES.....1<br>NO.....2<br>DK.....8  | YES.....1<br>NO.....2<br>DK.....8  |
| 463   | For how many days (has the diarrhea lasted/did the diarrhea last)? IF LESS THAN 1 DAY, RECORD '00'.          | DAYS..... <input type="text"/> <input type="text"/>  | DAYS..... <input type="text"/> <input type="text"/>  | DAYS..... <input type="text"/> <input type="text"/>  |
| 464   | Was there any blood in the stools?   | YES.....1<br>NO.....2<br>DK.....8  | YES.....1<br>NO.....2<br>DK.....8<br>(SKIP TO 468)   | YES.....1<br>NO.....2<br>DK.....8<br>(SKIP TO 468)   |
| 465   | CHECK 424/428: LAST CHILD STILL BREASTFED?   | YES <input type="checkbox"/> NO <input type="checkbox"/><br>v (SKIP TO 468)  |  |  |
| 466   | During (NAME)'s diarrhea, did you change the frequency of breastfeeding?                                     | YES.....1<br>NO.....2<br>(SKIP TO 468)←  |  |  |
| 467   | Did you <u>increase</u> the number of breastfeeds or <u>reduce</u> them, or did you <u>stop completely</u> ? | INCREASED.....1<br>REDUCED.....2<br>STOPPED COMPLETELY.....3   |  |  |
| 468   | (Aside from breastmilk) Was he/she given the same amount to drink as before the diarrhea, or more, or less?  | SAME.....1<br>MORE.....2<br>LESS.....3<br>DK.....8   | SAME.....1<br>MORE.....2<br>LESS.....3<br>DK.....8   | SAME.....1<br>MORE.....2<br>LESS.....3<br>DK.....8   |
| 469   | Was anything given to treat the diarrhea?  | YES.....1<br>NO.....2<br>(SKIP TO 471)←<br>DK.....8  | YES.....1<br>NO.....2<br>(SKIP TO 471)←<br>DK.....8  | YES.....1<br>NO.....2<br>(SKIP TO 471)←<br>DK.....8  |
| 470   | What was given to treat the diarrhea?*   | FLUID FROM ORS PACKET...A<br>RECOMMENDED HOME FLUID...B<br>ANTIBIOTIC<br>(PILL OR SYRUP).....C<br>OTHER PILL OR<br>SYRUP.....D<br>INJECTION.....E<br>(I.V.) INTRAVENOUS.....F<br>HOME REMEDIES/<br>HERBAL MEDICINES.....G<br>OTHER.....H<br>(SPECIFY)  | FLUID FROM ORS PACKET...A<br>RECOMMENDED HOME FLUID...B<br>ANTIBIOTIC<br>(PILL OR SYRUP).....C<br>OTHER PILL OR<br>SYRUP.....D<br>INJECTION.....E<br>(I.V.) INTRAVENOUS.....F<br>HOME REMEDIES/<br>HERBAL MEDICINES.....G<br>OTHER.....H<br>(SPECIFY)  | FLUID FROM ORS PACKET...A<br>RECOMMENDED HOME FLUID...B<br>ANTIBIOTIC<br>(PILL OR SYRUP).....C<br>OTHER PILL OR<br>SYRUP.....D<br>INJECTION.....E<br>(I.V.) INTRAVENOUS.....F<br>HOME REMEDIES/<br>HERBAL MEDICINES.....G<br>OTHER.....H<br>(SPECIFY)  |
| 471   | Did you seek advice or treatment for the diarrhea?   | YES.....1<br>NO.....2<br>(SKIP TO 473)←  | YES.....1<br>NO.....2<br>(SKIP TO 473)←  | YES.....1<br>NO.....2<br>(SKIP TO 473)←  |
| 472   | Where did you seek advice or treatment?***<br>Anywhere else?<br>RECORD ALL MENTIONED.                        | PUBLIC SECTOR<br>GVT. HOSPITAL.....A<br>GVT. HEALTH CENTER.....B<br>GVT. HEALTH POST.....C<br>MOBILE CLINIC.....D<br>COMMUNITY HEALTH WORKER.E<br>MEDICAL PRIVATE SECTOR<br>PVT. HOSPITAL/CLINIC....F<br>PHARMACY.....G<br>PRIVATE DOCTOR.....H<br>MOBILE CLINIC.....I<br>COMMUNITY HEALTH WORKER.J<br>OTHER PRIVATE SECTOR<br>SHOP.....K<br>TRADITIONAL<br>PRACTITIONER.....L<br>OTHER.....M<br>(SPECIFY) | PUBLIC SECTOR<br>GVT. HOSPITAL.....A<br>GVT. HEALTH CENTER.....B<br>GVT. HEALTH POST.....C<br>MOBILE CLINIC.....D<br>COMMUNITY HEALTH WORKER.E<br>MEDICAL PRIVATE SECTOR<br>PVT. HOSPITAL/CLINIC....F<br>PHARMACY.....G<br>PRIVATE DOCTOR.....H<br>MOBILE CLINIC.....I<br>COMMUNITY HEALTH WORKER.J<br>OTHER PRIVATE SECTOR<br>SHOP.....K<br>TRADITIONAL<br>PRACTITIONER.....L<br>OTHER.....M<br>(SPECIFY) | PUBLIC SECTOR<br>Gvt. HOSPITAL.....A<br>GVT. HEALTH CENTER.....B<br>GVT. HEALTH POST.....C<br>MOBILE CLINIC.....D<br>COMMUNITY HEALTH WORKER.E<br>MEDICAL PRIVATE SECTOR<br>PVT. HOSPITAL/CLINIC....F<br>PHARMACY.....G<br>PRIVATE DOCTOR.....H<br>MOBILE CLINIC.....I<br>COMMUNITY HEALTH WORKER.J<br>OTHER PRIVATE SECTOR<br>SHOP.....K<br>TRADITIONAL<br>PRACTITIONER.....L<br>OTHER.....M<br>(SPECIFY) |

