

**Egypt Indepth Study
on the Reasons for
Nonuse of Contraception**

**Egypt
Indepth Study
on the
Reasons for Nonuse
of Family Planning**

**Results of a Panel Survey
in Upper Egypt**

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Additional information on the EIS may be obtained from the National Population Council, P O Box 1036, Cairo Egypt (Telephone 5240435 and Fax 5240219). Additional information about the DHS program may be obtained from DHS, Macro International Inc, 11785 Beltsville Drive, Calverton, MD 20705 (Telephone 301-572-0200 and Fax 301-572-0999).

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Foreword

The results of the 1992 Egypt Demographic and Health Survey (EDHS) indicated that family planning use in Upper Egypt had doubled since 1980, however, the level of contraceptive use was still very low in this region in comparison to other areas in Egypt. Although comparatively few women in Upper Egypt were currently using family planning, the 1995 EDHS results showed that a large proportion wanted no more children. The Egypt In-depth Study of Reasons for Nonuse of Family Planning (EIS) was carried out to collect information on the factors which are contributing to the low level of use in Upper Egypt, despite the existence of a significant demand among women to control childbearing.

Field activities for the EIS started in Assuit and Souhag, two governorates in Upper Egypt, in early 1996 and were completed by the end of 1997. The study involved both qualitative and quantitative data collection. In addition to the focus group discussions (FGDs) and in-depth interviews, two rounds of follow-up interviews were conducted with women from these governorates who were respondents in the 1995 EDHS. In addition, in the second round of the EIS, a subsample of husbands of the women were interviewed.

This report presents the main results of the EIS panel survey. It includes information on the contraceptive behavior and fertility preferences of the women in the study as well as on factors such as access to contraceptive services, experience with side effects, and husbands' attitudes that may be influencing contraceptive decision-making. It is hoped that the information collected during this study will be instrumental in identifying new directions for family planning program activities in Upper Egypt.

I am deeply grateful to all of the EIS staff for their efforts in making these important data available.

Prof. Dr. Maher Mahran
Secretary General
National Population Council

Acknowledgments

The Egypt Indepth Study on the Reasons for Nonuse of Family Planning (EIS) is a panel study that involved two rounds of followup interviews with respondents in the 1995 Egypt DHS in Assuit and Souhag governorates in Upper Egypt. The EIS was designed to obtain insights into the reasons women in Upper Egypt have for making decision about the use of family planning.

The successful implementation of the EIS study would not have been possible without the active support and dedicated efforts of a large number of institutions and individuals. The National Population Council under the leadership of Prof. Dr. Maher Mahran provided logistic support throughout the study.

The local costs of the study were supported by USAID/Cairo through the Population and Family Planning III project. I gratefully acknowledge all the staff in the Office of Population at USAID/Cairo who were involved in the study, with special thanks to Dr. Richard Martin and Ms. Amani Selim for their support throughout the study activities.

Technical assistance and funding for some of the local costs of the study came from Macro International Inc. through the USAID-funded Demographic and Health Surveys III project. In this regard, I greatly appreciated the efforts and contribution of Dr. Ann Way during the design and implementation of the study activities. My thanks and appreciation also are extended to Dr. Sunita Kishor, Mr. Keith Purvis and Ms. Jeanne Cushing for their efforts throughout the study. Dr. John Casterline and Dr. Ann Biddlecom of the Population Council, whose participation in the EIS was made possible through a grant from Rockefeller Foundation, offered valuable comments during the development of the questionnaires used in the study and Dr. Casterline participated in the preparation of this report.

I would like to express my appreciation for the dedication and skill with which all of the EIS office and field staff performed their tasks. This study could not have been conducted without their efforts.

Finally, I am deeply grateful to all the respondents in the EIS, without their patience and willingness to answer our questions this study could not have been undertaken.

Fatma El-Zanaty
Technical Director

Executive Summary

The Egypt Indepth Study on the Reasons for Nonuse of Family Planning (EIS) was designed to investigate the reasons for the high level of unmet need in Upper Egypt, i.e., why contraceptive use levels in the region remain low although surveys such as the 1995 Demographic and Health Survey (DHS) have shown that a majority of the women in Upper Egypt want to control their childbearing. The EIS was carried out in Upper Egypt in Assuit and Souhag governorates. These two governorates have the lowest levels of contraceptive use and among the highest unmet need in Egypt. The EIS involved a panel design in which two rounds of follow-up interviews were conducted with women from Assuit and Souhag governorates who had been interviewed in the 1995 DHS. In the second round of the EIS, there were also interviews with the husbands of a subsample of the EIS respondents in order to obtain a greater understanding of the role men play in the contraceptive decision-making process. Prior to the panel survey, a qualitative study involving focus group discussions and a small number of indepth interviews was implemented in order to help identify the issues that would be covered in the survey questionnaires.

Key Findings

Contraceptive adoption and discontinuation The EIS results clearly show the dynamic nature of contraceptive decision-making in Assuit and Souhag. Forty-four percent of EIS respondents used contraception over the course of the almost 24-month period of the study, nearly double the percentage of women who were currently using at the time of the 1995 DHS when the study began (24 percent). Despite the large proportion of women who elected to use contraception during the study, the current contraceptive use rate at the time of the final panel interview in late 1997 was 28 percent, an increase of only 4 percentage points over the rate in 1995.

The relatively limited impact of the comparatively large number of women who adopted contraception during the period is a direct result of the fact that the average user discontinued use within 11 months of adopting a method. Discontinuation rates were especially high among women adopting the pill and injectables. Three in 5 women who used the pill and more than 7 in 10 women who used injectables stopped using within 12 months of adopting the method. Although the discontinuation levels were more moderate for the IUD, 1 in 5 IUD users also dropped out within 12 months of starting use of the method.

Role of fertility preferences The EIS findings indicate that discontinuation among users is not a product of a high degree of instability in women's fertility preferences. Overall, the study found that women who wanted no more children at the 1995 survey largely remained consistent in expressing a desire to limit their births throughout the study. For those women whose fertility desires changed during the study, the shifts in preferences largely represented a natural transition from wanting soon to wanting no more as women achieved their desired family size.

The EIS results document a powerful relationship between fertility preferences and use, with nearly two-thirds of women who wanted no more children using at some point during the study. However, the study also found that less than half of the women who consistently reported throughout the study that they wanted no more children were using contraception at the time of the final interview. As a consequence of the failure to implement preferences, around 3 in 10 nonusers who do not want another child become pregnant within 18 months, a high level of unwanted pregnancy.

There was evidence that at least some of the failure to implement preferences in contraceptive practice was related to the variations in the intensity of women's desires to avoid future childbearing. The study found that the more concerns a woman expressed about having another birth and the fewer benefits she perceived from having another child, the more likely she was adopted and to continue to use contraception.

Side effects/health problems Not unexpectedly, the study found that the side effects or health problems women associated with the use of contraception was the chief barrier to contraceptive adoption and the principal reason users, especially pill and injectable users, discontinued using. Although most women believed that pregnancy posed a greater potential health risk than using family planning, more than 1 in 4 women who used contraception during the study felt that their overall health worsened after they began using. Women using the pill and injectables were especially likely to have felt that use of these methods had adversely affected their health.

Low potential risk of pregnancy Despite a desire to control childbearing, many of the nonusers did not adopt contraception because they perceived themselves to be at low risk of pregnancy. Several factors are related to this perception. First of all, some women whose experience suggested that they did not become pregnant immediately when they were attempting to have a child believed that they were not in need of contraception because they were unlikely to get pregnant anyway. In addition, many women believed themselves to be at low risk of pregnancy during the postpartum period, and others were reluctant to use contraception while they were breastfeeding. A number of women also felt they were at low risk of pregnancy because their husbands were often away or they are having intercourse infrequently for other reasons.

Husbands Husbands clearly played a crucial role in facilitating women's access to contraceptive services. For most women, husbands were the source of the funds needed to pay for contraceptive services. Many husbands also accompanied their wives to family planning providers when they were getting the method or, in the case of the pill, obtained the method for their wife at the pharmacy. Although most couples agreed on their childbearing preferences, there was evidence that husband's opposition (whether real or merely perceived) was a barrier to adoption and a factor in discontinuation for a significant minority of women. For example, the study results suggest that contraceptive adoption rates were lower for women who themselves wanted no more children but were unsure of their husband's preferences or believed that he wanted another child. Roughly 1 in 8 EIS respondents were in this group. Contraception adoption rates also were shown to be higher for women whose husbands had more egalitarian attitudes towards women's roles.

Other potential barriers A number of other potential barriers to contraceptive adoption and continuation were identified in the study. Although most women did not feel constrained by the cost of services, a minority of women indicated that they could not afford to obtain their preferred method or go to their preferred provider. Some women and husbands also had reservations about the woman having a vaginal examination, especially if the physician performing the examination was male.

Recommendations

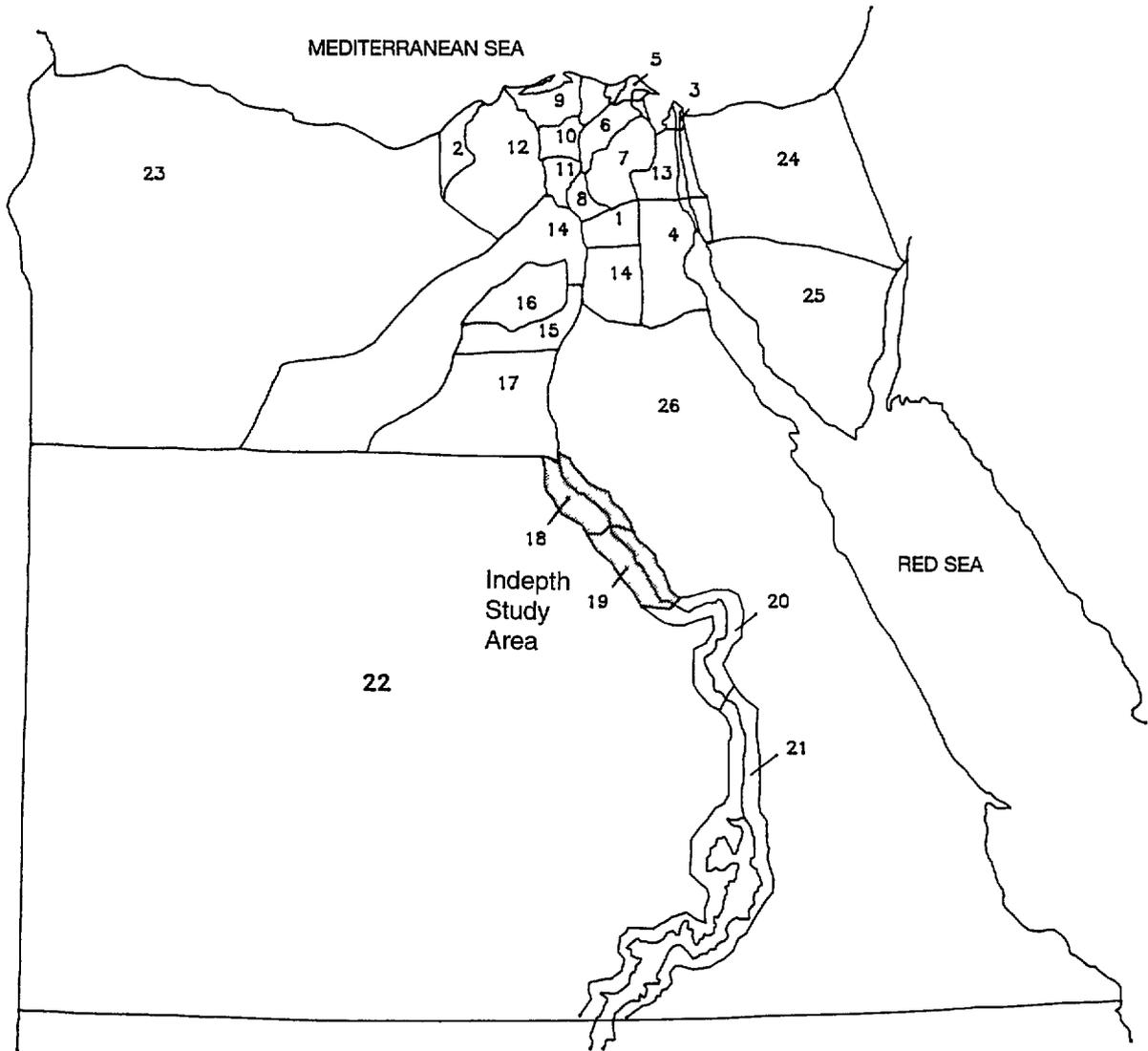
In addition to helping identify the major potential barriers to contraceptive use in Upper Egypt, the EIS results point to a number of actions that the family planning program should consider in efforts to reduce the level of unmet need in the region

Focus on continuation as well as adoption First of all, the program clearly must focus not only on promoting increased adoption among nonusers but also on reducing discontinuation, particularly of the pill and injectables. Discontinuation in the study population was 60 percent higher than the level recorded for the country as a whole in the 1995 DHS. From the program standpoint, there are potential efficiencies in reducing user turnover. From the user's perspective, the outcome of discontinuation is frequently an unplanned or unwanted pregnancy. The study results show that, of women abandoning use, nearly half became pregnant within 12 months.

Improve counseling and followup The study findings suggest that there is a need to improve the counseling that women receive at the time they receive a method from their provider, particularly on the range of available methods, on the side effects they may experience, and on appropriate responses if side effects occur. In particular, providers should encourage women to return for regular followup care and for assistance if they have problems with the method that they adopt. The study results show that discontinuation levels were one-third lower for pill and injectable users who received followup care. However, overall, only 2 in 5 users in the study reported returning to a provider for followup care, and fewer than 1 in 4 pill and injectable users returned for followup.

Target communication efforts The EIS findings indicate that there is a clear need to identify effective communication strategies to address the negative images many women and especially their husbands have of program methods. For many women and their husbands, a central concern in making decisions about whether to adopt or continue to use contraception is the potential adverse effect that contraceptive methods may have on women's health. More than one-quarter of husbands, for example, believe that family planning poses a greater risk to their wife's health than pregnancy. Finally, the EIS also found strong positive relationships between several indicators of women's empowerment and the level of contraceptive use. These results suggest that, in the longer term, communication efforts which are directed toward promoting more egalitarian attitudes about woman's roles, especially in reproductive decision-making, among both women and men, are likely not only to improve women's status but also to contribute to increased use of family planning.

Egypt



URBAN GOVERNORATES

- 1 Cairo
- 2 Alexandria
- 3 Port Said
- 4 Suez

LOWER EGYPT

- 5 Damietta
- 6 Dakahlia
- 7 Sharkia
- 8 Kalyubia
- 9 Kafr El-Sheikh
- 10 Gharbia
- 11 Menoufia
- 12 Behera
- 13 Ismailia

UPPER EGYPT

- 14 Giza
- 15 Beni Suef
- 16 Fayoum
- 17 Menya
- 18 Assiut
- 19 Souhag
- 20 Qena
- 21 Aswan

FRONTIER GOVERNORATES

- 22 New Valley
- 23 Matrouh
- 24 North Sinai
- 25 South Sinai
- 26 Red Sea

Chapter 1

Introduction

Egypt has experienced a remarkable change in fertility and contraceptive use over the past 15 years. Overall, fertility fell from 5.3 births in 1980 to 3.6 births in 1995 (El-Zanaty et al., 1996). Contraceptive prevalence doubled during this period (from 24 percent to 48 percent). Despite this progress, around 1 in 6 married women continued to have an unmet need for family planning, that is, they were exposed to the risk of pregnancy and were not using family planning although they reported that they wanted no more children or wanted to space the next birth.

1.1 Study Objectives

The Egypt In-depth Study on the Reasons for Nonuse of Family Planning (EIS) was undertaken by the National Population Council in collaboration with the Demographic and Health Survey III (DHS-III) project. USAID/Cairo provided funding for the local costs of the survey through the Population and Family Planning Project.

The EIS was conducted in order to obtain a greater understanding of the factors contributing to the unmet need for family planning. The objectives of the EIS were to

- Obtain detailed information on the dynamics of the process of fertility and family planning decision-making among Egyptian couples
- Identify the barriers to use that women face in order to enable the Egyptian family planning program to reduce the level of unmet need for contraception
- Contribute to improved measurement of unmet need and reasons for nonuse within the international Demographic and Health Surveys (DHS) program

1.2 Setting for the Study

Although contraceptive use has been increasing over time in Egypt, the use rate has been substantially lower in the Upper Egypt region than in other regions, especially in rural areas. At the time of the 1995 DHS, 32 percent of married women were using family planning in Upper Egypt, a rate that was around one-third lower than the rate found for Egypt as a whole. In turn, the level of unmet need at the time was higher in Upper Egypt than in other areas in Egypt, with more than 1 in 4 married women living in the region considered to be in need of family planning.

A central question for the family planning program in Egypt has been why use rates in Upper Egypt have consistently lagged behind the levels achieved in Lower Egypt. In an effort to address this question, the EIS explores the reasons for use and nonuse of family planning among married women in two Upper Egypt governorates, Assuit and Souhag (see map). These two governorates have the lowest levels of contraceptive use among the 8 governorates in Upper Egypt. In both governorates, fewer than 1 in 4 married women were currently using a family planning method in 1995 (Table 1.1). These governorates also had among the highest levels of unmet need in 1995. Around one-fourth of married women in Souhag and Assuit were considered to be in need of family planning.

Table 1 1 Demographic indicators

Selected demographic indicators for Assuit and Souhag governorates and Egypt

Indicator	Assuit	Souhag	All Egypt
Population size 1996 (in thousands)	2,802	3,123	59 312
Persons per household, 1996	5 2	4 9	4 6
Total fertility rate, 1993-1995	5 6	5 0	3 6
Under-five mortality rate, 1991-1995	137 8	131 9	80 6
Contraceptive use rate, 1995	22 1	21 7	47 9
Unmet need 1995	24 0	23 8	16 0

CMW – Currently married women

Source CAPMAS 1999 (unpublished data)

El Zanaty et al 1996

Assuit and Souhag account for approximately 10 percent of the total population in Egypt, and somewhat less than one-third of the population living in Upper Egypt. According to the 1996 Census, the average number of household members was 5.2 persons in Assuit and 4.9 person in Souhag, higher than the overall average for Egypt.

Fertility levels are high in both governorates. At the time of the 1995 DHS, the total fertility rate was 5.6 births per woman in Assuit and 5 births in Souhag. Mortality rates for young children were around 60 percent higher in the two governorates than in Egypt as a whole.

1.3 Study Design

The EIS involved a longitudinal rather a cross-sectional design. A longitudinal design was chosen because interviewing women at several points in time rather than at one fixed point was considered to offer a greater potential for obtaining an indepth understanding of the factors involved in family planning decision-making. Thus, the EIS included two rounds of follow-up interviews with women from Assuit and Souhag governorates who had been interviewed in the 1995 DHS. At the time of the 1995 interview, DHS respondents from Assuit and Souhag were advised that there would be a follow-up study in which they would be asked to participate.

As described below, a mix of qualitative and quantitative methodologies were used in the EIS. In addition, data were gathered from men as well as women during both the qualitative and quantitative phases of the study. Table 1.2 summarizes the data collection activities that were carried out as part of the EIS.

Table 1 2 EIS data collection activities

Study population and timing of data collection Egypt Indepth Survey on the Reasons for Nonuse of Family Planning

Study phase	Activity	Study population	Dates
Baseline	1995 Egypt DHS	Women	November-December, 1995
Phase I	Qualitative research	Women and men	June, 1996
Phase II	Panel interviews		
	Round I	Women	November-December 1996
	Round II	Women and husbands	October-November, 1997

1 4 Implementation of the EIS

Qualitative phase

Focus group discussions (FGD) and indepth interviews (IDI) were used in the initial qualitative phase of the EIS to (1) develop a comprehensive listing of factors that help in explaining the unmet need for family planning and (2) help guide the formulation of the questionnaires for the panel interviews. In this phase, a total of 22 focus groups were formed (16 with women and 6 with men). In addition, 30 indepth individual interviews were conducted with women in Assuit and Souhag governorates.

The group discussions covered the following topics:

- Fertility and family planning decision-making
- Barriers to adoption of family planning
- Factors leading to discontinuation
- Finding/accessing a provider

The indepth interviews covered a wide range of topics relating to fertility and family planning including childbearing preferences, the decision-making process, attitudes about the adoption of family planning, and opinions about contraceptive methods and services. Detailed guides for the focus group discussions and indepth interviews were prepared and tested prior to their use in the EIS.