\* The term(s) used for diarrhea in these questions should encompass the expressions used for all forms of diarrhea, including bloody stools which are consistent with dysentery, watery stools, etc.

\*\* The response categories should be adapted to include terms used locally both for the ORS packet and for the recommended home fluid. The ingredients promoted by the National Control of Diarrheal Diseases Program or by the Ministry of Health for making the recommended home fluid should be reflected in the categories.

\*\*\* Coding categories to be developed locally and revised based on the pretest, however, the large categories must be maintained.

Respondents who do not mention spontaneously in Question 470 that their child was treated with oral rehydration therapy (ORT) are asked specifically about this treatment in Questions 474 and 477. The ORT may either have been in the form of a fluid prepared from a packet containing sugar and salts (ORS) (474), or as a fluid made from ingredients available in the home, and recommended for use as ORT by the national diarrhea control program (477). The instructions for which ingredients to use in the recommended home fluid (RHF) vary from country to country. The RHF may be cereal based, e.g., made with rice or wheat, or made from sugar, salt or water. For all children who were treated with ORT, the number of days that the child was given the fluid, made either from the ORS packet or from ingredients available in the home, is also recorded (475, 478).

|     |   | LAST BIRTH   |                                 | NEXT-TO-LAST BIRTH   |                                 | SECOND-FROM-LAST BIRTH   |                                 |
|-----|---|--|---------------------------------|--|---------------------------------|--|---------------------------------|
|     |   | NAME   |                                 | NAME   |                                 | NAME   |                                 |
| 473 | CHECK 470:<br><br>ORS FLUID FROM<br>PACKET MENTIONED?   | NO,<br>ORS FLUID<br>NOT MENTIONED                                | YES,<br>ORS FLUID<br>MENTIONED  | NO,<br>ORS FLUID<br>NOT MENTIONED                                | YES,<br>ORS FLUID<br>MENTIONED  | NO,<br>ORS FLUID<br>NOT MENTIONED                                | YES,<br>ORS FLUID<br>MENTIONED  |
|     |   | <input type="checkbox"/>   | <input type="checkbox"/>        | <input type="checkbox"/>   | <input type="checkbox"/>        | <input type="checkbox"/>   | <input type="checkbox"/>        |
|     |   | (SKIP TO 475)  |                                 | (SKIP TO 475)  |                                 | (SKIP TO 475)  |                                 |
| 474 | Was (NAME) given (FLUID FROM<br>ORS PACKET - LOCAL NAME) when<br>he/she had the diarrhea?*  | YES.....1<br>NO.....2<br>DK.....8                                | (SKIP TO 476) ←                 | YES.....1<br>NO.....2<br>DK.....8                                | (SKIP TO 476) ←                 | YES.....1<br>NO.....2<br>DK.....8                                | (SKIP TO 476) ←                 |
| 475 | For how many days was<br>(NAME) given (LOCAL NAME)?*<br><br>IF LESS THAN 1 DAY,<br>RECORD '00'.                                     | DAYS..... <input type="text"/> <input type="text"/><br>DK.....98 |                                 | DAYS..... <input type="text"/> <input type="text"/><br>DK.....98 |                                 | DAYS..... <input type="text"/> <input type="text"/><br>DK.....98 |                                 |
| 476 | CHECK 470:<br><br>RECOMMENDED HOME<br>FLUID MENTIONED?  | NO,<br>HOME FLUID<br>NOT MENTIONED                               | YES,<br>HOME FLUID<br>MENTIONED | NO,<br>HOME FLUID<br>NOT MENTIONED                               | YES,<br>HOME FLUID<br>MENTIONED | NO,<br>HOME FLUID<br>NOT MENTIONED                               | YES,<br>HOME FLUID<br>MENTIONED |
|     |   | <input type="checkbox"/>   | <input type="checkbox"/>        | <input type="checkbox"/>   | <input type="checkbox"/>        | <input type="checkbox"/>   | <input type="checkbox"/>        |
|     |   | (SKIP TO 478)  |                                 | (SKIP TO 478)  |                                 | (SKIP TO 478)  |                                 |
| 477 | Was (NAME) given a recommended<br>home fluid made from<br>(RECOMMENDED INGREDIENTS) when<br>he/she had the diarrhea?*               | YES.....1<br>NO.....2<br>DK.....8                                | (SKIP TO 479) ←                 | YES.....1<br>NO.....2<br>DK.....8                                | (SKIP TO 479) ←                 | YES.....1<br>NO.....2<br>DK.....8                                | (SKIP TO 479) ←                 |
| 478 | For how many days was (NAME)<br>given the fluid made from<br>(RECOMMENDED INGREDIENTS)?*<br><br>IF LESS THAN 1 DAY,<br>RECORD '00'. | DAYS..... <input type="text"/> <input type="text"/><br>DK.....98 |                                 | DAYS..... <input type="text"/> <input type="text"/><br>DK.....98 |                                 | DAYS..... <input type="text"/> <input type="text"/><br>DK.....98 |                                 |
| 479 | GO BACK TO 442 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 480   |  |                                 |  |                                 |  |                                 |