Two localities (one urban and one rural) were chosen as sites for the FGDs in both Assuit and Souhag governorates. In each of the selected localities, screening interviews were conducted to identify women and men eligible for the focus groups. As part of the screening process, a household listing was prepared for selected areas within each locality. Households included in the area listing were visited, and men and women were interviewed in order to identify individuals who met the criteria for participation in the FGDs. These criteria included age, marital status, and number of children. The screening procedures were designed to identify individuals who had similar socio-economic backgrounds while avoiding individuals who might be relatives or close neighbors.

Two teams were assigned to work in the data collection, one team worked in Assuit and the other in Souhag. Each team consisted of one supervisor, and ten interviewers (4 males and 6 females). In addition to one week training, fieldwork of FGDs and IDIs took around three weeks.

The results of the FGDs and the IDIs were used extensively during the second phase of the EIS survey. In addition, a separate report on the results of the qualitative phase of the EIS is available (National Population Council and Macro International Inc, 1996). These two reports help to increase understanding of the factors which influence the decisions to use (or not use) contraception.

Quantitative phase

The second quantitative phase of the EIS included two rounds of follow-up interviews with respondents in the 1995 DHS in Assuit and Souhag governorates. The following provides an overview of the sample, the content of the survey questionnaires and the data collection and data processing activities for the quantitative interviews conducted during the EIS.

Sample

In selecting the household sample for the 1995 DHS, Assuit and Souhag governorates were oversampled in order to have sufficient number of cases for the EIS follow-up. The DHS sample procedures called for all eligible women found in the DHS sample households to be interviewed during the survey. For purposes of the DHS, a woman was eligible to be interviewed if she was ever-married, aged 15-49 years and a usual resident or visitor in the household. During the DHS, interviews were completed with 1,631 eligible women in Assuit and 1,711 eligible women in Souhag¹

The EIS sample included DHS respondents who were currently married, aged 15-44 years in 1995, and usual residents of the household in which they had been interviewed. The EIS sample was restricted to women 15-44 because many of the women in the 45-49 age group were menopausal and, thus, not in need of contraception. It was restricted to usual residents because of concerns that it would be difficult to locate women who were visitors to the households in the 1995

The second round of follow-up included interviews with the husbands for a subsample of EIS respondents. The husband subsample was identified by selecting half of all of the households in the original 1995 DHS household sample, and interviewing the husbands of all of the EIS respondents found in those households.

Questionnaire development

Content The EIS involved two types of questionnaires: a household questionnaire and a woman questionnaire. In addition, there was a husband questionnaire which was used in the second round. The household questionnaire was used to determine whether an eligible woman was currently present in the household and to obtain information on her new residence if she had moved. Questions in the second part of the household schedule focused on the physical and social environment of the household.

Results of the FGDs and in-depth interviews were used in the design of the EIS questionnaire. The questionnaire for the first round of the follow-up interviews was more detailed than that used in the second round. In both rounds of the survey, information was obtained on the following:

- Respondent's background
- Reproductive history (between interviews)
- Contraceptive history and experiences with providers
- Fertility preferences
- Reasons for non-use and intention to use
- Attitudes about childbearing and family planning
- Women's perceptions of their husbands' attitudes

In addition, there was a monthly calendar, which was used to record a respondent's fertility and contraceptive use, postpartum abstinence, and postpartum amenorrhea during the one-year period between each of the EIS interviews.

¹ For more detailed information about sample design and selection for the 1995 DHS see El Zanaty et al., 1996 Appendix B

The husband's questionnaire obtained information from a subsample of husbands on the following topics

- Husband's background
- Fertility behavior and attitudes
- Contraceptive behavior
- Reasons for non-use and intention to use
- Opinion about family planning use
- Employment and household finances
- Attitudes about family life

Pretest The questionnaires were developed in English and translated into Arabic and then pretested. The pretest of the first round was carried out in July 1996 in several 1995 EDHS clusters in the Fayoum and Qena governorates, and then in April 1997 for the second round in the same clusters. Over 200 questionnaires were tested prior to each round and then the questionnaires were finalized in Arabic and then translated into English.

Data collection activities

Staff recruitment Because of the specialized nature of the study, the EIS required experienced fieldstaff. Therefore, the EIS data collection staff was primarily recruited from the fieldstaff for the 1995 DHS.

Training of fieldstaff A special two-week training program was conducted prior to each round of the EIS. The training program included

- Classroom sessions on how to fill out the questionnaire
- Opportunities for role playing and mock interviews
- Field practice

Fieldwork The first round of the EIS began in late October 1996 and was completed by the end of November. Four teams were assigned to the fieldwork, each team had a supervisor, field editor, and four interviewers. The supervisor was male while the field editor and interviewers were females. Two teams worked in each governorate. Four teams were also employed for the second round, which started in early October of 1997 and lasted for three weeks. During the second round, a male interviewer was assigned to each of the four teams to conduct interviews with husbands.

Data processing activities

Office editing During each round of the EIS, staff in the central office were responsible for collecting the questionnaires from supervisors as soon as a cluster was completed. In the office, the questionnaires were first reviewed for consistency and completeness by office editors. The office editors were instructed to report any problems to the fieldwork coordinators, who discussed the problems with the teams and suggested steps to be taken to avoid problems in the future. In addition to the office review, a few questions (e.g., occupation) were coded in the office prior to data entry.

Machine entry and editing The machine entry and editing phase was carried out simultaneously with the data collection activity. The data from questionnaires were entered and

edited on microcomputers using the Integrated System for Survey Analysis (ISSA), a software package developed especially for the DHS program. In the case of 50 percent of the sample points, the questionnaires were reentered to verify the data. In the remaining sample clusters, all of the calendar data were also reentered as a quality-control measure.

1.5 Survey Coverage

Table 1.3 presents a summary of the results of interviews with the 1995 DHS respondents from Assuit and Souhag governorates during the two rounds of the EIS. As noted above, a 1995 DHS respondent was eligible for interview during the first round of the EIS if she was currently married, aged 15-44, and a usual resident of the household interviewed in the DHS. Some women who were initially eligible for the EIS were later dropped from the study if they were found to have had a hysterectomy, were menopausal, or were divorced or widowed during the course of the EIS.

As Table 1.3 shows, 2,593 DHS respondents were initially eligible for followup in the EIS. A total of 77 were dropped from the study because they were no longer married or were not considered to be at risk of becoming pregnant any longer. Among the remaining 2,516 respondents, 2,444 were interviewed during both rounds of the EIS.

In the second round of the EIS, a subsample of half of the 1995 DHS households in Assuit and Souhag was selected, and the husbands of all eligible EIS respondents living in those households were interviewed. The results of interviews of eligible husbands are presented in Table 1.4. Out of the total of 1,299 husbands who were eligible for interview in the EIS, 1,022 were successfully interviewed. Most of the husbands who were not interviewed were not at home at the time of the Round II data collection, or living abroad.

Table 1.3 Results of interviews with eligible women

Distribution of the respondents in the 1995 Egypt DHS from Assuit and Souhag governorates by the results of interviews during Round I and Round II of the Egypt Indepth Survey

Results of survey	Unweighted number
Total number of currently married women 15-44 interviewed in 1995 DHS	2,593
Not eligible	77
Menopausal/had hysterectomy	38
Divorced/widowed following DHS	39
Eligible	2,516
Interviews completed	2,444
Interviews not completed,	
Household/woman not found	16
No one/no one competent at home	9
Away for extended period	17
Refused	4
Woman incapacitated/other	26

Table 1.4 Results of husband interviews

Percent distribution of husbands eligible for interview in the survey by results of the interview, Egypt Indepth Survey, 1997

Results of husband interview	Unweighted number
Total number of eligible husbands	1,229
Interview completed	1,022
Interview not completed	
Not at home	114
Refused/postponed	1
Incapacitated	2
Abroad	90

Table 1 5 presents the distribution of currently married women interviewed in both rounds of the EIS and of husbands interviewed in the second round by governorate and urban-rural residence. The respondents are almost evenly divided between those living in Assuit and those in Souhag. Reflecting the distribution of the population between urban and rural areas in the two governorates, a large majority of the respondents are rural residents.

Table 1 5 Distribution of EIS sample by residence

Distribution of eligible women interviewed in both rounds of the Egypt Indepth survey and of eligible husbands interviewed during the second round of the survey by governorate and urban-rural residence

Residence	Women		Husbands	
	Unweighted number	Weighted number	Unweighted number	Weighted number
Assuit	1,232	1,297	487	504
Urban	197	207	91	94
Rural	1,035	1,089	396	410
Souhag	1,212	1,146	472	445
Urban	199	188	88	83
Rural	1,013	959	384	362
Total	2,444	2,444	959	950

Chapter 2

Background Characteristics of EIS Respondents

The objective of this chapter is to provide a demographic and socioeconomic profile of the EIS sample and a descriptive assessment of the household environment in which these women live. With respect to the latter assessment, information is presented on housing characteristics and household possessions, average annual expenditures, and the perceptions of respondents about the household's economic situation. For individual respondents (both women and their husbands), a basic profile including information on age, education, work status, and occupation, is presented. In addition, information is presented for the EIS respondents on their health status, their experience with health problems and utilization of health services during the study period, and their childbearing behavior.

2.1 Household Environment

Housing characteristics

Table 2.1 presents the distribution of EIS respondents by several basic characteristics of the dwellings in which they resided at the time of the 1995 DHS. These characteristics are useful indicators of the socio-economic status of households and also relate directly to the health status of household members (e.g., access to piped water).

Nine out of 10 EIS respondents lived in households that had electricity, with urban women being somewhat more likely than rural women to have electricity available in their households. Two-thirds of the women had access to piped water for drinking purposes, mainly within their residence. However, there were striking variations in the proportions who had access to piped drinking water between urban and rural women. Nine in 10 urban EIS respondents reported that they had piped water available for drinking purposes, while only around 6 in 10 rural women had access to piped water. Among the remaining rural households, most women obtained drinking water from wells.

The majority of EIS respondents had some type of toilet facility, with two-thirds living in households with a traditional flush toilet. Only 6 percent of women from urban households and 13 percent of those in rural areas had no toilet. With regard to the flooring, overall, two-thirds of women lived in dwellings that had earth or sand floors. Earth/sand was the dominant flooring type among rural households, with more than 7 in 10 women living in dwellings with an earth/sand floor. Among urban households, however, cement tile was the most common flooring material.

Information on the number of rooms that a household used for sleeping was collected in order to provide a measure of crowding. Table 2.1 reveals that thirty percent of households had one or two persons per sleeping room, and close to half of households had three to four persons per sleeping room. The overall mean is 3.7 persons per sleeping room. Urban households appear to be less crowded (3.1 persons/sleeping room) than rural households (3.8 persons/sleeping room).

Table 2 1 Housing characteristics

Percent distribution of EIS respondents by housing characteristics according to urban-rural residence

Housing characteristics	Urban	Rural	Total
Electricity			
Has electricity	97 0	89 4	90 6
No electricity	3 0	10 6	9 4
Source of drinking water			
Piped	91 8	61 1	66 0
Well	3 9	35 0	29 9
Other	0 3	4 0	0 1
Toilet facilities			
Modern flush toilet	26 1	3 6	7 2
Traditional toilet with tank flush	2 5	1 0	1 2
Traditional toilet with bucket flush	57 0	67 0	65 3
Pit toilet/latrine	7 9	14 0	13 0
Other	0 3	1 1	1 0
None	6 3	13 4	12 3
Flooring			
Cement tiles	56 4	13 3	20 3
Cement	7 6	12 1	11 4
Ceramic tiles	0 2	0 0	0 1
Wall-to-wall carpet	3 1	0 1	0 6
Earth/sand	32 7	74 4	67 6
Persons per sleeping room			
1-2	49 9	25 7	29 6
3-4	34 8	47 0	45 0
5-6	9 7	17 6	16 3
7+	5 5	9 6	9 0
Mean persons per sleeping room	3 1	3 8	3 7
Total percent	100 0	100 0	100 0
Number of women	396	2 048	2 444

Household durable goods and other property

Table 2 2 provides information for the EIS on the ownership of major durable goods and other property at the time of the 1995 DHS. With regard to durable goods, around 7 in 10 EIS respondents lived in households that owned a television, 6 in 10 were from households owning a washing machine and radio, more than 50 percent were from households that had electric fan, and more than one-third resided in households owning a cooking stove and refrigerator. EIS respondents from urban households were uniformly more likely to report that their household owned durable goods than respondents from rural households.

Table 2 2 also includes information on household ownership of means of transportation. Overall, 5 percent of EIS respondents reported that their households owned a car or motorcycle, with a higher rate among urban (8 percent) than among rural women (5 percent). Bicycles (19 percent) were more common as a mean of transportation than cars or motorcycles.

Table 2 2 Ownership of consumer durables and other property

Percentage of women living in households owning various consumer durables or other property according to urban-rural residence

Consumer durables/other property	Urban	Rural	Total
Consumer durables			
Radio	66.5	58.6	59.9
Television ¹	81.4	69.5	71.4
Video	4.8	1.2	1.8
Electric fan	68.4	47.3	50.7
Cooking stove	64.4	28.3	34.1
Water heater	29.5	5.2	9.2
Refrigerator	62.3	33.6	38.3
Sewing machine	20.0	9.3	11.1
Washing machine ²	81.8	55.1	59.5
Means of transportation			
Bicycle	25.2	17.9	19.1
Private car/motorcycle	7.6	4.8	5.2
Property			
Farm/other land	14.4	50.6	44.7
Farm animals			
Livestock/poultry	20.0	62.8	55.8
Number of women	396	2,048	2,444

¹ Combines ownership of black and white and/or color television
² Combines ownership of automatic and /or other washing machine

As expected, EIS respondents in rural areas were much more likely than urban respondents to live in households owning a farm or other land (51 percent versus 14 percent). Also, rural respondents reported household ownership of livestock or poultry three times as often as urban respondents.

Information on ownership of the various consumer durables and other property detailed in Table 2 2 can be used to create a possession/ownership index¹ that can serve as an indicator of the household's standard of living. Table 2 3 shows the distribution of EIS respondents according to their household's living standard. Overall, 38 percent of respondents live in households defined as having a low standard of living, 35 percent in households in the medium category, and 27 percent in households considered to have a high living standard. In general, urban respondents live in households with a higher living standard than rural respondents.

Table 2 3 Household standard of living

Percent distribution of EIS respondents by an assessment of the standard of living of their household according to urban-rural residence

Living standard	Urban	Rural	Total
Low	26.8	40.1	38.0
Medium	31.6	35.5	34.9
High	41.7	24.4	27.2
Total percent	100.0	100.0	100.0
Number of women	396	2,048	2,444

¹ A household's rank on the living standard index was equal to the number of consumer durables or property that it owned. The highest rank possible on the index was 15 and the lowest 0. Households with ranks between 0 and 3 were considered as low on the living standard index, those with ranks 4 to 6 were placed in the medium category, and those with ranks above 6 were at the high end of the index.

2.2 Household Expenditures and Economic Status

The housing and household possession data were obtained in the 1995 DHS. In order to further assess the economic status of EIS respondents, questions were included in Round I of the EIS on the pattern of expenditures in the households in which the women lived. A question also was included in the second round of the EIS to assess the respondent's perceptions of changes that had occurred in the household's economic condition. The results from these questions provide additional information on the economic status of the EIS respondents.

Table 2.4 shows that around 1 in 4 EIS respondents lived in households whose expenditures averaged 200 Egyptian pounds per month or less and an additional one-quarter lived in households in which expenditures ranged between 200 and 300 pounds. At the high end, around 1 in 6 EIS respondents reported that their households spent at least 500 pounds per month.

Monthly Expenditure	Low	Medium	High	Total
200 pounds or less	38.7	22.5	9.8	25.2
201-300 pounds	31.8	26.8	19.3	26.6
301-400 pounds	12.3	19.5	20.5	17.0
401-500 pounds	8.3	16.3	21.3	14.6
501 pounds or more	8.9	14.9	29.1	16.5
Total percent	100.0	100.0	100.0	100.0
Number of women	928	837	679	2,444
Mean	321	341	525	300
Median	300	400	450	405

Expenditures clearly varied with the household living standard index. The median monthly expenditure ranged from 300 pounds among households at the low end of the index to 450 pounds among those households at the top of the index.

The results in Table 2.5 indicate that the majority of EIS respondents perceived their household's economic situation to be stable, and fewer than 1 in 10 women believed that their situation became worse between the two rounds of the EIS. The perception of stability was shared by respondents in all of the household living standard categories. However, there was a direct relationship between the woman's perceptions that their economic situation had improved and the household's living standard, with the percentage seeing the situation as better ranging from 18 percent among women at the bottom of the living standard index to 35 percent for women at the top of the index. In turn, a woman's perception that conditions had gotten worse for her household was negatively associated with the living standard index.

Table 2.5 Perceptions concerning household's economic situation

Percent distribution of EIS respondents by their perception of change in the household's economic situation between Round I and Round II of the study according to the household living standard index

Change in economic situation	Low	Medium	High	Total
Improved	17.8	25.1	34.8	25.0
Became worse	12.8	9.2	4.4	9.2
Stayed the same	69.4	65.6	60.8	65.8
Total percent	100.0	100.0	100.0	100.0
Number of women	928	837	679	2,444

2.3 Demographic and Social Profile of the EIS Sample

Table 2.6 presents the distribution of EIS respondents according to basic demographic and socio-economic characteristics at the time of the 1995 DHS. Looking at age distribution in Table 2.6, slightly more than one-quarter of respondents were under age 25 at the time of the 1995 DHS, around two-fifths were between age 25-34, and nearly 30 percent were between ages 35 and 44. Rural women were somewhat younger than urban women, for example, 29 percent of rural women were under 25 compared to 19 percent of urban women. The urban-rural age differential is largely a reflection of the fact that rural women marry at considerably younger ages than urban women.

Table 2.6 Background characteristics of women

Percent distribution of EIS respondents by selected demographic and socio-economic characteristics according to urban/rural residence

Background characteristics	Urban	Rural	Total
Age			
15-24	18.9	28.6	27.0
25-34	46.0	42.6	43.2
35-44	35.1	28.8	29.8
Education			
No education	32.4	65.4	60.1
Primary	21.8	20.0	20.2
Secondary/higher	45.8	14.6	13.0
Work status			
Working	23.7	6.9	9.7
Paid in cash	22.9	4.9	7.8
Paid in kind/unpaid	0.8	2.0	1.9
Not working	76.3	93.1	90.3
Occupation			
Professional/managerial/technical	16.2	2.7	4.9
Clerical	5.1	1.4	2.0
Sales/services	0.6	0.3	0.3
Agricultural	0.3	1.9	1.6
Skilled labor	1.0	0.6	0.7
Household/domestic	0.8	0.0	0.1
Not working	76.3	93.1	90.3
Total percent	100.0	100.0	100.0
Number of women	396	2,048	2,444

The EIS respondents varied considerably with respect to the level of education that they had attained. Overall, 6 in 10 of the respondents had never been to school. The lack of a formal education was more common among rural than urban women, and those rural women who had gone to school were less likely to have completed more than a primary education than urban women, only 15 percent of rural women had attained the secondary level or higher.

Only 1 in 10 EIS respondents were working at the time of the DHS survey. The percentage of urban respondents who were working was more than three times that found for rural respondents (24 percent versus 7 percent). Among urban working women, the main occupations were in professional, managerial and technical fields or in clerical positions. In rural areas, in addition to these occupations, agricultural jobs were common.

Table 2.7 shows the distribution of EIS respondents by the age, educational level and occupation of their husbands as reported in the 1995 DHS. It is clear from the table that husbands were generally older than their wives. Around sixty percent of husbands were over age 35 at the time of the DHS, 35 percent were age 25-34, and only 5 percent of husbands were under age 25.

Background characteristics	Urban	Rural	Total
Husband's age			
Under 25	3.5	5.8	5.4
25-34	31.1	35.6	34.8
35-44	38.6	38.3	38.4
45-54	21.5	14.9	16.0
55 and over	5.1	5.4	5.4
Don't know	0.3	0.0	0.0
Husband's education			
No education	17.4	35.1	32.3
Primary	25.5	34.7	33.2
Secondary/higher	56.8	30.2	34.5
Don't know	0.3	0.0	0.0
Husband's occupation			
Professional/technical/managerial	29.6	10.0	13.2
Clerical	10.8	5.6	6.5
Sales	7.0	6.6	6.6
Services	8.8	5.4	5.9
Agricultural	11.6	46.4	40.7
Skilled labor	22.2	16.4	17.4
Unskilled labor	0.0	1.1	0.9
Household/domestic	2.6	3.4	3.3
Not working	0.8	0.3	0.4
Don't know	6.7	4.8	5.1
Total percent	100.0	100.0	100.0
Number of husbands	396	2,048	2,444

Husbands were more likely to have attended school than their wives. The educational level of husbands also varied by residence. Urban husbands were around half as likely to have never attended school than rural husbands (17 percent versus 35 percent), and they were almost twice as likely to have completed the secondary level or higher than rural husbands.

With respect to occupation, two-fifths of husbands were employed in the agricultural sector, 17 percent worked in positions classified as skilled labor and 13 percent had professional, technical or managerial positions. As expected, husbands in rural areas are more likely to be working in agriculture (46 percent) than urban husbands (12 percent).

2.4 Health Status of EIS Respondents

During the qualitative phase of the EIS, women frequently mentioned their health status as a primary reason for limiting childbearing. In addition, concerns about the possible effects of family planning use on women's health were recognized as a barrier to contraceptive use by a number of women and men during the focus group discussions. The need for a woman to have a good diet when using contraceptive methods was another health-related concern, especially in the male discussion groups. Information from the 1995 DHS and from the two rounds of EIS interviews can be used to examine a number of aspects of the general health of EIS respondents.

Self-reported health status

In the first round of the EIS, women were asked to assess their overall health status. In the second round, they were asked about any change that they might have experienced in their health status during the period between the interviewer's visits. As Table 2.8 indicates, the majority of the women perceived themselves to be in good health during Round I of the EIS, although very few claimed to be in very good health. Overall, fewer than 1 in 5 women reported themselves to be in poor health.

The majority of the women also reported that their health remained the same or improved during the study period. However, 1 in 4 women said that their health had become worse during the study.

Table 2.8 Health status of EIS respondents

Percent distribution of EIS respondents by perception of personal health status during Round I of the interview and of changes in personal health status between Round I and Round II

<u>Health status</u>	
General health status	
Very good	0.7
Fairly good	81.1
Poor	18.0
Very poor	0.1
Change in health status	
Improved	24.0
Stayed the same	51.2
Became worse	24.8
Total percent	100.0
Number of women	2,444

Health problems

EIS respondents were asked during both the Round I and Round II interviews about whether they had experienced any recent health problems or illnesses. For those women who had experienced problems, additional questions were asked about whether they considered the problem(s) to be serious or not and the type of problems they had had. The results are presented in Tables 2.9 and 2.10.

The results in Table 2.9 indicate that slightly more than half of EIS respondents reported that they had experienced health problems in each round of the study. Overall, almost three-quarters of women experienced a health problem at some point between the 1995 DHS and the Round II interview. More than one-third of the women experienced problems that they considered to be serious.

Table 2 9 Health problem(s)/illnesses

Percentage of EIS respondents who experienced any health problem and who experienced a health problem that they considered as serious at sometime during the study

<u>Health problems</u>	
Problem(s) between 1995 EDHS-Round I	
Had some problem	55 3
Had problem considered serious	18 3
Problem(s) between Round I and Round II	
Had some problem	54 5
Had problem considered serious	24 9
Problem(s) at anytime during study	
Had some problem	73 4
Had problem considered serious	35 4
Number of women	2,444

According to the results in Table 2 10, nearly 2 in 5 women reported having problems with a pregnancy or other gynecological problems Between 20 and 30 percent of women sought advice about fatigue or headaches, and more than 1 in 6 consulted a provider because they had weakness, a gastrointestinal illness, or respiratory illness

Table 2 10 Type of health problems

Percentage of EIS respondents experiencing various types of health problems or illnesses during the study period

<u>Type of health problems</u>	
Pregnancy/gynecological problems	39 2
Fatigue	29 3
Headache	22 6
Weakness	17 1
Gastrointestinal illnesses	16 6
Respiratory illness	16 2
Fever	14 8
Injury	13 1
Heart/blood pressure	9 0
Anemia	2 8
Psychological problem	1 2
Diabetes	0 6
Other	20 1
Number of women	1,794

Note Women were able to report more than one problem/illness

Consulted medical provider

In both rounds of the EIS, women who said that they had experienced health problems or illnesses were asked if they had consulted a doctor about the problem In addition, during each round of the study, all of the EIS respondents were asked if they had ever gone to a doctor for a regular checkup or other health services These results are presented in Table 2 11

Table 2 11 <u>Consulted doctor</u>	
Percentage of women who consulted a doctor during the period of the EIS according to the type of consultation and period during which the consultation occurred	
<u>Consulted doctor</u>	
Any consultation between 1995 EDHS and Round I	51.9
Treatment of health problems/illnesses	47.2
Regular checkup/other health services	10.9
Any consultation between Round I and Round II	51.2
Treatment of health problems/illnesses	42.5
Regular checkup/other health services	16.8
Any consultation during study	70.6
Treatment of health problems/illnesses	64.1
Regular checkup/other health services	25.2
Number of women	2 444

Overall, during the study, 7 in 10 women consulted a doctor, with around half of the women reporting at each round of the study that they had gone to the doctor. Women were much more likely to have consulted a doctor for an immediate illness or health problem than to have gone for a regular checkup or other health services. Almost two-thirds of the women had sought care for a problem or illness while one-quarter went to a provider for a regular checkup or other health services.

Health status indicators by background characteristics

As Table 2 12 shows, there were variations in the health status indicators by background characteristics. Rural residents were somewhat more likely than urban residents to report having any health problems or illnesses. They were also somewhat more likely to have experienced health problems or illnesses that were considered to be serious. Although there was little variation by age group in the percentages of EIS respondents who had experienced some health problem or illness, the proportions with problems considered to be serious varied directly with the educational attainment. Respondents with a secondary or higher education and those living in households judged to have the highest living standard were somewhat less likely to report any health problem and any serious health problem than other women.

Table 2 12 also indicates that the majority of women, whatever their socio-economic status, reported consulting a doctor or health provider at some point during the study period. However, there was considerable variation in Table 2 12 in the percentages of EIS respondents who went for regular checkups with a health provider or for other health services during the study. Urban residents, women with a secondary or higher education, and women living in households considered to have the highest living standard were more likely than other women to report having a regular check-up.

Table 2 12 Health status indicators by background characteristics

Percentage of women who experienced a health problem or illness and who consulted a doctor during the study period by selected background characteristics

Background characteristics	Health problem/illness		Consulted doctor	
	Any	Serious	Any care	Regular checkup
Urban-rural residence				
Urban	66.3	28.9	69.9	33.8
Rural	74.8	36.7	70.8	23.5
Age				
15-24	73.4	27.4	72.0	26.8
25-34	72.4	35.5	69.9	25.8
35-44	74.9	42.7	70.5	22.8
Education				
No education	74.0	36.5	69.0	21.6
Primary	76.6	39.8	70.6	22.6
Secondary/higher	68.5	27.4	75.3	38.9
Household living standard				
Low	75.8	37.4	67.9	19.5
Medium	75.6	36.8	72.6	25.9
High	67.6	31.1	71.9	32.0
Number of women	2,444	2,444	2,444	2,444

2.5 Childbearing Status of Women

One of the most important immediate determinants of the use of family planning is the number of children that a woman has, women with a greater number of children are more likely to want to control further childbearing and, thus, to use family planning. Women who have a recent birth may also be interested in using family planning methods to delay the next pregnancy. Results from both the 1995 DHS and the two rounds of the EIS are used to examine the childbearing status of EIS respondents during the study period. Their fertility preferences are explored in greater detail later in this report.

Number of living children

Table 2 13 presents the distribution of EIS respondents by the number of living children that they had at the time they were interviewed in the 1995 DHS. Around one-quarter of the women in the study had no children or only one child. However, many of the other EIS respondents have comparatively large families, with 3 in 10 having five or more children. As expected, urban women had smaller families than rural women, reflecting the higher fertility levels in rural areas in Upper Egypt.

Table 2 13 Number of living children

Percent distribution of women by the number of living children at the time of the 1995 DHS and mean number of living children according to urban-rural residence

Number of living children	Urban	Rural	Total
None	12.9	12.7	12.7
1	10.4	12.7	12.3
2	16.5	14.2	14.6
3	22.0	13.1	14.5
4	15.4	14.7	14.9
5	10.1	11.2	11.0
6	7.1	10.2	9.7
7	3.8	5.9	5.5
8 or more	1.8	5.4	4.9
Total percent	100.0	100.0	100.0
Number of women	396	2,048	2,444
Mean	3.08	3.44	3.38

Pregnancy and childbearing experience during the EIS

The comparatively high fertility of the women in the study is further evidenced in Table 2 14, which presents the distribution of respondents in the EIS study by their childbearing experience during the study. More than half of the women were pregnant at the beginning of the study or reported a pregnancy at some point during the study. Although most had only one pregnancy, 1 in 8 of all of the EIS respondents reported 2 or more pregnancies during the period.

Table 2 14 Pregnancy and childbearing during the study period

Percent distribution of EIS respondents according to the number of live births, pregnancies, and other pregnancy terminations during the study period according to urban rural residence

Childbearing	Urban	Rural	Total
Pregnancies			
No pregnancy	54.4	42.1	44.1
1 pregnancy	35.9	44.9	43.5
2 or more pregnancies	9.7	13.0	12.5
Live births			
No birth	67.3	54.3	56.4
1 birth	30.0	42.8	40.7
2 or more births	2.6	2.9	2.9
Other pregnancy terminations			
No miscarriage/abortion/still birth	92.9	91.6	91.8
One miscarriage/abortion/still birth	7.1	8.4	8.2
Total percent	100.0	100.0	100.0
Number of women	396	2,048	2,444

Information on the outcomes of pregnancies during the period was also obtained during the EIS. This information is used to calculate the percentages of EIS respondents who had a live birth or a miscarriage, abortion or still birth during the study period. Overall, 44 percent of EIS

respondents had a live birth during the study period. Eight percent of the women, 15 percent of those pregnant during the period reported pregnancies that ended in a miscarriage, abortion or still birth.

As Table 2.14 shows, there were marked differences in pregnancy and childbearing experience between EIS respondents living in urban and rural areas. Among rural respondents, 58 percent reported a pregnancy at some point during the period, and 45 percent had had at least one birth. Although lower than the rural rates, the levels for urban women are still substantial, 45 percent of urban women had at least one pregnancy during the period and around one-third had one or more birth.

2.6 Experience with Child Deaths

A woman's attitudes toward childbearing may also be shaped by the death of children to whom she has given birth. As noted earlier, child mortality levels in Assuit and Souhag are considerably higher than the levels for Egypt as a whole. As Table 2.15 shows, around 1 in 3 EIS respondents have experienced the death of a child, and around 1 in 6 have had more than one of the children to whom they had given birth later die. Within the study period itself, 4 percent of the women had a child die. Rural women are more likely than urban women both to have ever had a child die and to have experienced the death of a child during the study period.

Child deaths	Urban	Rural	Total
None	72.3	60.4	62.4
1	18.2	21.2	20.8
2	6.3	9.8	9.2
3	2.3	3.9	3.6
4 or more	1.0	4.6	4.0
Total percent	100	100	100
Number of women	396	2,048	2,444
Percentage with child death during the study period	1.5	4.1	3.7

For most of these women, their children died soon after birth. Three in 4 child deaths occurred before the child's first birthday, with about 40 percent of those deaths occurring in the first month of life (neonatal period). Most of the remaining deaths occurred before age 5 (data not shown in table).

Chapter 3

Contraceptive Use

Obtaining a more indepth understanding of the factors that influence women's contraceptive behavior was the basic objective of the EIS study. This chapter sets the stage for that investigation by describing the patterns of use and nonuse of contraception among EIS respondents. The results illustrate the dynamic nature of contraceptive use among the women during the nearly two-year period of the study.

The principal information used in examining periods of use and nonuse during the study was obtained through a calendar in which interviewers filled in a monthly record of the fertility and contraceptive use status of study respondents. The calendar data collection began during the 1995 DHS with the collection from respondents of a history of pregnancies and episodes of contraceptive use for the period from January 1990 to the date of the DHS interview. During the subsequent rounds of the EIS, interviewers continued the calendar, collecting information on each episode of use during the almost two-year period of the EIS. In addition to the method used and the duration of use, the calendar provides information for each terminated episode of use on the reason for discontinuation.

3.1 Contraceptive Experience at Start of the Study

Table 3.1 presents the rate of ever use of contraception among EIS respondents at the time of the 1995 DHS when the study began. The table shows that the majority of the respondents had no experience in using family planning at the beginning of the study. Overall, around two in five EIS respondents reported in the 1995 DHS that they had ever used contraception.

Among those women who had experience with family planning methods, almost all had used a modern method. The pill (27 percent) and the IUD (23 percent) were the most frequently adopted methods, women were around four times as likely to have ever used the pill or the IUD as they were to have tried injectables¹ and around eight times as likely to have use these methods as the condom. Fewer than two percent of the women had ever used any other modern or traditional method.

Most of the EIS respondents who had ever used contraception at the time of the 1995 DHS had relatively limited experience with the range of family planning methods available in the Egyptian family planning program. The majority of ever users reported that they had ever used only one method (59 percent), and only around 1 in 8 had tried

Table 3.1 Ever use of family planning prior to the EIS

Percentage of EIS respondents who reported that they had ever used family planning at the time of the 1995 DHS, by specific method

Method	
Any method	41.6
Any modern method	40.1
Pill	27.2
IUD	22.5
Injectables	6.1
Condom	2.9
Diaphragm/foam/jelly	1.1
Norplant	0.2
Female sterilization	0.2
Male sterilization	0.0
Any traditional method	4.4
Periodic abstinence	1.7
Withdrawal	1.1
Prolonged breastfeeding	1.9
Other method	0.5

¹ Injectables only recently became widely available in the family planning program in Egypt. This helps to explain the comparatively low level of use of these methods among EIS respondents.

three or more methods. Overall, ever users of injectables were somewhat more likely than pill and IUD users to have had experience with at least one other contraceptive method (data not shown in table)

3.2 Current Use at the Start of the Study

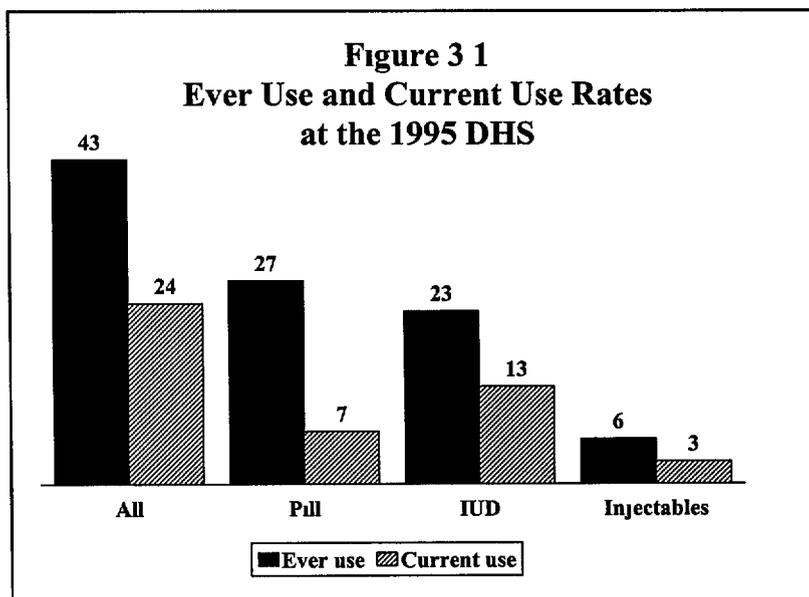
The rate of current use of contraception among EIS respondents at the time of the 1995 DHS is shown in Table 3.2. At that time, 24 percent of EIS respondents were currently using a method. Among current users, the IUD was clearly the most popular method, 13 percent of all EIS respondents (half of all current users) were using an IUD at the time of the 1995 survey. The pill was being used by 6 percent of the all EIS respondents (about one-quarter of all of current users) while 3 percent of all respondents were using injectables. Relatively few EIS respondents were using other modern or traditional methods at the time the study began.

Figure 3.1 compares the overall level of current use of EIS respondents at the 1995 survey to the levels of ever use among EIS respondents which were presented in Table 3.1. The figure illustrates that the proportion of EIS respondents with experience in using contraception was considerably greater than the proportion of women who were actually using a method at the time of the 1995 survey. Overall, somewhat less than 60 percent of all ever users were currently using a method at the time of the DHS. Considering individual methods, less than one-quarter of women with experience in using the pill were currently using that method at the start of the study. Among injectable ever users, 40 percent were current users in 1995 while more than half of IUD ever users were using the IUD at the time of the 1995 DHS.

Table 3.2 Current use of family planning at the time of the 1995 DHS

Percentage of EIS respondents who reported that they were currently using family planning at the time of the 1995 DHS by specific method

Method	
Using any method	23.5
Using any modern method	22.2
Pill	6.3
IUD	12.6
Injectables	2.5
Condom	0.6
Diaphragm/foam/jelly	0.0
Norplant	0.0
Female sterilization	0.2
Male sterilization	0.0
Using any traditional method	1.3
Periodic abstinence	0.6
Withdrawal	0.1
Prolonged breastfeeding	0.4
Other method	0.3
Not using any method	76.5
Total percent	100.0
Number of women	2,444



3.3 Contraceptive Adoption during the EIS Study

As Figure 3.1 illustrates, the current use rate is the net result of numerous individual decisions that women make over time to adopt family planning and, after a method is adopted, to continue or to stop using contraception. In this section, the calendar data from the EIS will be used to explore patterns of adoption of contraception among nonusers. In the next section, the calendar data will again be employed to look at discontinuation among users. Finally, the last section of the chapter will summarize the outcome of the dual processes of adoption and discontinuation in terms of the overall experience of EIS respondents in using contraception during the study and the current rate of use of contraception at the final interview.

Contraceptive adoption rates

Table 3.3 shows the rate of adoption of contraception among EIS respondents within 3, 6, 12 and 18 months of beginning a period of exposure to the risk of pregnancy (i.e., following the termination of a pregnancy or discontinuation of contraception) during the study. The table also shows that the proportion of respondents who became pregnant during those periods and the proportion who remained in the nonuser status throughout the period.

Period	Adopted method				Became pregnant	Continued as nonuser
	Pill	IUD	Injectables	Other method		
3 months	4.0	4.9	2.0	1.3	8.7	79.0
6 months	6.2	6.9	3.5	1.6	16.9	65.1
12 months	9.2	8.8	5.6	1.8	27.3	47.2
18 months	12.5	10.0	6.9	1.9	40.1	28.6

As expected, the proportion adopting contraception increases with the period of exposure. Within 3 months of the beginning of a period of exposure, around 1 in 8 EIS respondents had adopted a contraceptive method. Within 12 months, the proportion adopting contraception reached 25 percent, and by 18 months after the beginning of a period of exposure, 31 percent of respondents had adopted a method. Looking at the proportions adopting specific methods, 10 percent of nonusers adopted an IUD within 18 months of the beginning of a period of exposure, a somewhat higher rate than the rate for injectables but lower than the rate for the pill.

While many women adopted a method during the course of the EIS, Table 3.3 also shows that nonusers became pregnant as often (or more often) than they adopted contraception within any given period of exposure. The pregnancy rate within 3 months after the beginning of a period of exposure was only slightly lower than the contraception adoption rate, and within 12 months, the pregnancy rate slightly exceeded the contraceptive adoption rate. Within 18 months, women were 28 percent more likely to have become pregnant than they were to have adopted contraception.

Contraceptive adoption rates by background characteristics

Table 3 4 shows the differentials in the 12-month contraceptive adoption and pregnancy rates by selected demographic and socio-economic characteristics. The rates shown in Table 3 4 refer to the proportion of women adopting contraception or becoming pregnant within the 12-month period following the beginning of a period of exposure². Overall, adoption rates increase with the age of the women, and they are higher among urban than rural women. Both the educational level of the woman and the living standard of the household in which she resides are directly associated with the overall adoption rates.