\* The terms for ORS packets and the recommended home fluid should correspond to the categories used in 470. The ingredients in the recommended home fluid should be reflected in the question as noted for question 470.

**Knowledge of oral rehydration therapy (481-487)**

Since many national health programs are designed to increase knowledge and use of oral rehydration therapy in order to prevent dehydration during diarrheal illnesses, these questions are asked to evaluate the level of knowledge about ORT and sources of that information..

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP TO |
|-----|--|---|---------|
| 480 | CHECK 470 AND 474 (ALL COLUMNS):<br><br>ORS FLUID FROM PACKET <input type="checkbox"/> _____<br>GIVEN TO ANY CHILD<br><br>ORS FLUID FROM PACKET NOT GIVEN TO ANY CHILD OR 470 AND 474 NOT ASKED <input type="checkbox"/> _____ |   | 484     |
| 481 | Have you ever heard of a special product called (LOCAL NAME) you can get for the treatment of diarrhea?  | YES.....1<br>NO.....2   | 483     |
| 482 | Have you ever seen a packet like this before?<br>SHOW PACKET.  | YES.....1<br>NO.....2   | 487     |
| 483 | Have you ever prepared a solution with one of these packets to treat diarrhea in yourself or someone else?<br>SHOW PACKET.   | YES.....1<br>NO.....2   | 486     |
| 484 | The last time you prepared the (LOCAL NAME), did you prepare the whole packet at once or only part of the packet?  | WHOLE PACKET AT ONCE.....1<br>PART OF PACKET.....2  | 486     |
| 485 | How much water did you use to prepare (LOCAL NAME) the last time you made it? *  | 1 1/2 LITER.....01<br>1 LITER.....02<br>1 1/2 LITERS.....03<br>2 LITERS.....04<br>FOLLOWED PACKAGE INSTRUCTIONS..05<br>OTHER _____ 06<br>(SPECIFY)<br>DK.....98   |         |
| 486 | Where can you get the (LOCAL NAME) packet?<br><br>PROBE: Anywhere else?<br><br>RECORD ALL PLACES MENTIONED.**  | PUBLIC SECTOR<br>GOVERNMENT HOSPITAL.....A<br>GOVERNMENT HEALTH CENTER.....B<br>GOVERNMENT HEALTH POST.....C<br>MOBILE CLINIC.....D<br>COMMUNITY HEALTH WORKER.....E<br>MEDICAL PRIVATE SECTOR<br>PRIVATE HOSPITAL OR CLINIC...F<br>PHARMACY.....G<br>PRIVATE DOCTOR.....H<br>MOBILE CLINIC.....I<br>COMMUNITY HEALTH WORKER.....J<br>OTHER PRIVATE SECTOR<br>SHOP.....K<br>TRADITIONAL PRACTITIONER.....L<br>OTHER _____ M<br>(SPECIFY)                    |         |
| 487 | CHECK 470 AND 477 (ALL COLUMNS):<br><br>HOME-MADE FLUID GIVEN TO ANY CHILD <input type="checkbox"/> _____<br>HOME-MADE FLUID NOT GIVEN TO ANY CHILD OR 470 AND 477 NOT ASKED <input type="checkbox"/> _____                    |   | 501     |
| 488 | Where did you learn to prepare the recommended home fluid made from (RECOMMENDED INGREDIENTS)*** given to (NAME) when he/she had diarrhea? **  | PUBLIC SECTOR<br>GOVERNMENT HOSPITAL.....11<br>GOVERNMENT HEALTH CENTER.....12<br>GOVERNMENT HEALTH POST.....13<br>MOBILE PUBLIC SECTOR.....14<br>COMMUNITY HEALTH WORKER.....15<br>MEDICAL PRIVATE SECTOR<br>PRIVATE HOSPITAL OR CLINIC...21<br>PHARMACY.....22<br>PRIVATE DOCTOR.....23<br>MOBILE CLINIC.....24<br>COMMUNITY HEALTH WORKER.....25<br>OTHER PRIVATE SECTOR<br>TRADITIONAL PRACTITIONER....31<br>SHOP.....32<br>OTHER _____ 41<br>(SPECIFY) |         |

\* Response codes to be developed according to local instructions for mixing ORS. If these include the use of a certain container, e.g. a soda bottle, this should be added as a response category.  
 \*\* Coding categories for health facilities and providers to be developed locally and revised based on the pretest, however, the large categories must be maintained.  
 \*\*\* Question to be developed locally according to the ingredients promoted for use in the recommended home fluid.