Background characteristics	Adopted contraception				Became pregnant
	Pill	IUD	Injectables	Other method	
Age					
15-24	7.4	8.4	4.2	0.6	34.5
25-34	8.9	9.2	5.0	1.9	27.7
35-44	11.9	8.4	8.4	3.1	18.5
Urban-rural residence					
Urban	9.7	18.4	2.9	4.5	31.7
Rural	9.2	7.3	6.1	1.4	26.7
Level of education					
No education	7.8	5.1	7.2	1.0	25.9
Primary	14.0	8.2	4.5	1.3	25.5
Secondary/higher	8.6	19.7	2.4	4.6	33.0
Household living standard					
Low	8.5	5.4	5.0	0.9	29.8
Medium	9.1	7.0	6.1	2.1	24.0
High	10.4	15.9	6.1	2.8	27.8
Total	9.2	8.8	5.6	1.8	27.3

The results in Table 3 4 also show that there are clear differentials in the adoption rates for specific methods across population subgroups. With the exception of urban women and highly educated women, women were generally less likely to adopt an IUD than hormonal methods (pill and injectables). However, the proportion of adopters who chose the IUD varied considerably. Among women under age 35 who adopted a method, for example, a somewhat greater proportion accepted an IUD than was the case for older women. Around half of urban residents adopting a method accepted an IUD compared to less than one-third of rural residents. The proportion of adopters who accepted an IUD was lowest among women with no education (24 percent) and highest among women who had attended secondary school or higher (56 percent). The proportion also increased directly with the household's living standard.

Spousal agreement

Information was collected in the EIS about the spousal decision-making process with respect to the adoption of family planning methods and, specifically, about whether there was

² Rates for other periods of exposure exhibit similar differentials

agreement between the women and their husbands about using contraception at the time a method was adopted. Table 3.5 summarizes the information on spousal decision-making collected from women and husbands. The information relates to the most recent segment of use prior to Round II of the survey and is retrospective, with both women and husbands having to recall the circumstances of the decision-making process at the time the method was adopted.

According to both women and husbands, the decision to use contraception is made jointly by Egyptian couples in most cases. Among women, the majority reported the most recent decision to adopt a method had been a joint decision, however, 16 percent of the women considered the decision to use to have been mainly their idea and 4 percent said that using had been largely their husband's idea. Among women who said that the decision was primarily their idea, most also reported that their husband had agreed with the decision.

Main decision maker	Women	Husbands
Wife	15.9	11.7
Husband agreed	12.8	9.7
Husband disagreed	3.1	2.0
Husband	4.1	6.2
Wife and husband jointly	79.8	82.1
Other/not sure	0.2	0.0
Total percent	100.0	100.0
Number	916	527

Among husbands, 82 percent considered the decision to adopt as mainly a joint decision. Similar to the women, they reported that the wife was largely responsible for the decision in cases where the decision was not made jointly. In cases where the wife was the principal decision-maker, husbands also were generally likely to say that they had agreed with the decision.

Reason for choice of method

As part of the Round II, users were asked a series of questions about the reasons they may have had for choosing to use a specific method for each segment of use that they reported during the period between the Round I and Round II. Table 3.6 presents information on the factors women reported were important in their decision about what method to adopt.

The main reason women had for the choice of the method they adopted was the belief that the method had fewer side effects than other available methods. This reason was given slightly more often for segments of IUD use (87 percent), but it was the most frequently cited reason for the choice of the pill and injectables (79 percent and 82 percent, respectively). Knowing other women who were using the method was another reason cited often by women for the choice of a specific method, especially among injectable users. The doctor's recommendation also was mentioned frequently, with the percentages citing this factor ranging from 46 percent for the pill to 69 percent for the IUD.

Table 3 6 Reasons for choice of method

Percentage of segments of use between the Round I and Round II interviews in which women gave various reasons for the choice of method by method used during the segment

Reason	Pill	IUD	Injectables	All methods
Method easier to obtain	62.2	31.4	40.9	43.5
Method less expensive	31.8	10.2	11.3	17.6
Other methods have side effects	79.4	87.3	81.9	83.4
Used method before	44.0	32.6	18.1	33.3
Knew other women using method	54.6	64.2	70.4	60.9
Method recommended by doctor	46.1	69.0	57.5	57.9
Did not know about other methods	2.1	1.6	1.3	1.7
Number of segments	336	442	160	985

Prior experience with the method was a reason for the choice of the method in the case of more than 40 percent of pill segments and one-third of IUD segments. The fact that fewer injectable users mentioned prior experience as a factor in the choice of the method likely reflects the fact that the method only recently became widely available. Factors related to the availability of methods including the fact that method was easy to obtain and less expensive than other methods were cited more often by pill users than IUD or injectable users as reasons for the choice of their method.

3 4 Discontinuation of Contraception during the EIS Study

A second critical element in understanding the dynamics of contraceptive use among EIS respondents is the pattern of discontinuation of contraceptive use among women who used contraception at any point in time during the study. Again calendar data collected in the EIS can be used to examine the rates at which respondents discontinued use during the study and to investigate how various factors relate to the transitions from use to nonuse observed during the study.

Discontinuation rates

Table 3 7 shows the proportion of users discontinuing use of contraception within 3, 6, 12 and 18 months of initiating use³. The results indicate that substantial proportions of users began dropping out within a short period of time after starting use, around 1 in 4 EIS respondents who used during the study discontinued use within three months of adopting contraception. Within 12 months of starting use, over 50 percent of all EIS respondents had discontinued contraception, and 62 percent stopped using within 18 months.

With respect to individual methods, discontinuation rates were substantially lower for the IUD than for other methods. For example, Table 3 7 shows that 4 percent of EIS respondents using the IUD stopped within 3 months of adopting the method. The three-month discontinuation rates for injectables and the pill were more seven to nine times that for the IUD. Although discontinuation rates for the IUD were lower than for other methods, Table 3 7 shows that 20 percent of EIS respondents who adopted an IUD stopped using the method within 12 months, and over 30 percent were no longer using the method within 18 months.

³ The rates are based on all episodes of use during the study period including episodes of use which were initiated prior to the study period.

Only a minority of EIS respondents using the pill or injectables used for longer than one year. Three in 4 women who adopted injectables discontinued within the first 12 months of use, and 83 percent dropped out within 18 months. Discontinuation was somewhat less rapid among pill users, nevertheless, 61 percent of pill users discontinued within the first year of use, and 71 percent stopped using within 18 months of starting the pill.

Table 3 7 Life-table discontinuation rates

Life table discontinuation rates among EIS respondents who used contraception by selected intervals of time during the study according to method

Period	Pill	IUD	Injectables	All methods
3 months	29.5	4.1	38.1	23.6
6 months	43.7	10.2	57.3	36.6
12 months	60.5	20.3	73.0	51.6
18 months	70.6	31.4	83.2	61.8

Discontinuation rates by background characteristics

Table 3 8 presents the 12-month discontinuation rate and the median duration of use among women using contraception during the EIS according to selected demographic and socio-economic characteristics. The median duration of use refers to the number of months by which 50 percent of users had discontinued contraception.

Table 3 8 Life-table discontinuation rates by background characteristics

Twelve-month contraceptive discontinuation rates and median duration of use among EIS respondents by selected background characteristics

Background characteristics	12-month rate	Median duration	Number of segments
Age			
15-24	59.1	9.2	158
25-34	50.2	11.9	568
35-44	49.9	12.2	459
Urban-rural residence			
Urban	30.8	20.8	264
Rural	56.3	9.5	920
Level of education			
No education	56.6	9.3	567
Primary	53.6	10.0	288
Secondary/higher	40.5	15.9	330
Household living standard			
Low	57.5	9.9	350
Medium	50.8	11.0	402
High	47.2	13.8	433
Total	51.6	11.3	1,184

Table 3 8 shows that the level of contraceptive discontinuation among EIS respondents varied according to the demographic and socio-economic characteristics of the user. The 12-month discontinuation for users under age 25 was somewhat higher than the rate among older users, with the median months of use ranging from 9.2 for women in the 15-24 age group to 12.2 among women age 34-44.

Urban users were considerably less likely than rural users to have discontinued within 12 months of starting use. The median duration of use for urban users was 20.8 months, more than double the median duration for rural users. As expected, the level of education that women had attained was negatively associated with discontinuation levels. In particular, the 12-month discontinuation rate was substantially lower for women who had a secondary/higher education than for less educated women. Discontinuation levels also declined as the household's living standard increased.

Discontinuation rates by reason

The principal reason for discontinuation of all methods was side effects or health concerns. For both IUD and injectable users, Table 3 9 shows that around two-thirds of discontinuations within the 12-month period of starting use were attributed to side effects or health concerns. For the pill, the discontinuations due to side effects or health concerns accounted for around half of all discontinuations during the 12-month period.

Table 3 9 Life table discontinuation rates by reason

Twelve-month contraceptive discontinuation rates among EIS respondents by main reason for discontinuation, according to method

Method	Reason for discontinuation					All reasons
	Method failure	Desire to get pregnant	Side effects/ health concerns	No longer at risk of pregnancy ¹	Other reasons	
Pill	3.8	3.8	28.9	18.6	5.1	60.5
IUD	2.1	1.6	14.0	2.1	0.5	20.3
Injectables	0.6	0.6	48.0	17.1	6.3	73.0
All methods	2.9	2.4	27.5	12.4	5.8	51.6

¹ Includes the following reasons: infrequent sex, husband away, unable to get pregnant.

Many of the users who discontinued indicated that they stopped because they believed that they were no longer at risk of becoming pregnant because the husband was away, they were having sex infrequently, or they were unable to become pregnant for other reasons. Discontinuations for these reasons were much more common among pill and injectable users than among IUD users. Nearly one-third of all discontinuations of the pill and one-quarter of the discontinuations of use of injectables in the first 12 months of use were for these reasons.

Contraceptive switching and abandonment

Contraceptive discontinuation often, but not always, results in women being subject to the risk of an unwanted pregnancy. Discontinuation of a contraceptive method places a woman at risk of an unwanted pregnancy if she continues to be sexually active, she has not changed her mind about the desire to avoid a birth, **and** she does not immediately adopt another method to

protect herself from pregnancy. The EIS data can be used to look at both the immediate result of discontinuations among women who used during the study and at the longer-term consequences for women who stopped using while still in need.

Status immediately after discontinuation

Table 3.10 looks at the extent to which EIS respondents who discontinued use switched to other methods at the time they discontinued use. The table shows 12-month discontinuation rates classified according to the status of the woman following discontinuation of a method. The categories include (1) *no longer in need of contraception*, i.e., the woman wanted to have another child or the woman said that she was not at risk of pregnancy, principally because coitus was infrequent due to the fact that the husband was away or for some other reason, (2) *switched to another method*, (3) *pregnant due to a contraceptive failure*, and (4) *abandoned use although still in need of contraception*. The latter category includes discontinuations due to side effects or health concerns, disapproval of the husband, difficulties in getting or using the method, desire to switch to a more effective method, and other reasons.

Method	Status after discontinuation				Total
	No longer in need	Switch to other method	Contraceptive failure	Abandoned use	
Pill	22.4	7.3	3.8	27.0	60.5
IUD	3.7	6.9	2.1	7.7	20.3
Injectables	17.6	10.0	0.6	44.8	73.0
All methods	14.9	8.6	2.9	25.1	51.6

Table 3.10 shows that fifteen percent of women discontinued in the first 12 months of use because they were no longer in need of contraception. These women either wanted another pregnancy or believed themselves to no longer be at risk of becoming pregnant.

Less than 20 percent of discontinuers adopted another method immediately after they stopped using their current method. Switching to another contraceptive method was more common among IUD users than users of the pill and injectables. Around 1 in 3 women discontinuing the IUD during the first 12 months of use adopted another method during the month following the discontinuation, compared to about 1 in 8 pill and injectable users.

Almost half of discontinuers abandoned use, i.e., they stopped using although they were still in need of contraception in the month following use. Looking at the abandonment rates for specific methods, they are highest for injectables followed by the pill. Around 60 percent of women who discontinued injectables, and 45 percent of women who discontinued the pill, remained in need of contraception in the month following discontinuation. The abandonment rate for the IUD was substantially lower than for injectables and the pill. Nevertheless, around one-third of all users who discontinued use of the IUD were classified as having abandoned use while still in need of contraception.

Contraceptive adoption among abandoners

EIS data can be used to look at the contraceptive adoption rates among women classified as having abandoned use while still in need of protection from pregnancy. Table 3 11 shows the 12-month adoption rates in the period following discontinuation for abandoners. Almost half of the women became pregnant within 12-months of abandoning use, while slightly more than one-quarter returned to using contraception again. The majority of abandoners who subsequently adopted contraception switched to another method. However, more than 40 percent returned to the method that they had abandoned.

Table 3 11 Life table contraceptive adoption and pregnancy rates among abandoners

Twelve-month contraceptive adoption and pregnancy rates among EIS respondents who abandoned use while still in need of contraception

<u>Twelve-month rates</u>	
Became pregnant	45.1
Adopted contraception	25.7
Returned to same method	11.7
Switched to different method	14.0

Reasons for switching methods

In Round I of the EIS, women who had had switched methods at any point prior to the Round I interview were asked about factors that influenced their decision to change methods. Table 3 12 shows the proportions who reported various reasons as having been involved in the decision to switch from one method to another.

Table 3 12 Reasons for switching methods

Percentage of EIS respondents who had ever switched methods prior to the Round I interview by the various reasons involved in the decision to make their most recent switch in methods

<u>Reason</u>	
Resting from original method	40.5
Wanted more effective method	51.6
Husband wanted change	12.5
New method had fewer side effects	80.3
New method easier to use	55.9
New method recommended by other users	28.4
Advised about new method by doctor	32.3
Original method cost too much	9.3
Number of women	231

Note: More than one response possible

Eight in 10 women who switched methods mentioned that they believed the method to which they switched would have fewer side effects. More than half gave as reasons that the new method was easier to use or that it was more effective and 41 percent switched to “rest” from the prior method. Around 3 in 10 women switched because of advice from other users or the doctor. Comparatively few women said their husband had played a role in the decision to switch methods. Similarly cost did not play a major role in the decision about switching.

Reasons for returning to same method

Round I also included a series of questions for women who had discontinued use because the method failed or because they had experienced side effects or health problems and who subsequently returned to using the same method. The responses to these questions help us to understand why women are willing to use methods that have previously proven unsatisfactory.

As Table 3 13 shows, the woman’s perception that other methods were not ‘suitable’ for her was the most frequently given reason, 8 in 10 women said that they returned to a method with

which they had problems because there were no other more suitable methods. Nearly half the women also were influenced by a doctor's advice, and 1 in 4 felt that they could not afford other methods. Around 1 in 10 women said that they had not switched methods because they did not know about other methods or places to get a method or because the husband had been in favor of using the same method again.

3.5 Contraceptive Experience during the EIS Study

As is evident from the above discussion, contraceptive use during the EIS was a dynamic process in which women moved between the statuses of user and nonuser throughout the period of the study. This section looks at two measures which summarize the outcome of the processes of adoption and discontinuation during the EIS.

Ever use during the EIS

Table 3.14 presents the distribution of EIS respondents according to whether or not they had used contraception at any time during the study period. The table summarizes the effect of contraceptive adoption levels on the overall experience of respondents in using contraception during the EIS.

As Table 3.14 shows, the majority of EIS respondents were nonusers throughout the study. Around 1 in 7 of the nonusers (8 percent of all EIS respondents) had used a method prior to the 1995 DHS. The remaining EIS nonusers had never used contraception.

Two in five EIS respondents were users of contraception at some point in time during the study. Slightly more than half of the women who used during the study period (23 percent of all EIS respondents) were current users at the time they were interviewed in the 1995 DHS interview. Around 1 in 5 EIS respondents were not using at the 1995 DHS but adopted a method during the EIS. These women were almost evenly divided between women who had had some experience with contraceptive use prior to the study and women who were first-time users.

Table 3.13 Reasons for returning to same method

Percentage of EIS respondents who had ever discontinued use of a method prior to Round 1 of the EIS due to method failure or side effects or health problems and later initiated use of the same method by the reasons involved in the decision to use the same method again.

<u>Reason</u>	
Did not know about other methods	9.0
Did not where to go for other methods	10.7
Other methods not suitable	81.0
Other methods more expensive	25.3
Husband would not allow other methods	10.4
Doctor advised women to use method	46.0
Original method cost too much	9.3
Number of women	69

Note: More than one response possible.

Table 3.14 Contraceptive experience during the EIS

Percent distribution of EIS respondents by experience with contraception at the time of the 1995 and adoption of contraception during the study period.

<u>Use status</u>	
Used during EIS	43.3
Using at time of 1995 DHS	23.3
Used prior to 1995 DHS	9.9
Had not used prior to study	10.1
Did not use during EIS	56.7
Used prior to EIS	8.3
Never used	48.4
Total percent	100.0
Number of women	2,444

Table 3 15 looks at the contraceptive experience of EIS respondents in terms of the specific methods that users employed during the study. The table also shows the proportions of respondents who had more than one period of use during the study and the proportion who had experience with using more than one method.

Overall, 17 percent of EIS respondents used an IUD, 21 percent used the pill, and 9 percent used injectables. Women generally had only one segment of use during the study, however, slightly more than 20 percent of ever users (10 percent of all EIS respondents) reported more than one segment of use. Most of the users who used more than once also used more than one method, 18 percent of ever users (8 percent of all EIS respondents) used more than one method during the study.

Current use at the Round II interview

Table 3 16 shows the current use rate at the time of the second round of the EIS. The current use rate represents the net outcome of both the decisions of nonusers at the time of the 1995 DHS to adopt contraception and the decisions by those users, as well as current users at the time of the DHS, to continue or discontinue use during the study.

Overall, as a result of the decisions that nonusers and users made during the study, a total of 28 percent of EIS respondents were currently using at the second round of the EIS. This represented an increase of 4 percentage points over the current use rate of 24 percent at the time of the 1995 DHS (see Table 3 2).

Most of the increase in the current use rate was the result of an increase in the level of current use of the IUD, from 13 percent at the DHS to 15 percent. There also was a net increase in pill use rates, from 6 percent at the time of the DHS to 8 percent at the Round II interview. There was little change over the course of the study in the level of current use of other methods.

Table 3 15 Contraceptive experience during the EIS by method

Percentage of EIS respondents with experience in using specific methods and percentage using more than one time or using more than one method during the study

<u>Use status</u>	
Method ever used	
Any method	43.3
Pill	20.5
IUD	16.8
Injectables	9.1
Used more than one time	9.6
Used more than one method	7.7
Number of women	2,444

Table 3 16 Current use of family planning at the time of Round II interview

Percentage of EIS respondents who reported that they were currently using family planning at the time of Round II interview

<u>Method</u>	
Using any method	27.7
Using any modern method	26.9
Pill	8.0
IUD	14.6
Injectables	3.1
Condom	0.8
Diaphragm/foam/jelly	0.1
Norplant	0.0
Female sterilization	0.3
Male sterilization	0.0
Using any traditional method	0.9
Periodic abstinence	0.4
Withdrawal	0.2
Prolonged breastfeeding	0.2
Other method	0.1
Not using any method	72.3
Total percent	100.0
Number of women	2,444

Chapter 4

Fertility Preferences and Contraceptive Use

Fertility preferences are central to any investigation of reasons for nonuse of contraception. Women and couples who do not wish to avoid pregnancy cannot be expected to practice contraception. Therefore, the absence of motivation to contracept stands as one of the fundamental explanations for nonuse. The converse does not necessarily hold, however, the existence of a desire to avoid pregnancy—to postpone the next birth or terminate childbearing altogether—by no means ensures that a woman or couple will contracept. The notion of “unmet need for contraception” identifies this circumstance. Women or men are said to have an unmet need for contraception when their expressed preferences to postpone the next birth or have no more births are not implemented in contraceptive practice.

The association between fertility preferences and contraception is the main focus of this chapter. Before considering this relationship, the EIS data on fertility preferences are reviewed.

4.1 Stability and Change in Fertility Preferences

Stability and change in women’s preferences

The desire for another birth at the time of the survey is perhaps the most straightforward and direct measure of fertility preferences among the items that are standard in DHS surveys. In the 1995 DHS and in both rounds of the EIS, respondents were asked whether they wanted another birth and, if so, how soon. Although the 1995 DHS and Round II were separated by two years—a short period in relation to a woman’s entire reproductive career—it was sufficient time for women to shift away from wanting another birth soon towards wanting no more births. This is apparent in Table 4.1. Overall, at the time of the 1995 DHS, 23 percent of the women indicated that they wanted a birth soon (defined as within two years), and 52 percent reported that they wanted no more births. By Round II of the EIS, the percentage wanting a birth soon had declined to 16 percent, and the percentage wanting no more births had risen to 61 percent. These changes can be attributed in part to the achievement of reproductive goals.

Because the EIS was a longitudinal study, the individual transitions that underlie the aggregate change in fertility preferences evident in Table 4.1 can be examined directly. In Table 4.2, women whose preferences did not change between surveys are distinguished from women whose preferences changed. In the one-year interval from the 1995 DHS to Round I of the EIS, 72 percent of women remained in the same category, while in the two-year interval from the 1995 DHS to Round II of the EIS, 67 percent of women remained in the same category.

The overall stability of fertility preferences over the two years is largely accounted for by consistent attachment to the desire to stop childbearing. In the 1995 DHS, 52 percent of the women indicated they did not want another birth, and close to 90 percent of these women retained this preference through Round II of the EIS. In contrast, among the women who wanted another birth soon at the time of the 1995 DHS, around 40 percent had shifted out of that category by Round II of the EIS.

Table 4 1 Fertility preferences

Percent distribution of EIS respondents by desire for more children at the time of the 1995 DHS and of Round I and Round II of the EIS

Desire for more children	1995		
	DHS	Round I	Round II
Wants another soon ¹	22.5	18.3	15.9
Wants another later	21.0	17.5	16.9
Wants another undecided when	2.0	3.8	3.1
Undecided	2.8	3.6	3.1
Wants no more	51.7	56.8	61.0
Total	100.0	100.0	100.0
Number of women	2,431	2,430	2,427

Note: The "Wants no more" category includes sterilized women (n=578 in the 1995 DHS and Round I and Round II of the EIS respectively)
¹ within two years

These sharp differences in the consistency of responses across rounds are entirely to be expected. The desire to stop childbearing should be the most stable status, if a couple's desired family size is relatively invariant over time, then once it is achieved the couple should not waver from a desire to stop childbearing. On the other hand, the desire to have another birth soon should be the least stable, a couple will shift from this position once they are either successful in becoming pregnant or they change their minds and decide to postpone or even terminate childbearing. In line with this argument, the most common shift apparent in Table 4 2 was from wanting another child (soon or later) to wanting no more children. The patterns of stability and change evident in Table 4 2 can also be viewed as indicative of the overall validity of responses to the question about the desire for another child. Were the responses to the question entirely valid, one would expect relative invariance in the desire to stop childbearing but substantial shifting into and out of the categories "want another birth soon" and "want another birth later"—precisely the pattern evident in Table 4 2.

Table 4 2 also shows that the stability of preferences was markedly higher among older women. This differential is explained by the greater stability of the "wants no more" category, which of course is far more common among older women.

Reasons for changing preferences

Women who changed their desire for another birth—either from not wanting to wanting another birth, or, more commonly, from wanting to not wanting—were asked directly the reasons why they changed their minds. More than one reason was permitted, but virtually all respondents gave but one reason. The distribution of reasons is presented in Table 4 3.

Table 4.2 Shifts in fertility preferences

Percent distribution of EIS respondents according to changes in their desire for children from 1995 DHS to Round I and Round II of the EIS, by age at the time of the 1995 DHS

Desire for more children	15-24	25-34	35-44	Total
1995 DHS and EIS Round I				
<u>Preference same</u>				
Wants soon ¹	18.7	9.7	6.8	11.3
Wants later	32.0	11.1	1.4	14.0
Wants no more	9.9	47.9	77.4	46.2
<u>Preference changed</u>				
Wanted another to wants no more	9.4	13.5	7.7	10.7
Wanted soon to wants later	15.1	5.6	2.0	7.1
Wanted later to wants soon	11.0	4.8	1.0	5.4
Wanted no more to wants another	4.0	7.3	3.7	5.3
Total percent	100.0	100.0	100.0	100.0
1995 DHS and EIS Round II				
<u>Preference same</u>				
Wants soon ¹	14.7	7.9	6.7	9.4
Wants later	27.8	7.5	1.0	11.1
Wants no more	9.7	48.3	76.2	46.0
<u>Preference changed</u>				
Wanted another to wants no more	15.7	18.9	9.0	15.1
Wanted soon to wants later	17.2	6.4	1.7	8.0
Wanted later to wants soon	10.7	4.0	0.7	4.8
Wanted no more to wants another	4.2	7.0	4.8	5.6
Total percent	100.0	100.0	100.0	100.0

Note: Women who are uncertain about *whether* they want another child or *when* they want another child are included in 'Wants later' category. Sterilized women are included in 'Wants no more' category.

¹ within two years

A variety of reasons were mentioned by those shifting away from not wanting another child. The most frequent explanation (roughly 40 percent) was that they wanted to give their children the companionship of another brother or sister. Other common explanations were that their husband wanted another child, and that they had in fact wanted a child at the earlier interview but had not said so. Relatively few cited changes in their material circumstances—their household economic situation, their health, or the loss of a child.

Among those who shifted from a desire to have another child to wanting no more, by far the most frequent explanation was that they had become pregnant as desired and, hence, had attained their childbearing goals. Roughly two-thirds of the respondents offered this explanation for the preference change. Smaller percentages cited health concerns (roughly 10 percent) and deteriorating household economics (less than 10 percent). An erroneous response in the previous interview was the explanation of roughly 9 percent of the women. In short, the increase in the desire to terminate childbearing over the course of the EIS is explained less by changing family size desires than by the natural progression of the reproductive career in which women achieved their desired family size and consequently wished to have no further children. This is not surprising, in view of the relatively short period from the DHS to Round II of the EIS.

Table 4.3 Reasons for change in fertility preference

Percentage of EIS respondents giving various reasons for changing their fertility preference between surveys

Reasons for change in preference	1995 DHS to EIS Round I	Round I to Round II
Change from desire to limit births to wanting child		
Husband wanted child	18.1	22.4
Child died	4.9	
Own health improved	6.7	3.8
Fraternalize other children	38.3	43.9
Economic situation improved	5.7	1.9
Actually wanted child at earlier survey	19.1	21.7
Other	10.5	12.5
Number of women	124	111
Change from desire to have another child to want no more		
Had/Pregnant with wanted child	65.4	68.7
Financial situation worsened	8.2	5.1
Own health/fear pregnancy	11.2	9.2
Actually did not want child at earlier survey	8.6	9.3
Other	8.2	11.7
Number of women	270	195

Note: More than one response possible

Perceptions of husbands' preferences

Ordinarily the wife alone will not make decisions about contraception and further childbearing. The other actor is undoubtedly her husband, whose fertility preferences may have a major influence on her reproductive behavior. In the 1995 DHS and in both rounds of the EIS, women were asked for their perceptions of their husbands' preferences. (In Round II of the EIS, a subset of the husbands was interviewed directly and asked questions about their fertility preferences. Some of this information is examined later in this chapter.) The women's perceptions of their husband's preferences are compared to the women's own preferences in Table 4.4.

Overall, women perceived relatively little discrepancy between their own and their husbands' preferences. In both rounds of the EIS, roughly 90 percent of women who wanted another birth (soon or later) perceived that their husband also wanted another birth, and about three-quarters of women who wanted no more births perceived that their husband felt the same. Less than 10 percent professed uncertainty about their husband's preferences.

Table 4.4 Perception of husband's fertility preference

Percent distribution of EIS respondents by desire for more children at the time of EIS Round I and Round II according respondent's perception of husband's fertility preference

Wife's perception of husband's desire	Woman's desire for more children			Total
	Wants soon ¹	Wants later	Wants no more	
EIS Round I				
Wants another	94.4	80.2	15.2	45.9
Wants no more	3.8	7.6	77.3	46.5
Uncertain	1.8	12.2	7.5	7.6
Total percent	100.0	100.0	100.0	100.0
EIS Round II				
Wants another	93.3	84.4	15.0	43.4
Wants no more	5.4	5.9	78.9	50.4
Uncertain	1.3	9.7	6.1	6.2
Total percent	100.0	100.0	100.0	100.0

Note: Women who are uncertain about *whether* they want another child or *when* they want another child are included in 'Wants later' category. Sterilized women are included in 'Wants no more' category.

¹ within two years

While the majority of women felt that their husbands concurred with their desires for another child, it may be of some significance that almost one-quarter of women who wanted to stop childbearing believed either that their husbands wanted another child or admitted to uncertainty about their husbands' desires. For this substantial minority of women (13 percent of all EIS respondents), the perception that the husband wanted to continue to have children may have acted as a serious impediment to contraceptive use.

4.2 Attitudes towards Future Childbearing

One aim in designing the two EIS questionnaires was to measure the intensity of fertility preferences. It is plausible that what distinguishes contraceptive users from nonusers is not so much their preferences *per se* but rather the strength of attachment to those preferences. To investigate this, the EIS sought additional information on attitudes toward childbearing from both women and husbands. One approach involved an effort to measure the strength of women's feelings about the costs and benefits of having another child. Women were presented in Round I with a set of concerns and a set of benefits that might be attached to a further birth and asked whether they felt these concerns or benefits applied in their case. The same sets of concerns and benefits were presented to the husbands in Round II. In addition to asking respondents to weigh the costs and benefits of future childbearing, the EIS asked about respondents' satisfaction with their current number of children, their perceptions about whether they would have another child if their economic or health situation changed, and the husband's role in making childbearing decisions.

Benefits and concerns women's attitudes

Overall, women mentioned concerns more often than benefits (Table 4 5), 84 percent of the women indicated that at least one of the concerns applied to themselves, and 59 percent agreed with three or more of the five. The corresponding percentages for benefits were 58 percent and 38 percent, respectively. Not surprisingly, among women with relatively few living children, the benefits of having another child were cited more often than concerns, whereas the converse was the case for women with a relatively large number of living children.

Table 4 5 Concerns/benefits of having another child by number of living children

Percentage of women expressing various concerns and agreeing with various benefits of having another child at the time of EIS Round I according to number of living children at Round I

Childbearing concerns/benefits	Number of living children			Total
	0-2	3-5	6 +	
Childbearing concerns				
Lack of room in house for another child	11.9	22.0	26.8	19.4
Health risk from another pregnancy	48.1	71.1	80.4	64.9
Costs of raising children	54.2	76.9	82.9	70.0
Difficulties in properly rearing many children	49.3	67.1	66.8	60.6
Youngest child healthier if another birth delayed	52.5	53.5	47.8	51.9
At least one concern	70.8	90.6	92.2	83.8
Three or more concerns	48.5	64.6	67.2	59.4
Childbearing benefits				
Child help in work	30.2	17.3	11.5	20.6
Child provide support in old age	71.8	32.2	20.5	43.9
Child would be brother to son/daughter	71.0	37.0	17.3	45.0
Make husband happy and tie to home	61.5	26.9	13.3	36.4
Baby brings special joy to house	66.3	26.8	13.4	38.1
At least one benefit	90.4	47.4	27.2	58.4
Three or more benefits	65.1	27.6	13.9	38.1
Number of women	880	1 027	528	2 444

Note: More than one response possible

Among the concerns about having another child, economic costs loomed largest, 70 percent of the women admitted concern about the costs of raising an additional child. Health problems from another pregnancy (65 percent) and the challenge of properly rearing a larger number of children (61 percent) were also cited by a majority of respondents. Lack of housing space was the only concern mentioned by a minority (roughly 20 percent) of the respondents. Women with 3 or more children agreed more frequently with the various concerns than women with smaller families, except for the concern about health of the youngest child. The proportion having this concern hardly varied by number of living children.

Four of the five benefits of having another child specified in the questionnaire received roughly the same degree of agreement on the part of the respondents (ranging between 36 and 45 percent): companionship for her current children, old-age support, "special joy" to the household, and pleasing the husband. Substantially fewer women (roughly 21 percent) saw the potential

labor contribution of children as a benefit. Agreement with every one of these benefits of having another child was far more common among women with two or fewer living children.

Benefits and concerns husbands' attitudes

For the most part, the percentages of husbands who expressed various concerns and agreed with the various benefits of having another child parallels the results found among women. As demonstrated in Table 4.6, the notable exception was concern about health risks to the woman from another pregnancy, a concern held by 65 percent of women and 46 percent of their husbands.

Childbearing concerns/benefits	<u>Agree with concern/benefit¹</u>		<u>Greatest concern/benefit²</u>	
	Women ³	Husbands ⁴	Women ³	Husbands ⁴
Childbearing concerns				
Lack of room in house for another child	19.4	28.2	2.0	2.0
Risk to wife's health from another pregnancy	64.9	46.5	35.4	16.1
Costs of raising children	70.0	64.7	36.4	55.1
Difficulties in properly rearing many children	60.6	57.0	14.0	17.2
Youngest child healthier if another birth delayed	51.9	48.0	12.2	9.6
Total percent	-	-	100.0	100.0
Childbearing benefits				
Child help in work	20.6	28.4	6.0	9.1
Child provide support in old age	43.9	43.1	18.0	37.4
Child would be 'brother' to son/daughter	45.0	44.1	50.1	41.5
Male husband happy and tie to home	36.4	-	11.9	-
Baby brings special joy to house	38.1	39.0	14.0	12.0
Total percent	-	-	100.0	100.0

¹ More than one concern or benefit may be selected
² Only one concern or benefit may be selected
³ Round I EIS
⁴ Round II EIS

When asked a follow-up question as to which concern or benefit ranked highest, more substantial gender differences were apparent (see the final two columns in Table 4.6). Women were more likely than men to view health risks as the greatest concern (35 percent and 16 percent, respectively) and far less likely than men to view economic costs as the greatest concern (36 percent and 55 percent, respectively). Among the benefits, women were less likely to select old-age support as most important (18 percent and 37 percent, respectively) and somewhat more likely to select companionship ("brothering") with existing children (50 percent and 42 percent, respectively).

Attitudes about having more children

A different set of questions was posed to the women and their husbands in Round II of the EIS (Table 4.7). A set of statements, each of which referred to having another child, was read to the respondents, and they were asked to indicate whether they agreed or disagreed with each

statement Two statements received agreement from a majority of women “You are satisfied with the number of children you have, even if your situation changed, you would not want to have another child” (63 percent), and “Your husband is satisfied with the number of children you have, even if your situation changed, he would not want to have another child” (54 percent) This adds emphasis to the data reviewed above indicating that a majority of the women wished to terminate childbearing Agreement with these statements was, of course, far more common among women with 6 or more living children than among women with two or fewer living children

Table 4 7 Attitudes about having more children among women and husbands

Percentage of women agreeing with various statements about having more children at the time of Round II of EIS by the number of living children at Round II and percentage of husbands agreeing with the statements at Round II

Statements about having more children	Women				Husbands
	Number of living children			Total	
	0 2	3 5	6 +		
Husband’s decision wife has no say	32 3	34 2	38 8	34 6	43 4
Economic situation prevents having more	11 8	9 5	2 5	8 6	16 7
Health situation prevents having more	15 2	12 0	7 7	12 0	13 1
Satisfied with number of children	23 3	75 0	95 0	62 9	57 8
Husband/wife satisfied with number of children	19 5	62 4	85 8	54 0	60 5
Number of women/husbands	783	1,079	562	2,425	946

Roughly one-third of the women agreed with the statement “It is up to your husband to decide how many children you will have, you don’t have any say in this decision ” Finally, a small fraction of women agreed that their economic situation or their health situation prevented them from having more children Contrary to what one might expect, the level of agreement with these two statements was somewhat lower among women with 6 or more living children

As indicated by the right-hand column of Table 4 7, husbands’ responses to these statements closely resembled the women’s responses, in the aggregate

4 3 Fertility Preferences and Contraceptive Use

Cross-sectional results

Table 4 8 shows that there is a strong cross-sectional association between fertility preferences and contraceptive use At each of the three surveys, women who wanted no more births were most likely to be using and women who wanted their next birth in two years or less were least likely to be using, with women who wanted to postpone the next birth falling between these two groups

Table 4 8 Contraceptive use by fertility preference

Percentage of EIS respondents currently using contraception at the time of the 1995 DHS and Round I and Round II of the EIS, by desire for more children at each survey

Desire for more children	1995		
	DHS	Round I	Round II
Wants another soon ¹	4 0	4 7	4 7
Wants another later	15 6	17 1	19 3
Wants no more	36 3	36 0	37 3
Total	23 7	25 6	28 0
Number of women	2 432	2,429	2 417

Note Women who are uncertain about *whether* they want another child or *when* they want another child are included in the Wants later category Sterilized women are included in the Wants no more category

¹ within two years

The differential in contraceptive use between the extreme categories—women who wanted another birth in two years or less and women who did not want another birth—was more than 30 percentage points at each survey. Interestingly, the largest increase in use between the 1995 DHS and Round II of the EIS was not among women who wanted no more births but rather among women who wanted to postpone the next birth, among women in the “want later” category, the percentage using contraception increased by almost four percentage points.

It is important to note in Table 4.8 that the percentage using among women who expressed a desire to avoid pregnancy (either to postpone or to stop) falls below 40 percent at each of the three interviews, an indication of unmet need for contraception. However, as will be demonstrated later in this report, a substantial fraction of these women regarded themselves (correctly or not) as not at risk of pregnancy and, as such, not in need of contraceptive protection.

Shifts in preferences and use

The fundamental question that motivates analysis of the association between fertility preferences and contraceptive use is to what extent is contraception assisting women (or couples) in achieving their childbearing aspirations? For the purposes of addressing this question, Table 4.8 is limited because it offers only a static, cross-sectional picture of the long-term association between childbearing desires and contraception. Childbearing desires and contraception are both subject to continual change. Women who want to avoid pregnancy but who are not using at the time of a survey may adopt soon thereafter. Having adopted, they may consistently practice contraception, or they may discontinue, leaving themselves at risk of an unintended pregnancy. Other women who express a desire to postpone the next pregnancy in one interview may soon shift to wanting to conceive as soon as possible. In short, the relationship between fertility preferences and contraceptive use is highly dynamic. For this reason, the cross-sectional association (as summarized in Table 4.8) provides only a partial view of the overall consistency between women's fertility preferences and their contraceptive practice as they evolve over the course of their reproductive careers.

In the EIS, women were followed for two years, with contraception measured continuously (through a month-by-month calendar) and fertility preferences measured at each of the three interviews. With the EIS data, therefore, it is possible to assess the extent to which preferences at one point in time were implemented in subsequent contraceptive practice. The length of the lag in implementing preferences through contraception can be measured, and, more importantly, the reproductive consequences of a failure to contracept (e.g., unwanted pregnancies) can also be determined. While two years is a relatively short span of time in relation to a woman's entire reproductive career, it is sufficient time to observe the interplay between fertility preferences and contraception and, in particular, to assess how successful women are in employing contraception to achieve their fertility goals.

A more dynamic picture of the association between fertility preferences and contraception is presented in Table 4.9, which takes into account women's preferences at all three rounds of the study. First, women are classified into three subgroups based on their desires for another birth at the time of the 1995 DHS (i.e., want soon, want later, or want no more). Each of the 1995 preference groups is then further subdivided according to whether the women remained in the same category at both of the rounds of the EIS, or shifted to other categories at one or both EIS rounds.

It is expected that women who expressed a desire to stop childbearing in all three interviews would have had the strongest motivation to contracept, and would, therefore, be the most likely to have adopted contraception during the course of the EIS study. Women who expressed a desire to have another birth relatively soon in all three interviews would have had the weakest motivation to contracept and, therefore, are expected to have been the least likely to use contraception. The motivation to contracept and, thus, the behavior of the other sets of women are expected to fall somewhere in between.

Table 4.9 Contraceptive use by shifts in fertility preferences during the EIS

Percentage of EIS respondents using contraception at the time of the 1995 DHS and at the time of Round I and Round II of the EIS and percentage using contraception at any time between the 1995 DHS and Round II of the EIS, by desire for more children

Desire for more children at 1995 DHS	Desire for more children at EIS	Contraceptive use at			Any use from DHS – Round II	Number of women
		1995 DHS	Round I	Round II		
Wants another soon ¹	Total	4.0	2.4	7.7	13.1	542
	“Soon” both rounds	0.5	0.0	0.0	0.5	188
	Else	5.9	3.7	11.9	20.1	354
Wants another later	Total	15.6	17.4	17.7	35.5	627
	“Later” both rounds	10.9	17.4	24.3	37.8	184
	Else	17.6	17.4	14.9	34.5	443
Wants no more	Total	36.3	39.7	41.8	60.8	1233
	“No more” both rounds	39.5	42.3	44.9	64.1	1061
	Else	18.6	26.2	25.6	45.3	172
Total		23.7	25.6	27.9	43.5	2,402

Note: Women who are uncertain about *whether* they want another child or *when* they want another child are included in the “Wants later” category. Sterilized women are included in the “Wants no more” category.