## SECTION 5. MARRIAGE

### Marital status and co-residence (501-507)

These questions are used for classifying the basic marital status of the woman. Throughout DHS as well as in earlier surveys, the concept of "married" includes women in both formal and informal unions. Questions 504-506 are intended to measure the prevalence and characteristics of polygynous unions.

### Date and Age at Marriage (508-511)

Women are asked to provide the month and year of their first marriage and then are asked their age at that time. The consistency of these two pieces of information (if both are obtained) is checked by following the procedure in Question 511.

SECTION 5. MARRIAGE

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP TO |
|-----|--|--|---------|
| 501 | Have you ever been married or lived with a man?*   | YES.....1<br>NO.....2  | 512     |
| 502 | Are you now married or living with a man, or are you now widowed, divorced, or no longer living together?* | MARRIED.....1<br>LIVING TOGETHER.....2<br>WIDOWED.....3<br>DIVORCED.....4<br>NO LONGER LIVING TOGETHER.....5                                     | 507     |
| 503 | Is your husband/partner living with you now or is he staying elsewhere?                                    | LIVING WITH HER.....1<br>STAYING ELSEWHERE.....2   |         |
| 504 | Does your husband/partner have any other wives besides yourself?*  | YES.....1<br>NO.....2  | 507     |
| 505 | How many other wives does he have?*  | NUMBER..... <input type="text"/> <input type="text"/><br>DK.....98   | 507     |
| 506 | Are you the first, second,...wife?*  | RANK..... <input type="text"/> <input type="text"/>  |         |
| 507 | Have you been married or lived with a man only once, or more than once?                                    | ONCE.....1<br>MORE THAN ONCE.....2   |         |
| 508 | In what month and year did you start living with your (first) husband/partner?                             | MONTH..... <input type="text"/> <input type="text"/><br>DK MONTH.....98<br>YEAR..... <input type="text"/> <input type="text"/><br>DK YEAR.....98 |         |
| 509 | How old were you when you started living with him?   | AGE..... <input type="text"/> <input type="text"/><br>DK AGE.....98  |         |

510 CHECK 508 AND 509:  
 YEAR AND AGE GIVEN? YES  NO  → 513

511 CHECK CONSISTENCY OF 508 AND 509:

|                             |   |  |
|-----------------------------|---|--|
| YEAR OF BIRTH (105)         | <input type="text"/> <input type="text"/> |  |
| PLUS                        | +   |  |
| AGE AT MARRIAGE (509)       | <input type="text"/> <input type="text"/> |  |
|                             | =   |  |
| CALCULATED YEAR OF MARRIAGE | <input type="text"/> <input type="text"/> |  |

IF NECESSARY, CALCULATE YEAR OF BIRTH

|                          |   |
|--------------------------|---|
| CURRENT YEAR             | <input type="text"/> 9 <input type="text"/> 0 |
| MINUS                    | -   |
| CURRENT AGE (106)        | <input type="text"/> <input type="text"/>     |
|                          | =   |
| CALCULATED YEAR OF BIRTH | <input type="text"/> <input type="text"/>     |

IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (508) ?

YES  NO  → PROBE AND CORRECT 508 AND 509.

(SKIP TO 513)

\* Where visiting relationships are common, this category should be added to 501 and 502.  
 \*\* Country-specific questions.

### Sexual activity (512-516)

Information on sexual activity has many uses. It bears on exposure to the risk of pregnancy both for unmarried teenagers and for married women. Age at first sexual intercourse is the more appropriate demarcation of the beginning of exposure than is age at first marriage which may be later in time.

The monthly frequency of sexual activity is viewed as a measure of the risk of conception. This frequency varies by age, duration of marriage and probably region of the world. The question on usual frequency (514) has been included to permit classifying women whose sexual activity in the past month may have been unusual because of pregnancy, temporary separation, or other reasons.

The question on the last time the woman had intercourse (515) is to approximate the proportion of women in the population who are exposed to the risk of pregnancy according to the proportion who have had intercourse in the last 48 hours. On the assumption that this length of time corresponds with the length of the fertile period in the ovulatory cycle, this proportion will provide a direct estimate of the proportion at risk.