¹ within two years

These expectations are borne out in the EIS data. Women who indicated in the 1995 DHS that they would like to have another birth within two years were unlikely to contracept, especially if they retained this desire over the two-year observation period. Only one-half of one percent of these women who wanted another birth “soon” at all three interviews reported use of contraception at any time between the 1995 DHS and Round II of the EIS. In contrast, women who wanted no more births at the time of the 1995 DHS were more likely to have ever used at some point during the EIS and to have been currently using at each survey, with the subset of these women who wanted no more births at all three interviews being most likely to have used. Nearly two-thirds of the women who indicated at every interview that they wanted to stop childbearing used contraception at some time during the study. Nevertheless, at each interview less than one-half of this set of women were contracepting, peaking at 45 percent at Round II of the EIS. Thus, at nearly two years after these women first expressed a desire to stop childbearing (and, indeed, this desire may have preceded the 1995 DHS by months or even years), more than half of the women who consistently reported that they wanted no more children remained nonusers.

Table 4.9 demonstrates the powerful relationship between fertility preferences and contraceptive use while, at the same time, highlighting the discrepancy between preferences and use that was evident for many women. In the key group of women who wanted no more births at

all three interviews (the group that would appear to have been most motivated to contracept), the percentage contracepting increased by only five percentage points between the 1995 DHS and Round II of the EIS (from 40 percent to 45 percent). This is a very modest increase, in view of the fact that 64 percent of these women had some experience with contraception during this period. Among this group of women—the largest subset of women in Table 4.9, comprising nearly one-half of the sample—the implementation of preferences in contraceptive practice was far from complete.

Preferences and contraceptive adoption

The fertility-preference differentials in contraceptive use evident in Table 4.9 reflect corresponding differentials in the adoption and discontinuation of contraception. These differentials can be investigated directly with the EIS data. In Table 4.10, contraceptive adoption and pregnancy rates among nonusers are examined taking into account both fertility preferences and measures of the intensity of the attitudes about future childbearing.¹

Table 4.10 shows that contraceptive adoption was much more likely, and pregnancy much less likely, among those women who wanted no more births, as compared to women who wanted another birth (soon or later). Within 18 months of the beginning of a period of exposure, 43 percent of women in the “want no more” category had adopted contraception, as against 14 percent of women who wanted another birth soon. The corresponding percentages for becoming pregnant were 29 percent and 59 percent, for those who wanted no more and those who wanted soon, respectively.

While these large differentials confirm the powerful influence of fertility preferences on reproductive behavior, the data again make clear that the implementation of these preferences was far from complete among women in the study. In particular, less than one-half of the women who wanted to terminate childbearing adopted a contraceptive method within eighteen months of the start of a period of exposure, and almost one-third of these women became pregnant in the same period. Even allowing for the fact that some women may have switched from wanting no more to wanting another birth prior to the pregnancy, this was a high rate of unwanted fertility within the relatively brief span of eighteen months.

The data in Table 4.10 also show that, among women with the same fertility preferences, there was variation in adoption rates with the intensity of the desire to avoid pregnancy. Among women who did not want another birth, contraceptive adoption within eighteen months was ten percentage points higher if women held three or more concerns about having another child as compared to women with fewer than three concerns (46 percent and 35 percent, respectively). A similar difference distinguished women who recognized two or more benefits of having another child as compared to the group who perceived fewer than two benefits (34 percent and 47 percent, respectively).

¹ Periods of exposure prior to Round I of the EIS are classified in terms of fertility preferences at the 1995 DHS, and periods of exposure commencing after that round are classified in terms of Round I fertility preferences.

Table 4 10 Life-table contraceptive adoption and pregnancy rates by fertility preferences

Eighteen-month life table contraceptive adoption and pregnancy rates among EIS respondents by fertility preferences and attitudes towards future childbearing

	Adopted Contraception	Became pregnant	Continued as non-user	Total
Desire for more children				
Wants another soon ¹	13 5	58 8	27 7	100 0
Wants another later	21 9	47 6	30 5	100 0
Wants no more	42 9	29 2	27 9	100 0
Desire for more children and number of concerns about another birth				
Wants another, 0 2 concerns	13 5	49 1	37 4	100 0
Wants another, 3 + concerns	23 7	52 6	23 7	100 0
Wants no more, 0-2 concerns	35 3	32 8	31 9	100 0
Wants no more, 3 + concerns	46 0	27 7	26 3	100 0
Desire for more children and number of benefits of another birth				
Wants another 0 1 benefits	27 3	47 5	25 2	100 0
Wants another 2 + benefits	16 8	52 1	31 1	100 0
Wants no more, 0-1 benefits	46 5	26 7	26 8	100 0
Wants no more, 2 + benefits	33 8	35 5	30 7	100 0
Desire for more children (Round I) and perceived husband's desire				
Wants another, husband wants another	20 2	47 8	32 0	100 0
Wants no more, husband wants another	28 4	37 3	34 3	100 0
Wants no more, husband wants no more	44 4	32 2	23 4	100 0
Total	31 2	40 1	28 7	100 0

Note Women who are uncertain about *whether* they want another child or *when* they want another child are included in the 'Wants later' category. Sterilized women are included in the 'Wants no more' category.
¹ within two years

Perhaps most revealing of reproductive decision-making in Upper Egypt were the differentials according to the woman's perceptions of her husband's desire for another birth (shown in the bottom panel of Table 4 10). Among women who did not want another birth, 44 percent adopted contraception within eighteen months of becoming exposed to the risk of pregnancy if the woman perceived that her husband also did not want another birth, as against 28 percent if the woman perceived that her husband wanted another birth (or if she expressed uncertainty about his desires). Women who wanted to stop but did not believe their husband shared this desire were substantially less likely to contracept and were more likely to become pregnant.

Preferences and discontinuation rates

The relationship between fertility preferences and contraceptive behavior is further investigated through the analysis of contraceptive discontinuation presented in Table 4 11. This table shows that women who wanted no more births were less likely than other women to discontinue within twelve months. The median duration of use was 12 2 months for those who wanted no more births, as compared to 9 months among those who wanted another birth.

While this is a substantial differential, it remains smaller than might be expected. In view of the relatively small percentage of the women who wanted to stop childbearing who adopted contraception (see Table 4 10), those who adopted could be assumed to be skewed toward the more highly motivated. Consequently, it might be expected that they would have a rather low rate of discontinuation. Instead, roughly one-half discontinued within one year of adopting a method. In short, the EIS findings indicate that a minority of women who did not want another birth adopted contraception over an eighteen-month period, and about one-half of these women discontinued within twelve months. Clearly, women who did not want another birth failed to pursue this goal through consistent contraceptive practice.

Table 4 11 Life-table discontinuation rates by fertility preferences

Twelve-month life-table contraceptive discontinuation rates and median duration of use among EIS respondents by fertility preferences and attitudes towards future childbearing

Fertility preferences	12-month rate	Median duration
Desire for more children		
Wants another	57.9	9.0
Wants no more	49.6	12.2
Desire for more children and number of concerns about another birth		
Wants another, 0-2 concerns	60.3	9.1
Wants another, 3+ concerns	57.0	9.0
Wants no more, 0-2 concerns	57.4	9.8
Wants no more, 3+ concerns	47.6	13.3
Desire for more children and number of benefits of another birth		
Wants another, 0-1 benefits	55.9	9.0
Wants another, 2+ benefits	58.5	9.0
Wants no more, 0-1 benefits	49.4	12.4
Wants no more, 2+ benefits	50.8	11.7
Desire for more children and perceived husband's desire		
Wants another, husband wants another	57.3	9.5
Wants no more, husband wants another	49.5	12.4
Wants no more, husband wants no more	51.1	11.2
Total	52.0	11.2

The results in Table 4 11 suggest that the intensity of preferences had less bearing on contraceptive discontinuation than on contraceptive adoption (see Table 4 10). As expected, discontinuation was less likely among those women who hold three or more concerns about having another birth, especially among women who want to stop childbearing. However, discontinuation levels did not increase substantially with the number of benefits of having another birth that a woman identified. Discontinuation rates also were only weakly associated with a woman's perception of her husband's fertility preferences.

Chapter 5

Intention to Use Contraception and Reasons for Nonuse

A nonuser's own assessment of her intentions regarding the use of contraception should be among the most reliable predictors of whether she will actually adopt contraception in the future. For this reason, the 1995 DHS survey included questions to obtain information from nonusers on their immediate and longer-term plans to use contraception.

Data from the EIS is used in this chapter to evaluate how well nonusers' contraceptive behavior during the study actually matched with the 1995 DHS intention data. The chapter also explores the reasons nonusers themselves gave for not using contraception. In particular, the chapter addresses the importance of women's perceptions that they are not at risk of pregnancy in determining whether they plan to adopt contraception or not, and the role husbands play in contraceptive decision-making. Information about method side effects which also influence decisions to use contraception is presented in a later chapter.

5.1 Intention to Use at the 1995 DHS and Round II of the EIS

Intention to use and future use

At the time of the 1995 DHS, the majority of nonusers expressed the intention to use family planning. Table 5.1 shows that around 3 in 5 nonusers (49 percent of all women) at the time of the 1995 survey said that they planned to use. Slightly less than half of the nonusers saying that they planned to use in 1995 also indicated that they thought that they would begin using contraception "soon" (within 12 months of the DHS interview).

Table 5.1 <u>Intention to use and contraceptive use status</u>					
Percent distribution of EIS respondents by the intention to use and contraceptive use status at the 1995 DHS and Round II of the EIS					
Use status and intention to use at 1995 DHS	Use status and intention to use at Round II			Using	Total
	Intended soon ¹	Intended later ²	Did not intend ³		
Not using in 1995					
Intended soon ¹	6.3	5.0	4.1	5.8	21.3
Intended later ²	5.3	9.4	8.0	4.8	27.4
Did not intend/unsure ³	3.0	6.0	16.9	1.7	27.7
Using in 1995					
	4.2	2.2	1.6	15.5	23.5
Total	18.8	22.3	30.6	27.7	100.0

¹ Within 12 months
² Includes women unsure about timing of future use
³ Includes women unsure about using

By Round II, Table 5.1 shows that more than one-fifth of the intenders in 1995 (11 percent of all women) were actually using contraception. About half of the 1995 intenders still expressed an intention to use in the future. However, nearly one-quarter of the intenders in 1995 reported in the Round II interview that they no longer intended to use or they were unsure if they would use.

Table 5.1 also provides information on changes in the intention and use status of nonusers who said they did not plan to use at the 1995 survey and of users at the 1995 survey. Among the nonusers who said they did not plan to use, more than 60 percent continued to say at the Round II that they would not adopt contraception. Most of the other women (about one-third of the group) shifted from not intending in 1995 to intending at the time of Round II. Only a few of the nonusers in 1995 who said that they did not intend to use (2 percent of all women) were actually using contraception at the time of the Round II interview.

With respect to users at the 1995 DHS, around two-thirds (16 percent of all women) were using at the time of the Round II interview. Among those who were no longer using at the Round II interview, relatively few had totally abandoned the idea of using. Nearly 80 percent of women who had used at 1995 but were no longer using at the Round II expressed an intention to use again in the future.

In summary, a nonuser's intention to use is a predictor of her future use status. Among the "new" users at the time of the Round II interview (i.e., among the current users at the Round II interview), nearly 90 percent had expressed the intention to use at the time of the 1995 survey. Nevertheless, it is clear that an expressed intention to use does not automatically predict future use. As Table 5.1 shows, nearly three-quarters of the nonusers who said at the time of DHS that they planned to adopt contraception soon (within the next 12 months of the DHS interview) were not using at Round II of the EIS, almost two years after the DHS.

Intention to use by background characteristics

Table 5.2 looks at how intentions to use and current use status at the Round II interview varied with indicators of the women's demographic and socio-economic status. Overall, women were both least likely to intend to use and least likely to be currently using if they were 35 years and older, rural residents, less educated and living in households with a low living standard. Notably, around one-third of rural residents and almost two-fifths of women who never attended school or lived in household with a low standard of living indicated that they had no intention to adopt contraception in the future. Even among other subgroups, however, substantial proportions of women reported that they did not plan to use in the future. For example, among women age 25-34 who are prime candidates for family planning use, one-quarter said that they did not intend to use contraception at any time in the future.

5.2 Reasons for Nonuse

As discussed above, many nonusers interviewed in the EIS had no plans to use in the future. Moreover, at each round of the survey, there were a significant number of intenders who had not yet adopted contraception although they wanted no more children and were not pregnant or amenorrheic and, thus, potentially at high risk of unwanted pregnancy. A special effort was made during the Round II interview to obtain information from these women on the reasons why they were not using.

Table 5 2 Intention to use and contraceptive use status by background characteristics

Percent distribution of EIS respondents by the intention to use and contraceptive use status at Round II of the EIS by selected background characteristics

Background characteristic	Use status and intention to use at Round II				Total percent
	Not using			Using	
	Intended soon ¹	Intended later ²	Did not intend ³		
Age					
15-24	20.6	37.1	27.0	15.3	100.0
25-34	22.7	22.3	24.6	30.3	100.0
35-44	11.7	8.9	44.4	35.0	100.0
Urban-rural residence					
Urban	17.2	15.2	20.0	47.6	100.0
Rural	19.1	23.7	33.3	23.9	100.0
Level of education					
No education	18.3	22.6	38.2	20.8	100.0
Primary	20.2	20.0	28.3	31.5	100.0
Secondary/higher	19.1	23.9	12.4	44.6	100.0
Household standard of living					
Low	19.1	21.1	39.0	20.8	100.0
Medium	19.4	25.0	31.4	24.3	100.0
High	17.8	20.9	19.9	41.4	100.0
Total	18.8	22.3	31.1	27.7	100.0

¹ Within 12 months

² Includes women unsure about timing of future use

³ Includes women unsure about using

Reasons for planning not to use

Table 5 3 presents the reasons nonusers who said that they did not plan to use in the future gave for saying they would never use contraception. For the majority of these nonusers (who represented 30 percent all EIS respondents), the perception that they were at low risk of pregnancy was the most frequently cited reason for not planning to use. Many of the women believed that, because that it was difficult for them to become pregnant, they did not need to use contraception. This perception was somewhat more common among older women, but around 1 in 5 women under age 30 gave it as a reason for not planning to use in the future. A substantial proportion (12 percent overall and 17 percent of those women age 30 and over) felt that they were too old to get pregnant. Almost equal percentages of younger and older women (about 1 in 7) said that they would not use because they were having sex infrequently or the husband was away.

Nonusers had other reasons for saying that they did not plan to use. The potential side effects or health problems associated with using contraception were a barrier to use for 1 in 4 nonusers. Fourteen percent mentioned their husband's opposition to use. Neither the proportion mentioning side effects nor the proportion citing husband's opposition varied greatly with the age of the woman.

Table 5 3 Reasons for not planning to use

Percentage of nonusers at the time of the Round II interview not intending to use contraception in the future who cited various reasons for not planning to use

Reason	15 29	30 44	Total
At low risk of pregnancy			
Has difficulty becoming pregnant	21 8	29 1	26 6
Thinks too old to get pregnant	1 2	17 2	11 7
Not sexually active/or husband away	15 8	14 7	15 1
Concerned about side effects	23 5	27 1	25 9
Husband opposed	16 4	13 0	14 1
Religion forbids	2 3	1 0	1 4
Other	5 6	8 7	7 6
Number of women	257	489	746

Note More than one response possible

Reasons for not currently using

Special questions concerning the reasons for nonuse were also directed to nonusers who wanted no more children, expressed an intention to use soon, and were not pregnant at the time of the survey. These women were asked about the reasons that they were not already using contraception. Table 5 4 shows that more than half of these women said that they had not begun using contraception because they were still amenorrhoeic or breastfeeding following a recent birth. Slightly more than one-quarter of the women reported that they were not in need of contraception because the husband was away or they were not having intercourse for other reasons. Smaller proportions of women cited concerns about side effects (12 percent), husband's opposition to use (3 percent), or difficulty in finding the money to obtain services (3 percent) as reasons for nonuse.

Table 5 4 Reasons for not currently using

Percentage of nonpregnant nonusers at the time of the Round II interview who wanted no more children and intended to use contraception citing various reasons for not using at the time of the interview

Reason	15 29	30 44	Total
At low risk of pregnancy			
Has difficulty becoming pregnant	2 2	2 3	2 2
Thinks too old to get pregnant	0 5	0 5	0 4
Not sexually active/or husband away	21 9	31 6	27 1
Waiting for period to return/breastfeeding	64 7	48 8	55 7
Concerned about side effects	9 8	15 2	12 4
Husband opposed	4 3	1 9	2 8
Difficulty in finding money to get method	1 0	4 2	2 6
Other	4 2	7 4	5 7
Number of women	182	222	404

Note More than one response possible

Older women were much less likely than younger women to mention being still amenorrheic and breastfeeding or to cite husband's opposition as reasons for nonuse. On the other hand, older women were much more likely than younger women to say they were not using because they were not sexually active or because they had concerns about side effects, and they were somewhat more likely than younger women to report having difficulty in getting the money to obtain services.

5.3 Factors Relating to Perceptions of Reduced Pregnancy Risk

As has been shown above, many nonusers did not perceive themselves to be in need of contraception because they believed that they were not exposed to the risk of pregnancy. Using information from the EIS, it is possible to look in more depth at some of the factors which influenced a woman's actual exposure to the risk of pregnancy as well as their perceptions of their level of pregnancy risk. These factors include pregnancy, postpartum amenorrhea and abstinence, and breastfeeding, low coital frequency, and the perception that there is no need for contraception because the woman has difficulty becoming pregnant.

Pregnancy, amenorrhea, abstinence, and breastfeeding

As noted above, many of the nonusers who intended to use contraception were waiting to adopt a method until their menstrual period had resumed or they stopped breastfeeding. In the calendar, data were collected on periods of pregnancy, postpartum amenorrhea, and postpartum abstinence, this information is used to calculate the total number of months during the study that respondents spent either pregnant or amenorrheic or abstaining following a recent birth.

Time spent pregnant, amenorrheic or abstaining

Table 5.5 presents the distribution of EIS respondents according to the number of months during the study period in which they were pregnant, abstaining from sex following a birth, or postpartum amenorrheic, and, thus, not exposed to the risk of pregnancy. The first three columns in the table show the number of months during which the women were not exposed to the risk of pregnancy (or at reduced risk) because of a particular factor (e.g., the first column looks at the number of months women were pregnant, the second column looks at the number of months women were amenorrheic, etc.).

The results in Table 5.5 refer to the total number of months during the study period in which the woman was not at risk of pregnancy due to the specific factor. Thus, for example, for women who were pregnant more than once during the study, the total represents the sum of all of the months that the woman was pregnant. The final column in Table 5.5 takes into account multiple factors in looking at the exposure status of women during the EIS.

Overall, Table 5.5 indicates that more than 3 in 5 women were not at risk of pregnancy for at least part of the time during the study period because they were pregnant, amenorrheic, or abstaining from sex postpartum. For many of the women, the time spent not at risk of pregnancy due to these factors was substantial, 18 percent of the women were not at risk of pregnancy for at least 19 months during the study, and 17 percent were not at risk of pregnancy for between 13 and 18 months due to one or more of these factors. The average (mean) number of months in which women were not exposed to the risk of pregnancy due to all of the factors was 8.5 months.