| NO.                    | QUESTIONS AND FILTERS  | CODING CATEGORIES   | SKIP TO              |     |    |                        |   |   |              |   |   |                  |   |   |                    |   |   |  |
|------------------------|--|---|----------------------|-----|----|------------------------|---|---|--------------|---|---|------------------|---|---|--------------------|---|---|--|
| 512                    | IF NEVER IN UNION:<br>Have you ever had sexual intercourse?  | YES.....1<br>NO.....2   | →517                 |     |    |                        |   |   |              |   |   |                  |   |   |                    |   |   |  |
| 513                    | How we need some details about your sexual activity in order to get a better understanding of family planning and fertility.<br><br>How many times did you have sexual intercourse in the last four weeks? | TIMES..... <input type="text"/>   |                      |     |    |                        |   |   |              |   |   |                  |   |   |                    |   |   |  |
| 514                    | How many times in a month do you <u>usually</u> have sexual intercourse?   | TIMES..... <input type="text"/>   |                      |     |    |                        |   |   |              |   |   |                  |   |   |                    |   |   |  |
| 515                    | When was the last time you had sexual intercourse?   | DAYS AGO.....1<br>WEEKS AGO.....2<br>MONTHS AGO.....3<br>YEARS AGO.....4<br>BEFORE LAST BIRTH.....996   | <input type="text"/> |     |    |                        |   |   |              |   |   |                  |   |   |                    |   |   |  |
| 516                    | How old were you when you first had sexual intercourse?  | AGE.....<br>FIRST TIME WHEN MARRIED.....96  | <input type="text"/> |     |    |                        |   |   |              |   |   |                  |   |   |                    |   |   |  |
| 517                    | PRESENCE OF OTHERS AT THIS POINT.  | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> |                      | YES | NO | CHILDREN UNDER 10..... | 1 | 2 | HUSBAND..... | 1 | 2 | OTHER MALES..... | 1 | 2 | OTHER FEMALES..... | 1 | 2 |  |
|                        | YES  | NO  |                      |     |    |                        |   |   |              |   |   |                  |   |   |                    |   |   |  |
| CHILDREN UNDER 10..... | 1  | 2   |                      |     |    |                        |   |   |              |   |   |                  |   |   |                    |   |   |  |
| HUSBAND.....           | 1  | 2   |                      |     |    |                        |   |   |              |   |   |                  |   |   |                    |   |   |  |
| OTHER MALES.....       | 1  | 2   |                      |     |    |                        |   |   |              |   |   |                  |   |   |                    |   |   |  |
| OTHER FEMALES.....     | 1  | 2   |                      |     |    |                        |   |   |              |   |   |                  |   |   |                    |   |   |  |

## SECTION 6. FERTILITY PREFERENCES

### Reproductive intentions (603-606)

These questions determine the basic preferences of women for future childbearing, both in terms of whether additional children are wanted and the desired spacing of the next child. Recent research on DHS and earlier survey data reveals that these reproductive intentions are highly correlated with contraceptive prevalence and fertility rates.

### Sterilization regret (607-609)

This is an effort to capture whether the woman regrets that she or her husband had the sterilization operation because she would now like to have another child or for some other reason. This "sterilization regret" phenomenon is thought to be increasingly common in countries where men and women are getting sterilized at younger ages.

SECTION 6. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS  | CODING CATEGORIES  | SKIP TO |
|-----|--|--|---------|
| 601 | CHECK 312:<br><br>NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>  |  | 607     |
| 602 | CHECK 502:<br><br>CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> NOT MARRIED/NOT LIVING TOGETHER <input type="checkbox"/>   |  | 614     |
| 603 | CHECK 223:<br><br>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/><br><br>Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children? | HAVE A (ANOTHER) CHILD.....1<br>NO MORE/NONE.....2<br>SAYS SHE CAN'T GET PREGNANT....3<br><br>UNDECIDED OR DK.....8                | 610     |
| 604 | CHECK 223:<br><br>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/><br><br>How long would you like to wait from now before the birth of (a/another) child?   | MONTHS.....1<br>YEARS.....2<br>SOON/NOW.....994<br>SAYS SHE CAN'T GET PREGNANT...995<br>OTHER _____ 996<br>(SPECIFY)<br>DK.....998 | 610     |
| 605 | CHECK 216 AND 223:<br><br>HAS LIVING CHILD(REN) OR PREGNANT? YES <input type="checkbox"/> NO <input type="checkbox"/>  |  | 610     |
| 606 | CHECK 223:<br><br>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/><br><br>How old would you like your youngest child to be when your next child is born?  | AGE OF CHILD YEARS.....<br>DK.....98   | 610     |
| 607 | Given your present circumstances, if you had to do it over again, do you think (you/your husband) would make the same decision to have an operation not to have any more children?   | YES.....1<br>NO.....2  |         |
| 608 | Do you regret that (you/your husband) had the operation not to have any (more) children?   | YES.....1<br>NO.....2  | 614     |
| 609 | Why do you regret it?  | RESPONDENT WANTS ANOTHER CHILD..1<br>PARTNER WANTS ANOTHER CHILD....2<br>SIDE EFFECTS.....3<br>OTHER REASON _____ 4<br>(SPECIFY)   | 614     |

### Communication with husband about family planning (610-611)

Discussion of family planning between husband and wife is thought to be instrumental in the decision to take joint action to control fertility. These questions are intended to measure the level of communication between partners about family planning.

### Discussion of number of children and husband's preferences (612-613)

The purpose of these two questions is to assess the extent to which couples communicate about their fertility desires and to evaluate the importance of the husband in the decision-making process about having children.

### Postpartum attitudes (614-615)

In many cultures, there are strong norms about the appropriate length of time that should elapse after the birth of a child before resuming sexual relations or weaning a child. To the extent that these norms influence postpartum behavior, which in turn affects fertility, they are important to understand.

### General approval of birth control (616)

The idea that births can be regulated is an initial element in the acceptance of family planning. This question is intended to determine whether women's attitudes towards birth control are a barrier to their acceptance.

### Ideal family size (617)

This type of question has been used in previous surveys to measure fertility norms. Although less useful than the above questions on personal preferences, the question has been retained in DHS for purposes of comparison with all earlier surveys. One improvement has been introduced by separating women with no children from those with children and rephrasing the question for mothers in order to reduce the tendency to rationalize existing children.

### Ideal birth interval (618)

The responses to this question will be used to measure what women consider to be the preferred spacing of births. This can be compared to actual behavior to determine the extent to which women implement their spacing preferences.

| NO.  | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP TO                                     |   |   |  |  |  |  |  |  |  |  |
|--|---|---|---|---|---|--|--|--|--|--|--|--|--|
| 610  | Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?  | APPROVES.....1<br>DISAPPROVES.....2<br>DK.....8   |   |   |   |  |  |  |  |  |  |  |  |
| 611  | How often have you talked to your husband/partner about family planning in the past year?   | NEVER.....1<br>ONCE OR TWICE.....2<br>MORE OFTEN.....3  |   |   |   |  |  |  |  |  |  |  |  |
| 612  | Have you and your husband/partner ever discussed the number of children you would like to have?   | YES.....1<br>NO.....2   |   |   |   |  |  |  |  |  |  |  |  |
| 613  | Do you think your husband/partner wants the <u>same</u> number of children that you want, or does he want <u>more</u> or <u>fewer</u> than you want?  | SAME NUMBER.....1<br>MORE CHILDREN.....2<br>FEWER CHILDREN.....3<br>DK.....8  |   |   |   |  |  |  |  |  |  |  |  |
| 614  | How long should a couple wait before starting sexual intercourse after the birth of a baby?   | MONTHS.....1 <table border="1" data-bbox="1257 690 1332 738"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>YEARS.....2 <table border="1" data-bbox="1257 738 1332 786"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>OTHER _____ 996<br>(SPECIFY)     |   |   |   |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |  |  |  |  |  |  |  |  |
| 615  | Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?   | WAIT.....1<br>DOESN'T MATTER.....2  |   |   |   |  |  |  |  |  |  |  |  |
| 616  | In general, do you approve or disapprove of couples using a method to avoid getting pregnant?   | APPROVE.....1<br>DISAPPROVE.....2   |   |   |   |  |  |  |  |  |  |  |  |
| 617  | <p>CHECK 216:</p> <table data-bbox="252 1183 901 1437"> <tr> <td data-bbox="252 1183 566 1233">HAS LIVING CHILD(REN) <input type="checkbox"/></td> <td data-bbox="646 1183 901 1233">NO LIVING CHILDREN <input type="checkbox"/></td> </tr> <tr> <td data-bbox="252 1233 566 1284">↓</td> <td data-bbox="646 1233 901 1284">↓</td> </tr> <tr> <td data-bbox="252 1284 598 1437">If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</td> <td data-bbox="646 1284 901 1437">If you could choose exactly the number of children to have in your whole life, how many would that be?</td> </tr> </table> <p>RECORD SINGLE NUMBER OR OTHER ANSWER.</p> | HAS LIVING CHILD(REN) <input type="checkbox"/>  | NO LIVING CHILDREN <input type="checkbox"/> | ↓ | ↓ | If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? | If you could choose exactly the number of children to have in your whole life, how many would that be? | NUMBER..... <table border="1" data-bbox="1257 1233 1332 1284"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>OTHER ANSWER _____ 96<br>(SPECIFY) |  |  |  |  |  |
| HAS LIVING CHILD(REN) <input type="checkbox"/>   | NO LIVING CHILDREN <input type="checkbox"/>   |   |   |   |   |  |  |  |  |  |  |  |  |
| ↓  | ↓   |   |   |   |   |  |  |  |  |  |  |  |  |
| If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? | If you could choose exactly the number of children to have in your whole life, how many would that be?  |   |   |   |   |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |  |  |  |  |  |  |  |  |
| 618  | What do you think is the best number of months or years between the birth of one child and the birth of the next child?   | MONTHS.....1 <table border="1" data-bbox="1257 1533 1332 1581"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>YEARS.....2 <table border="1" data-bbox="1257 1581 1332 1629"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>OTHER _____ 996<br>(SPECIFY) |   |   |   |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |  |  |  |  |  |  |  |  |
|  |   |   |   |   |   |  |  |  |  |  |  |  |  |

## SECTION 7. HUSBAND'S BACKGROUND AND WOMEN'S WORK

### Husband's education (702-704)

These are the same questions on education asked about the woman at the beginning of the questionnaire.

### Husband's work (705-707)

These questions are intended to provide some limited picture of the husband's position in the world of work (the socio-economic status of the family is more directly assessed by the list of household items owned and dwelling characteristics in the household schedule).

In 705, the standard information on the husband's current occupation is collected. This will permit descriptive generalizations about the sectors of society in which fertility is changing.