Table 5 5 Number of months pregnant, postpartum amenorrheic, or postpartum abstaining from sex

Percent distribution of women by the number of months in which the woman was pregnant, postpartum amenorrheic, or postpartum abstaining and the mean and median months women were in these statuses during the EIS

Number of months	Pregnant	Postpartum amenorrheic	Postpartum abstaining	Pregnant amenorrheic, and/or abstaining
No months	44.1	47.0	54.4	37.4
1-6 months	16.7	26.9	41.5	10.0
7-9 months	29.6	8.1	0.9	6.5
10-12 months	6.2	8.0	1.5	11.8
13-18 months	3.5	8.9	1.2	16.7
19 or more months	0.0	1.1	0.4	17.6
Total percent	100.0	100.0	100.0	100.0
Number of women	2,444	2,444	2,444	2,444
Median months	3.3	2.0	-	8.3
Mean months	4.4	3.9	1.4	8.5

Although many women believe that they are at low risk during the postpartum period, the EIS results show that the risk is actually substantial. Table 5 6 shows the life-table pregnancy and contraceptive adoption rates for women who gave birth within a 36-month period of Round II of the EIS. The table shows that, in the 12-month period after giving birth, the probability of becoming pregnant again was 20 percent for these mothers. This is a cause for concern since birth intervals shorter than 24 months have been shown to be associated with substantially higher infant and child mortality (El-Zanaty et al 1996, pp 126-127)

Table 5 6 Life table contraceptive adoption and pregnancy rates among women with a recent birth

Twelve-month contraceptive adoption and pregnancy rates among EIS respondents who gave birth within 36-months prior to the Round II interview

Twelve month rates	
Became pregnant	20.1
Adopted contraception	26.9
Adopted while amenorrheic	9.7
Adopted after amenorrhea ended	17.2

Table 5 6 also suggests that most women who adopt contraception following a birth wait until they are no longer amenorrheic. Overall, only about one-third of women with a recent birth who adopted contraception within 12-months of a birth were still amenorrheic at the time they began using contraception.

Family planning's effect on breastfeeding

Couples may not be willing to adopt contraception until a child is weaned because of concerns about the effect that contraceptive methods might have on breastfeeding. Table 5 7 shows that a concern that hormonal methods may affect breastfeeding was common among both women and husbands. Seventy-five percent of women and 69 percent of husbands indicated that they believed that methods like the pill and injectables would affect breastfeeding.

Table 5 7 Breastfeeding and family planning use

Percent distribution of women and husbands by the belief that breastfeeding is affected by the use of family planning methods like the pill and injectables

Effect of family planning methods on breastfeeding	Women	Husbands
Yes	75 3	68 6
No	14 7	18 4
Not sure	10 1	13 0
Total percent	100 0	100 0
Number	2,444	959

Infrequent intercourse

One of the reason nonusers gave for not adopting family planning was that they were not having intercourse or having infrequent intercourse Table 5 8 presents information obtained during the second round of the EIS on the timing of sexual intercourse for EIS respondents who were not currently pregnant at the time of the interview Around 3 in 4 women had sex within the month before the interview Among the remaining women, most had had intercourse within the period of the EIS study However, 2 percent of the women reported that they had not had sex for more than two years prior to the Round II interview

Table 5 8 Time since last sexual intercourse

Percent distribution of nonpregnant women by the period of time since they last had sexual intercourse, according to urban-rural residence

Period of time since last intercourse	Urban	Rural	Total
Less than 1 month	87 3	73 7	75 9
1 3 months	5 9	9 6	9 0
4 6 months	2 1	4 2	3 9
7-12 months	2 1	4 6	4 2
13-24 months	1 2	4 6	4 0
More than 24 months	0 6	2 5	2 2
Missing	0 9	0 9	0 9
Total percent	100 0	100 0	100 0
Number of women	339	1 752	2,091

The results in Table 5 8 indicate that rural women reported somewhat longer periods of time since they last had intercourse than urban women In part, this pattern is likely due to the fact that more rural husbands than urban husbands are absent from the household for extended periods

Table 5 9 presents information from the EIS on the extent to which husbands of the EIS respondents were living away from the household during the study period For husbands who were at home, the table also looks at the number of nights that the husbands were away during the month preceding the Round II of the EIS interviews Overall, Table 5 9 shows that only 2 percent of the husbands of EIS respondents were reported to have been away from home during the entire period between the 1995 DHS and Round II of the interview As expected, extended absences were more common among rural than urban couples

Although comparatively few husbands were away during the entire period of the EIS, the results in Table 5 9 indicate that shorter absences are relatively common, especially in rural areas Overall, more than one-third of EIS respondents reported that their husband was away at least one day during the month prior to the Round II interview, and 17 percent said that their husbands had

not been home for more than one month. Looking at the urban-rural differential, almost 40 percent of rural husbands were away at least some part of the month prior to the Round II interview compared to slightly more than 20 percent of urban husbands. Moreover, rural husbands were three times as likely as urban husbands to have been away 30 or more days (19 percent and 6 percent, respectively).

Table 5.9 Husband absent from household

Percentage of EIS respondents whose husbands were away from the home during the entire period between the 1995 DHS and Round II of the study and the percent distribution of EIS respondents by the number of days that the husband was absent from the household during the month prior to Round II according to urban-rural residence

Length of time husband absent	Urban	Rural	Total
Percentage whose husband was away during entire study period	0.3	2.5	2.2
Days absent in month prior to Round II			
Never away	77.1	59.9	62.7
1-7 days	9.9	9.8	9.8
8-14 days	1.0	2.7	2.4
15-21 days	4.6	6.0	5.8
22-30 days	1.5	2.7	2.5
Away entire month	5.9	18.9	16.8
Total percent	100.0	100.0	100.0
Number of women	396	2,048	2,444

Perceived difficulty in getting pregnant

Women who believe that it is difficult for them to get pregnant are also less likely to be interested in adopting contraception. During the first round of the EIS, women were asked for a self-evaluation of whether it would be easy or difficult for them to become pregnant if they wanted. Those women who said that it would be difficult to get pregnant were asked about the reasons. As Table 5.10 shows, the majority of women said that it would be easy for them to get pregnant. However, more than 1 in 5 women thought that it would be difficult to get pregnant.

Table 5.10 also presents the main reason that the women gave for their belief that they would have difficulty in getting pregnant. One-third said that they had health problems, and another third said it simply was God's will. Infrequent sex was mentioned by around 15 percent of women as a reason for difficulty to become pregnant. An additional 10 percent believed that they were infertile or menopausal. Six percent of women mentioned other reasons (e.g., breastfeeding or use of family planning methods).

Table 5 10 Perception becoming pregnant difficult

Percent distribution of women by whether it would be easy or difficult for them to become pregnant and, among women believing it would difficult, the percent distribution by the reason that they believe it would be difficult to get pregnant

Perception getting pregnant difficult and reason for difficulty	
Perception getting pregnant difficult	
Easy to get pregnant	75 5
Difficult to get pregnant	22 4
Not sure	2 1
Total percent	100 0
Number of women	2,444
Reason for difficulty in getting pregnant	
Infrequent sex	15 3
Infecund/menopausal	9 6
Health problem	34 3
God s will	33 3
Other	5 9
DK	1 5
Total percent	100 0
Number of women	542

5 4 Husband's Attitudes

As was seen earlier in the report, the majority of women who adopted family planning during the study reported that the husband had agreed with using a method at the beginning of the segment of use. In this chapter, however, there was evidence from some nonusers that the husband's opposition to family planning use was among the reasons they did not expect to use in the future. Since the husband's support for family planning was assumed to be a critical element shaping women's decisions to use family planning, the EIS included a number of questions designed to provide insights into the wife's beliefs about the husband's support for family planning use. In addition, information was collected in the Round II interviews with husbands about their actual intentions with respect to family planning use and about the reasons some husbands had for saying that they did not expect to use contraception at any time in the future. These data support the assumption that husbands in Upper Egypt play a very important role in the family planning decision-making, and they provide insights into the factors that are shaping husbands attitudes toward family planning use.

Wife's perception of husband's attitude about FP use

In Round I of the EIS, women were asked about their perception about their husband's attitude about family planning use. The results presented in Table 5 11 indicate that husbands of current users are much more supportive of family planning use than husbands of past users or nonusers. Over 90 percent of users believed that their husband would encourage them to continue to use contraception. In contrast, more than 2 in 5 past users (women who used a method during period between January 1993 and the Round I interview) and nearly 3 in 4 nonusers (women who

had never used or used prior to January 1993) said that their husbands would discourage them from adopting contraception

Table 5 11 Woman s perception of husband's attitudes toward contraception

Percent distribution of EIS respondents by the perception of the husband's attitude about contraception according to the woman s use status at Round I of the EIS

Perception of husband's attitude about use	Current user	Past user	Nonuser ¹
Encourage use	91 6	58 7	26 4
Discourage use	5 1	25 0	47 8
Unsure	3 2	16 2	25 8
Total percent	100 0	100 0	100 0
Number of women	622	420	1,400

¹ Includes 100 women who used prior to January 1993

Although some women may be wrong about their husbands' attitudes, many are correct in their assessment of the husbands' views. Moreover, whether correct or not, their perceptions may be a powerful predictor of their behavior. In the previous chapter, for example, it was shown that women were less likely to adopt contraception during the study if there was discordance between the woman's own fertility preferences and her perceptions concerning her husband's preferences. This was particularly the case when the wife did not want another child but believed her husband did.

Table 5 12 shows that there also was a strong association between a nonuser's perception of her husband's attitude about family planning use at the time of the Round I interview and both the likelihood that the woman discussed family planning with the husband between the Round I and Round II interviews and the likelihood that she began using family planning during the period. Among past users who felt that their husband would encourage use, 54 percent discussed family planning between the survey rounds and 49 percent began using. The comparable figures for those who felt the husband would discourage use were 34 percent and 16 percent, respectively.

Nonusers were much more likely to report having talked about family planning with their husbands (45 percent) and to have begun using (26 percent) between the two interviews if they believed at the Round I interview that the husband would encourage family planning use. Only about 1 in 5 nonusers who reported at Round I that their husbands would discourage use talked with their

Table 5 12 Discussion of family planning and contraceptive use by husband's perceived attitude past users and nonusers

Percent distribution of nonusers and past users at the Round I interview by discussion of family planning (FP) with the husband and contraceptive use between Round I and Round II according to the woman s perception of the husband

Perception of husband s attitude about FP use	Discussed FP with husband	Used contraception
Past users		
Encourage use	54 0	48 8
Discourage use	34 0	16 2
Unsure	51 5	37 3
Nonuser¹		
Encourage use	44 7	25 7
Discourage use	19 0	3 3
Unsure	23 4	7 5

¹ Includes 100 women who used prior to January 1993

husband about family planning between the two interviews, and less than 5 adopted contraception during the period between Round I and Round II

The husband's attitude also appeared to have influenced the behavior of women who were using contraception at the Round I interview. Table 5.13 shows that a user's perception at the Round I interview that her husband would like her to stop using was related to her use status at the Round II interview. Slightly less than 60 percent of users who reported that their husbands wanted them to stop using at the Round I interview were still using at the Round II interview compared to 75 percent of women who had believed their husbands wanted them to continue and 70 percent of the women who were not sure about their husbands' views at the Round I interview.

Table 5.13 Discussion of family planning and contraceptive use by husband's perceived attitude current users

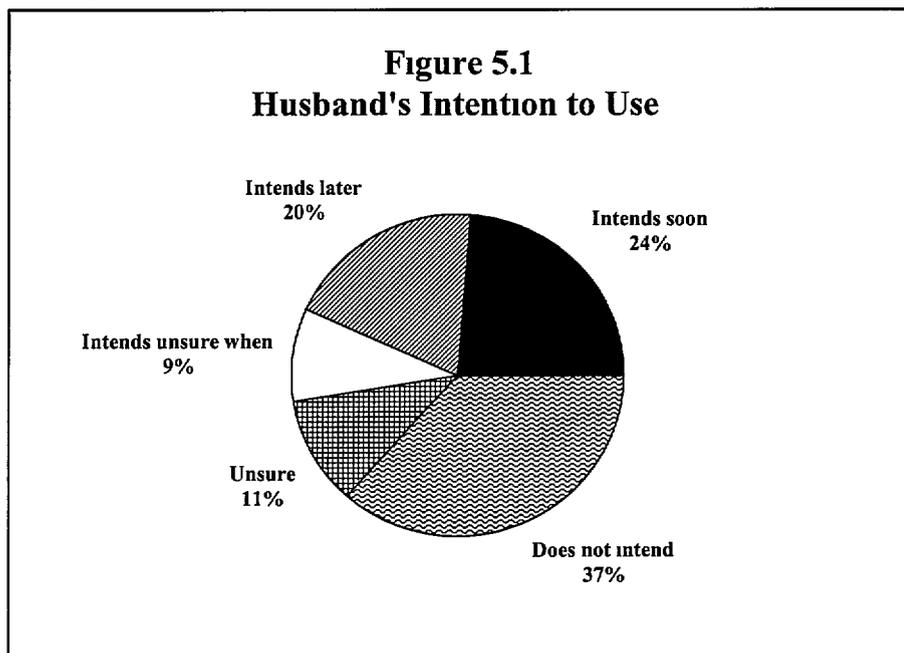
Percent distribution of current users at the Round I interview by discussion of family planning (FP) with the husband and current contraceptive use at Round II according to the woman's perception of the husband

Perception of husband's attitude about use	Discussed FP with husband	Using at Round II
Encourage continuing	40.4	75.1
Wanted to stop	56.3	58.1
Unsure	35.0	70.0

Interestingly, users who felt that their husbands wanted them to stop at the Round I interview were more likely than other users to say that they had discussed family planning use with the husband between the two interviews.

Husband's intention to use

In Round II, husbands whose wives were not using contraception were asked questions about their intention to use in the future. The questions were similar to those asked of women during the EIS. Figure 5.1 shows that more than half of the husbands reported that the couple would use family planning sometime in the future, and nearly one-quarter said that they would use "soon" (within a 12-month period following the interview). Among the remaining husbands, most said that they had no intention to use.



Information on the reasons for not planning to use also was collected in Round II from husbands who expressed an interest in controlling future fertility (i.e., they wanted no more children or to delay the next birth) or who were uncertain about their preferences. Table 5.14 shows that a concern about side effects or health problems their wives might experience was the principal reason husbands gave for not planning to use. Around 1 in 10 husbands also mentioned some concerns about the side effects or health problems they might have. More than one-fifth of husbands did not think there was a need for contraception since their wives did not become pregnant easily. Religious prohibitions were a barrier to use for 20 percent of the husbands, while 18 percent mentioned the difficulties in getting the money to pay for contraceptive services.

Table 5.14 Husbands' reasons for not planning to use

Percentage of husbands who wanted no more children or to postpone the next birth two or more years and whose wives were not currently using contraception by reasons for not planning to use in the future

Reason	
Side effects/health problems for wife	52.2
Side effects/health problems for himself	11.0
Difficult to find money	18.2
Concerned about exam by male doctor	7.9
Hard to find good source	3.5
Wife opposed	6.5
Religion forbids	20.4
Wife has difficulty getting pregnant	22.9
Number of husbands	328

Note: More than one response possible.

Chapter 6

Accessing Contraceptive Services

One of the major areas of investigation in the EIS was to identify problems or barriers that women wanting to use family planning face in obtaining contraceptive services. As part of the effort to obtain these data, women who used family planning during the study were asked a series of questions about the source from which they had obtained family planning services, any difficulties and concerns that they had in getting the method, and about the services which they had obtained from their provider.

Two principal types of data are available to look at issues relating to women's access to services. First of all, for each segment of use during the two-year period of the survey, information was obtained on the source from which the user had obtained the method at the time she began the segment of use, the costs of obtaining services at the source, and whether the user had gone for followup care after starting the segment of use. In addition to these basic data, users were asked a set of detailed questions in each round of the EIS relating to the experiences they had in obtaining contraceptive services during their current or most recent period of use. Finally, in addition to the information provided by the women, husbands also were asked a number of questions relating to accessing contraceptive services.

The data relating to the access to services is presented in this chapter.¹ The results highlight a number of potential problems which EIS respondents faced in getting contraceptive services.

6.1 Sources of Modern Methods

Family planning users in Assuit and Souhag have a range of potential sources from which contraceptive services are available. Providers of modern methods include public health facilities, clinics operated by nongovernmental (NGO) organizations like the Egyptian Family Planning Association, and private doctors and clinics. In addition, the pill can be purchased at pharmacies.

Types of source

Data on the source from which the method the woman used are available for 1,258 segments out of a total number of 1,311 segments of use that EIS respondents reported during the period of the EIS.² Table 6.1 shows the distribution of these segments of use according to the source from which the user obtained the method at the beginning of the segment of use.

Table 6.1 shows that users obtained services at a government health facility in the case of 31 percent of all segments of use during the EIS period. Private doctors or clinics were consulted

¹ The data is retrospective, based on the women's memory of their experiences at providers. As such it is subject to women's ability to accurately remember and report a range of information with regard to their encounters with the providers from whom they got services. However, the relatively short duration of the period between the interview and the time that the women visited the providers (i.e., 12 months or less in the case of most questions) serves to reduce the potential effect of the recall bias on the results.

² Among the remaining segments, 45 involved the use of traditional methods. There were 8 segments of use of modern methods during the period of the EIS for which information on the source is not available.

in a similar proportion of the segments, while users went for services to clinics operated by nongovernmental (NGO) organizations at the beginning of 14 percent of the segments of use. In around 22 percent of the segments, the user obtained the method from a pharmacy at the beginning of the segment of use, without consulting a doctor or health facility.

Table 6.1 Source by method

Percent distribution of segments of use among EIS respondents during the study period by the source from which the user obtained the method at the beginning of the segment, according to method

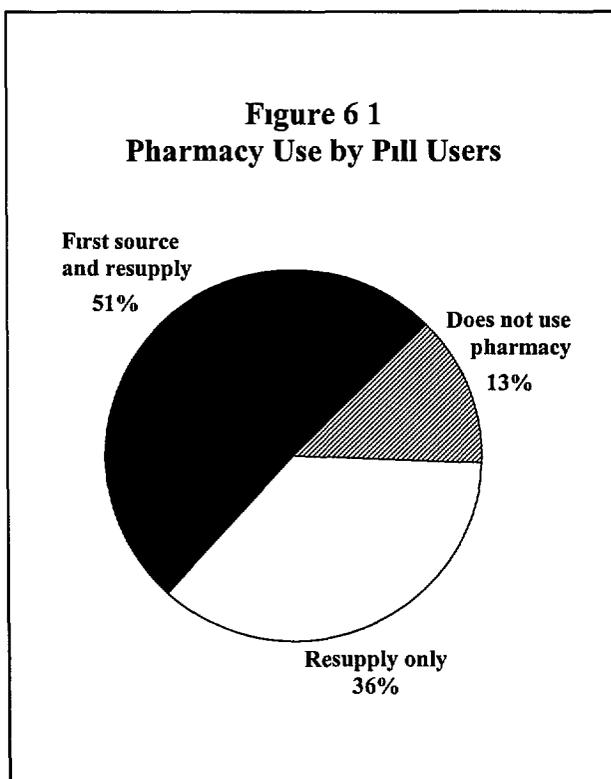
Source	Pill	IUD	Injectables	All modern methods ¹
Clinical source				
Public	15.2	34.4	59.1	30.6
NGO	3.4	27.8	10.5	14.4
Private	30.2	37.7	28.2	32.6
Pharmacy/other	50.7		2.3	21.8
Missing	4			-
Total percent	100.0	100.0	100.0	100.0
Number of segments	472	514	219	1,268

¹Includes 53 segments of use of condom, vaginal methods, Norplant and sterilization in addition to pill, IUD, and injectable segments.

The type of source relied on at the beginning of the segment of use varied by method. Private doctors were the most frequently cited source for the IUD, followed fairly closely by public health facilities. NGO clinics also were an important source for the IUD, with users obtaining the IUD from these clinics in more than 1 in 4 of the segments of IUD use.

Public sector sources were the principal provider for injectables. Injectable users obtained the method at public health facilities in nearly 60 percent of the segments of use of injectables. Private doctors were the source for injectables in about 1 in 4 segments of use, with NGO providers serving a much smaller proportion of users.

The pharmacy was a major source for pill users. As Table 6.1 shows, pill users obtained the method at a pharmacy without consulting a medical provider in half of all of the segments of use. Pharmacies also provided supplies for almost 3 in 4 of the users who obtained the pill from a medical provider at the beginning of the segment of use (see Figure 6.1). Thus, overall, users obtained the pill from a pharmacy at some point in 87 percent of all pill use segments during the EIS study.