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES  | SKIP TO |
|-----|---|--|---------|
| 701 | <p>CHECK 501:</p> <p>EVER MARRIED OR LIVED TOGETHER <input type="checkbox"/></p> <p>NEVER MARRIED/ NEVER LIVED TOGETHER <input type="checkbox"/></p> <p>ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.</p> |  | 708     |
| 702 | <p>Did your (last) husband/partner ever attend school?</p>  | <p>YES.....1</p> <p>NO.....2</p>   | 705     |
| 703 | <p>What was the highest level of school he attended: primary, secondary, or higher?</p>   | <p>PRIMARY .....1</p> <p>SECONDARY.....2</p> <p>HIGHER.....3</p> <p>DK.....8</p>       | 705     |
| 704 | <p>What was the highest (grade/form/year) he completed at that level?*</p>  | <p>GRADE..... <input type="text"/></p> <p>DK.....98</p>                                |         |
| 705 | <p>What kind of work does (did) your (last) husband/partner mainly do?</p>  | <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>    |         |
| 706 | <p>CHECK 705:</p> <p>WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/></p> <p>DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/></p>  |  | 708     |
| 707 | <p>(Does/did) your husband/partner work mainly on his own land or family land, or (does/did) he rent land, or (does/did) he work on someone else's land?</p>  | <p>HIS/FAMILY LAND.....1</p> <p>RENTED LAND.....2</p> <p>SOMEONE ELSE'S LAND.....3</p> |         |

\* Revise according to the local education system.

### Woman's employment (708-716)

These questions are used to classify women according to the type of work they perform, aside from housework. The general hypothesis has been that paid employment away from the home competes with childbearing and child-rearing. The relationship between employment and fertility is thought to vary according to several aspects of the social and economic context including, for example, household structure, women's status, labor market opportunities, and child-care practices and beliefs. Questions 715-716 are aimed at measuring child-care practices among working women with small children.

| NO. | QUESTIONS AND FILTERS   | CODING CATEGORIES   | SKIP<br>TO  |  |  |  |  |
|-----|---|---|---|--|--|--|--|
| 708 | Aside from your own housework, are you currently working?   | YES.....1<br>NO.....2   | 710   |  |  |  |  |
| 709 | As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.<br><br>Are you currently doing any of these things or any other work? | YES.....1<br>NO.....2   | 717   |  |  |  |  |
| 710 | What is your occupation, that is, what kind of work do you do?  | _____<br>_____<br>_____   | <table border="1"> <tr> <td></td> <td></td> </tr> </table>                                |  |  |  |  |
|     |   |   |   |  |  |  |  |
| 711 | In your current work, do you work for a member of your family, for someone else, or are you self-employed?  | FOR FAMILY MEMBER.....1<br>FOR SOMEONE ELSE.....2<br>SELF-EMPLOYED.....3  |   |  |  |  |  |
| 712 | Do you earn cash for this work?<br><br>PROBE: Do you make money for working?  | YES.....1<br>NO.....2   |   |  |  |  |  |
| 713 | Do you do this work at home or away from home?  | HOME.....1<br>AWAY.....2  |   |  |  |  |  |
| 714 | CHECK 215/216/218:<br>HAS CHILD BORN SINCE<br>JAN. 1985* AND LIVING<br>AT HOME?   | YES<br><input type="checkbox"/><br>↓  | NO<br><input type="checkbox"/> → 717  |  |  |  |  |
| 715 | While you are working, do you <u>usually</u> have (NAME OF YOUNGEST CHILD AT HOME) with you, <u>sometimes</u> have him/her with you, or <u>never</u> have him/her with you?   | USUALLY.....1<br>SOMETIMES.....2<br>NEVER.....3   | 717   |  |  |  |  |
| 716 | Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?   | HUSBAND/PARTNER.....01<br>OLDER CHILD(REN).....02<br>OTHER RELATIVES.....03<br>NEIGHBORS.....04<br>FRIENDS.....05<br>SERVANTS/HIRED HELP.....06<br>CHILD IS IN SCHOOL.....07<br>INSTITUTIONAL CHILDCARE.....08<br>OTHER.....09<br>(SPECIFY) |   |  |  |  |  |
| 717 | RECORD THE TIME   | HOUR.....<br>MINUTES.....   | <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table> |  |  |  |  |
|     |   |   |   |  |  |  |  |
|     |   |   |   |  |  |  |  |

\* For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.

## SECTION 8. MATERNAL AND CHILD HEIGHT AND WEIGHT

### Checking for a BCG scar (805)

The child will be checked for the presence of a BCG scar (805) by the measurer who obtains the child's weight and height/length. In conjunction with 444 and 447, this will help to determine whether the child has received a BCG immunization.

### Weighing and measuring young children and mothers (806-810)

The nutritional or anthropometric status of the young children in a population, i.e. the measurement of their weight (808) and height/length (806), is an indicator of their health. The nutritional status of young children is influenced both by food intake and by the number and types of illnesses. The amount and types of food are again influenced both by food availability and by infant feeding practices. In addition, factors such as childhood immunizations and the type of drinking water and sanitation influence the child's susceptibility and exposure to infection. The anthropometric status of young children provides an outcome measure for programs and interventions aimed at improving child health and survival.

Measurement of height (806) and weight (808) of women of reproductive age is useful for several reasons. First, the nutritional status of the woman is a good indicator of a family's socioeconomic status. The woman's height-for-age reflects her nutritional history before reaching puberty, while her weight-for-age gives an indication of the current availability of food in the household.

Second, determination of women's anthropometric status provides important information for maternal and child health programs. Poor maternal nutritional status may result in an unfavorable pregnancy outcome. For example, higher perinatal and neonatal mortality rates are seen among very short women who usually have a small pelvis resulting in increased risk of obstructed labor and other complications of delivery. Third, this information will be useful to examine differentials in women's nutritional status between different population subgroups within survey countries.

SECTION 8. HEIGHT AND WEIGHT

|     |   |  |
|-----|---|--|
| 801 | CHECK 222:<br><br>ONE OR MORE BIRTHS<br>SINCE JAN. 1985* <input type="checkbox"/> | NO BIRTHS<br>SINCE JAN. 1985* <input type="checkbox"/> → END |
|-----|---|--|

INTERVIEWER: IN 802 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1985\* AND STILL ALIVE. IN 803 AND 804 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1985\*. IN 806 AND 808 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1985\* SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1985, USE ADDITIONAL FORMS).

|   | 1<br>RESPONDENT  | 2<br>YOUNGEST<br>LIVING CHILD  | 3<br>NEXT-TO-<br>YOUNGEST<br>LIVING CHILD  | 4<br>SECOND-TO-<br>YOUNGEST<br>LIVING CHILD  |
|---|--|--|--|--|
| 802<br>LINE NO.<br>FROM Q.212   |  | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| 803<br>NAME<br>FROM Q.212 FOR CHILDREN  | (NAME)<br>_____  | (NAME)<br>_____  | (NAME)<br>_____  | (NAME)<br>_____  |
| 804<br>DATE OF BIRTH<br><br>FROM Q.105 FOR RESPONDENT<br>FROM Q.215 FOR CHILDREN, AND ASK<br>FOR DAY OF BIRTH | MONTH.... <input type="text"/><br>YEAR.... <input type="text"/>                                  | DAY..... <input type="text"/><br>MONTH.... <input type="text"/><br>YEAR.... <input type="text"/>   | DAY..... <input type="text"/><br>MONTH.... <input type="text"/><br>YEAR.... <input type="text"/>   | DAY..... <input type="text"/><br>MONTH.... <input type="text"/><br>YEAR.... <input type="text"/>   |
| 805<br>BCG SCAR ON TOP<br>OF LEFT SHOULDER**  |  | SCAR SEEN.....1<br>NO SCAR.....2   | SCAR SEEN.....1<br>NO SCAR.....2   | SCAR SEEN.....1<br>NO SCAR.....2   |
| 806<br>HEIGHT<br>(in centimeters)   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
| 807<br>WAS HEIGHT/LENGTH OF CHILD<br>MEASURED LYING DOWN OR<br>STANDING UP?                                   |  | LYING.....1<br>STANDING.....2  | LYING.....1<br>STANDING.....2  | LYING.....1<br>STANDING.....2  |
| 808<br>WEIGHT<br>(in kilograms)   | <input type="text"/>   | 0 <input type="text"/>   | 0 <input type="text"/>   | 0 <input type="text"/>   |
| 809<br>DATE<br>WEIGHED<br>AND<br>MEASURED   | DAY..... <input type="text"/><br>MONTH.... <input type="text"/><br>YEAR.... <input type="text"/> | DAY..... <input type="text"/><br>MONTH.... <input type="text"/><br>YEAR.... <input type="text"/>   | DAY..... <input type="text"/><br>MONTH.... <input type="text"/><br>YEAR.... <input type="text"/>   | DAY..... <input type="text"/><br>MONTH.... <input type="text"/><br>YEAR.... <input type="text"/>   |
| 810<br>RESULT   | MEASURED.....1<br>NOT PRESENT...3<br>REFUSED.....4<br>OTHER.....6<br><br>(SPECIFY)               | CHILD MEASURED.1<br>CHILD SICK.....2<br>CHILD NOT<br>PRESENT.....3<br>CHILD REFUSED..4<br>MOTHER REFUSED.5<br>OTHER.....6<br><br>(SPECIFY) | CHILD MEASURED.1<br>CHILD SICK.....2<br>CHILD NOT<br>PRESENT.....3<br>CHILD REFUSED..4<br>MOTHER REFUSED.5<br>OTHER.....6<br><br>(SPECIFY) | CHILD MEASURED.1<br>CHILD SICK.....2<br>CHILD NOT<br>PRESENT.....3<br>CHILD REFUSED..4<br>MOTHER REFUSED.5<br>OTHER.....6<br><br>(SPECIFY) |

811  
NAME OF MEASURER:  NAME OF ASSISTANT:

\* For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.  
\*\* Adapt question locally after determining the most common injection site (usually the left arm or shoulder).

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

Comments About Respondent:

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Comments on Specific Questions:

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Any Other Comments:

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SUPERVISOR'S OBSERVATIONS

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Name of Supervisor:

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Date:

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EDITOR'S OBSERVATIONS

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