6 2 Reasons for Choice of Provider

Overall, doctors or health facilities were consulted at the beginning of 8 in 10 segments of use during the EIS study. In Round I of the EIS, users obtaining the method from a clinical provider were asked about the reasons they had for choosing the provider. Also, during the Round I interview, pill users who did not consult a clinical source when they began using the method were asked about the reasons that they had for not consulting a doctor or health facility. The responses to these questions provide some insights into the factors that women take into account in making decisions about where to obtain contraceptive services.

Table 6 2 shows the distribution of users according to the main reason for the choice of a specific provider. Overall, the reasons that users gave for selecting a particular provider vary markedly with the type of provider from which users obtained services. Women obtaining their methods from public health facilities were more likely than those going to NGO clinics or private providers to mention cost (not expensive) or ease of access as the main reason that they chose a government provider.

Table 6 2 Main reason for selecting source

Percent distribution of EIS respondents by the reason for the choice of the clinical source from which they obtained a method during the most recent segment of use at the time of the Round I interview, according to source

Main reason	Public	NGO	Private	All sources
Previous experience with source	12.5	9.2	25.1	17.3
Told about source by others	13.3	18.4	14.0	14.7
Availability of female doctor	8.1	26.2	12.4	13.7
Considered staff competent	12.5	19.9	36.8	24.6
Easy to go there	20.2	10.6	5.4	11.8
Not expensive	27.4	14.2	3.3	14.2
Did not know other source	3.6	1.4	1.3	2.2
Other	2.4	-	-	1.6
Total percent	100.0	100.0	100.0	100.0
Number of users	250	141	298	689

The most frequently mentioned reasons for the choice of an NGO provider were availability of a female doctor at the clinic, recommendations from friends and relatives, and perceptions about staff competency. Staff competency was the reason users gave most often for going to private doctors and clinics, followed by the user's previous experience with the provider.

While most users obtained their method from a clinical source, users obtained the pill from a pharmacy without consulting a clinical provider in the case of half of all segments of use of the pill during the EIS. As Table 6 3 indicates, there were three principal reasons which these users gave for not consulting a doctor or health facility. Around 40 percent did not think that a medical consultation

Table 6 3 Reasons for not consulting doctor or health facility

Percentage of pill users who obtained the method from a pharmacy at the beginning of the most recent segment of use prior to Round I by reason for not consulting a doctor or health facility

Reason for not consulting	
Not necessary because used before	40.9
Did not want exam	38.7
Costs too much	31.5
Husband would not permit	2.7
Had unsatisfactory prior experience	2.0
Other	7.2
Number of pill users	151

Note: More than one response possible

as necessary because they had used the pill before. A similar percentage indicated that they had not wanted to have a physical examination. Cost was an issue for slightly more than 30 percent of the users.

6.3 Potential Barriers to Obtaining Services

Data was collected during the EIS on a number of factors which were identified through the focus groups discussions as potential barriers to contraceptive use. These included the costs of services, women's freedom of movement in getting services, and the gender of the provider and type of examination. To understand the potential concerns or difficulties women have when adopting contraception, users were also asked directly about concerns they may have had or difficulties that they had encountered in obtaining their method.

Costs of obtaining services

As discussed above, around 3 in 10 pill users who did not consult a clinical provider when they obtained their method cited the cost of services as a reason for not going to a doctor or health facility when they began using the pill. In order to have a better idea of the actual amount that women pay, the EIS collected information on the costs of obtaining services for each segment of use in which a user obtained the method from a clinical provider. Users were asked about any money that was spent on transportation to and from the source and about the fees that were paid to the provider for the services they received. Table 6.4 presents the cost data according to the type of source.

Cost	Public	NGO	Private	All sources
Free	3.4	-	3.2	2.6
Less than 2 pounds	17.9	13.1	5.8	11.8
2-4.99 pounds	36.4	15.8	4.6	19.0
5-9.99 pounds	26.2	18.6	18.4	21.4
10-14.99 pounds	10.4	16.9	12.1	12.2
15-19.99 pounds	2.1	13.7	8.0	6.7
20-29.99 pounds	1.6	13.7	17.5	10.4
30-49.99 pounds	1.9	4.9	16.7	8.3
50 pounds or more	0.3	1.1	9.5	4.2
Don't know/missing	0.8	1.6	4.1	3.2
Total percent	100.0	100.0	100.0	100.0
Number of segments	388	181	412	981
Median cost	4.0	10.0	15.5	7.0
Mean cost	5.3	12.0	21.0	13.0

Almost all users paid at least a small amount to obtain services. Overall, less than 3 percent of users said that they had not paid anything to get their method. The costs of obtaining services clearly varied according to the type of source. The median amount paid by women who obtained contraceptive services from a public sector source was 4 pounds. Users who obtained

their methods from NGO clinics paid an average of more than twice this amount. Not unexpectedly, users who obtained their methods from private doctors or clinics paid the highest amounts. The median cost of services at private doctors or clinics was 15.5 pounds, nearly four times the average paid by clients at public sector providers.

In view of the substantial differences in the costs of services among public sector, NGO and private providers, it is not surprising that the type of source from which a user obtained a method varied markedly with the standard of living of the user's household (Table 6.5). Among pill users, those from households considered to have a high living standard were somewhat more likely than other users to have consulted a doctor or clinic when they adopted the method. Among pill users who reported consulting a clinical source, the percentage consulting a private sector provider also increased directly with the living standard index.

There was a clear association between the living standard of the user's household and the likelihood that the IUD and injectables were obtained from a private sector provider. For example, public sector providers were the source for the IUD in more than half of all segments of use reported by women living in households with a low standard of living compared to about one-quarter of all segments of use among women in households categorized as having a high standard of living. The results in Table 6.5 also indicate that, as the standard of living increased, users were generally more likely to have obtained the IUD and injectables from private doctors or clinics than from NGO providers.

In Round I of the EIS, information was obtained on where women got the money to pay for contraceptive services. More than 3 in 4 users who had gone to clinical providers to obtain their methods during the most recent segment of use prior to the EIS reported that they had obtained at least part of the funds to pay for services from their husbands (Table 6.6). Less than 10 percent of respondents said that they had used their own income or earnings. A similar percentage said they had taken money from the money set aside for household expenses, while 5 percent of the women said that they had sold possessions or borrowed to obtain the necessary funds.

Husbands clearly are the principal source of the funds used to pay for contraceptive services. In the husbands' interviews conducted during Round II of the EIS, men whose wives had used contraception recently were asked about whether they considered it easy or difficult to find the funds to pay for the method. Most husbands reported that they had no problems obtaining the funds. However, 8 percent of the husbands had some difficulty in finding the money (data not shown in table).

Table 6.5 Type of source by method and household living standard

Percent distribution of segments of use during the EIS study by the type of source for contraceptive methods according to the method used and the standard of living

Background characteristic	Household living standard		
	Low	Medium	High
Pill			
Public	21.3	9.9	14.0
NGO	3.7	3.3	3.2
Private	22.6	30.5	37.6
Pharmacy/other	52.4	55.6	44.6
Total percent	100.0	100.0	100.0
Number of segments	164	151	157
IUD			
Public	55.1	31.9	26.7
NGO	23.7	29.8	28.2
Private	21.2	38.3	45.1
Total percent	100.0	100.0	100.0
Number of segments	118	141	255
Injectables			
Public	71.8	58.6	42.6
NGO	9.0	12.6	9.3
Private/other ¹	19.2	28.7	44.4
Total percent	100.0	100.0	100.0
Number of segments	78	87	54

¹ Includes users citing pharmacy and other sources

Table 6 6 Funds to pay for contraceptive services came from husband or woman herself

Percentage of EIS respondents reporting that the funds to pay for their method during the most recent segment of use at the time of the Round I interview were obtained from their husband or from their own resources

<u>Person providing funds</u>	
Husband	
Income/earnings	76 5
Sold articles/borrowed/other	1 4
Respondent	
Income/earnings	8 3
Household budget	8 5
Sold articles/borrowed	5 1
Other	2 1
Free/other	2 7
<u>Number of women</u>	<u>689</u>

Note More than one response possible

Freedom of movement

The EIS investigated the extent to which users were accompanied by other individuals when they went to obtain contraceptive services from clinical providers and their perceptions of whether they were permitted to go alone to obtain services. Using data collected during the Round I interview, Table 6 7 shows that the majority of users obtaining services at clinical sources were accompanied by someone else during the visit to the provider. Husbands most often accompanied the women, however, many women were accompanied by other relatives, especially the mother or mother-in-law and sister(s) or sister(s)-in-law.

Table 6 7 Visited provider alone or accompanied by someone

Percentage of EIS respondents reporting that they went alone to the provider or were accompanied to the provider during the visit to obtain a method during the most recent segment of use at the time of the Round I interview

<u>Visited alone or accompanied</u>	<u>Public</u>	<u>NGO</u>	<u>Private</u>	<u>All sources</u>
Went alone	57 8	44 3	18 5	38 0
Accompanied by				
Husband	6 4	10 0	37 9	20 8
Husband and others	1 2		6 9	3 4
Mother/mother-in-law	5 6	9 3	12 6	9 3
Sister/sister in-law	7 2	12 1	10 0	10 0
Other relatives	13 2	10 0	13 0	13 6
Friends/neighbors	7 6	13 6	3 0	6 7
Other	2 0	0 7	2 7	2 0
<u>Number of women</u>	<u>249</u>	<u>140</u>	<u>298</u>	<u>689</u>

Note More than one response possible

Table 6 7 also shows that the percentage of users who reported that they had gone alone to the provider to get their method varied markedly by the type of source, nearly 60 percent of women obtaining services at public sector facilities went alone compared to more than 40 percent of those getting services at NGO clinics and less than 20 percent going to private providers. In general, there were fairly minor variations by source in the likelihood that various persons accompanied the woman. The major exception is in the case of the husband. Husbands were much more likely to accompany their wives to private doctors or clinics (38 percent) than to NGO clinics (10 percent) or public sector providers (6 percent).

Many users may prefer to have their husband or someone else go with them to a family planning provider. However, the EIS found that some users were not free to go alone to a provider. The results in Table 6 8 indicate that around 1 in 5 users who obtained their methods from a clinical provider would not have been free to go to a provider if they had not accompanied by another adult. Nearly 3 in 10 pill users said that they either had to be accompanied by another adult if they wanted to go to a pharmacy to get pill or would not be permitted to go at all to get the method.

Gender of provider and type of examination

Information on the gender of the provider and the type of examination was collected in the EIS. As noted early, many pill users did not consult a doctor at the time they began using the method because they did not want to be examined. To some extent, the reluctance to be examined may be related to the gender of the provider, with women being more comfortable being examined by a female provider.

Table 6 9 shows that around 3 in 5 users going to a clinical source reported that they had seen a female doctor for services. Women were most likely to have seen a female doctor for services if they had obtained their method at an NGO clinic. As noted earlier, the availability of female doctors was the main reason that many users gave for going to the NGO provider.

Virtually all women using the IUD had a vaginal examination at the time the method was inserted. However, Table 6 10 shows that pill and injectable users were much less likely to report having a vaginal examination at the time they obtained their method. Nearly 1 in 5 of these users also said that they had not had any kind of physical examination when they consulted the provider at the time they began using the method.

Table 6 8 Freedom to go alone to providers

Percent distribution of EIS respondents who consulted a clinical provider or obtained their method from a pharmacy during the most recent segment of use prior to the Round I interview by the woman's freedom to go alone to a provider by type of provider

<u>Freedom to go alone and type of source</u>	
Clinical providers	
Went alone/allowed to go alone	78.1
Must be accompanied by an adult	21.4
Free to go with children	0.4
Total percent	100.0
Number of users	686
Pharmacy	
Free to go alone	69.6
Must go be accompanied by an adult	14.7
Not permitted to go at all	15.7
Total percent	100.0
Number of users	325

Note: More than one response possible

Table 6 9 Gender of doctor by type of source

Percent distribution of EIS respondents who obtained a method from a clinical source at the beginning of the most recent segment of use prior to Round I interview by the gender of the provider, according to the type of source

<u>Gender of doctor</u>	<u>Public</u>	<u>NGO</u>	<u>Private</u>	<u>Total</u>
Male	32.4	9.3	58.9	39.2
Female	67.6	90.7	41.1	60.7
Total percent	100.0	100.0	100.0	100.0
Number of users	244	140	299	683

The proportion of pill and injectable users who reported having had a vaginal examination varied according to both the type of source and the gender of the provider. Users who obtained services at private sector providers (NGO clinics and private doctors/clinics) were considerably more likely than users who obtained their methods at public sector providers to have had a vaginal examination at the time that they began using (60 percent and 39 percent, respectively). Pill and injectable users who obtained their methods at public health facilities also were around three times as likely to say that they did not have any kind of physical examination. With regard to gender, users who saw a female provider were somewhat more likely to say that they had a vaginal examination than users who had gone to a male provider.

Table 6 10 Type of examination by source and gender of doctor

Percent distribution of EIS respondents who obtained the pill and injectables from a clinical source during the most recent segment of use prior to the Round I interview by the type of examination, according type of source and gender of the doctor

Type of examination	Type of source		Gender of provider		Total
	Public	Private	Female	Male	
Had vaginal examination	38.5	60.4	57.5	47.5	51.2
No vaginal examination	24.8	26.8	18.7	34.0	26.0
No examination	36.8	12.8	23.9	23.9	22.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	117	164	141	134	281

Obtaining the pill at a pharmacy

In Round I of the EIS, pill users who reported the most recent cycle of pills that they had used had been obtained from a pharmacy were asked whether they themselves had ever gone to the pharmacy to get the method. The results indicate that many pill users who cited the pharmacy as the source for the method had had little or no actual contact with the pharmacy.

Table 6 11 shows that fewer than 1 in 5 pill users getting the method from a pharmacy usually went to the pharmacy themselves to buy the pill. About 7 in 10 pill users obtaining the method at a pharmacy had never gone to the pharmacy to get the method themselves. The husband was the principal source for the pill for women who did not usually obtain the pill themselves. However, nearly 4 in 10 of pill users who did not get the method themselves on a regular basis said that their children obtained the pill for them.

Table 6 11 Pharmacies as a source for the pill

Percent distribution of pill users reporting the pharmacy as the recent source by whether the woman ever obtained the pill herself and the person who obtained the pills if the woman did not usually go herself

Obtaining pills from pharmacies	
Woman herself obtained pills	
Usually obtained herself	18.0
Obtained herself but not usually	11.5
Never obtained at pharmacy	70.5
Total percent	100.0
Number of pill users	278
Person usually obtaining pills	
Husband	52.6
Children	40.4
Other relatives/friends	7.1
Total percent	100.0
Number of pill users	228

Note: Data based on the most recent segment of use prior to the Round I interview

Concerns identified by respondents

In Round I of the EIS, women who consulted a medical provider when getting the method during their most recent segment of use were asked a series of questions about any concerns which they had at the time about obtaining family planning services

Table 6 12 shows that worries about possible side effects of using contraception were a major area of concern for women as they began a segment of use, more than half of the women reported having this concern More than one-third of women said that they had some concerns about having a vaginal examination Difficulties in getting the money to pay for services (16 percent) and the need to be accompanied to the provider (13 percent) were problems for a significant minority of women as was the husband's opposition to the use of family planning (8 percent)

Concern/difficulty experienced	Public	NGO	Private	Total
Hard to find good provider	2 0	2 1	4 7	3 2
Had to wait for someone to accompany her to source	7 2	13 6	16 8	12 7
Hard to find child care	3 6	6 4	5 0	4 8
Nervous about going to provider for the first time	8 4	12 1	5 7	8 0
Concerned about having vaginal exam	38 2	36 9	34 2	36 2
Concerned about side effects	51 0	56 0	50 0	51 6
Husband opposed	10 0	8 5	6 0	8 0
Had difficulty in finding money	20 7	8 7	16 6	16 2
Number of women	249	141	298	688

There was comparatively little variation in the concerns or difficulties women reported with the type of provider The largest differences were observed in the proportions of women reporting that it had been difficult to find the money to pay for the services or getting someone to accompany them to the provider Not surprisingly, the proportion voicing a concern about the costs of services was greater among women obtaining services from public sector providers than for women relying on NGOs or private doctors or clinics

6 4 Interaction with Providers

The first round of the EIS obtained information on a number of aspects of the interaction that occurred between the women who had used a contraceptive method and the clinical providers from whom they got their method Table 6 13 controls for the type of provider in presenting the information from women about their experiences in obtaining contraceptive services from clinical providers at the beginning of the most recent segment of use prior to the Round I interview Around two-thirds of the women felt that they had been able to chose the method to use themselves The majority of the users also reported that that they had gotten the method they preferred, however, 1 in 5 users would have preferred another method

Table 6 13 Service assessment indicators for clinical providers

Percentage of EIS respondents who consulted a clinical source during the most recent segment of use prior to the Round I interview by selected service assessment indicators according to type of source

Service assessment indicator	Public	NGO	Private	Total
Method regarded as own choice	71 1	67 4	57 4	64 3
Method was preferred method	84 7	67 4	82 7	83 9
Told about other methods	40 2	49 3	43 8	43 6
Given sufficient information	60 4	69 5	74 6	68 4
Side effects described	42 4	54 3	50 7	48 5
Told what to do if had side effects	67 5	75 2	68 9	70 1
Told to return for followup	46 4	78 7	62 4	60 0
Doctor spent enough time	64 8	67 1	83 2	73 2
Provider should be more caring	46 4	44 7	34 4	40 8
Other patients present during exam	9 6	12 1	4 0	7 7
Number of users	250	141	298	689

Despite the fact users were generally satisfied that they had gotten the method they wanted, the EIS results suggest that counseling about methods may be limited in the case of many users. Overall, slightly more than 40 percent of the women consulting medical providers had received information on methods other than the one they had adopted. However, the majority of the women (68 percent) felt that the amount of information that they had received from the provider was sufficient. The provider also had described possible side effects of the method they were going to use to only about half of the women. A somewhat greater proportion (70 percent) was told about the actions they should take if they experienced side effects. Around 6 in 10 women were told by the provider to return for followup.

Providers also appear to be spending what most women consider to be an adequate amount of time although a significant minority of women (28 percent) felt that the provider had not spent sufficient time with them. A substantial proportion of women expressed some dissatisfaction with the provider's attitude toward them, 42 percent would have liked the provider to be more caring or respectful in his treatment of them. Finally, most of the women enjoyed some degree of privacy during their encounter with the provider. Only 8 percent said that other patients had been present during their examination.

Table 6 13 shows that experiences which women have in their interaction with providers varied with the type of provider. Women who obtained their method from private doctors or clinics or providers operated by NGOs were more likely than women getting services at public sector facilities to consider that the provider had given them sufficient information about contraceptive methods and to have had the potential side effects of their method described. They also were advised more often to return for followup. Especially in the case of private providers, they were more likely to believe that the provider had spent enough time and less likely to feel that the provider should have been more caring or respectful.

6 5 Followup Care

Regular followup visits after the adoption of a method are an important means of identifying women who are not correctly using their method or who are experiencing problems which may lead them to discontinue use. Table 6 14 shows that 60 percent of women who used family planning methods never returned to a provider for followup care. The followup visit was

made because the user had experienced problems in around half of all segments of use in which followup was sought (data not shown in table)

Table 6 14 indicates that there was considerable variability in the likelihood that followup care was received according to the method that was adopted Pill users who obtained the method directly from a pharmacy were the least likely to have gotten any followup care, there was followup in the case of fewer than 1 in 10 segments of use where the pharmacy was the source at the beginning of the segment of use

Table 6 14 Followup visits

Percentage of segments of use in which the user reported returning at least once to a clinical provider for care after receiving the method by the method used and type of source from which the method was obtained at the beginning of the segment of use

Source	Pill	IUD	Injectables	All methods
Public	23 6	54 2	11 6	33 8
NGO	*	62 9	*	62 2
Private	37 8	70 5	32 8	52 2
Pharmacy/other	8 8	-	-	9 5
Total	24 3	62 8	22 4	40 4
Number of segments	404	513	219	1,185

*An asterisk indicates the figure was based on fewer than 25 cases and was suppressed

IUD users were more than twice as likely as pill or injectable users to return for followup For IUD segments, the percentage who reported followup care was lowest for users obtaining the IUD from public sector providers and highest for users who had gotten the method from private providers Pill and injectable users also were less likely to have gone for followup if they had obtained the method from a private provider than if they had obtained the method from a private doctor or clinic

In Round II of the EIS, users were asked about the reasons that they had not gone for followup Three in four of the women said that they had not returned to a provider for any followup care because they did not feel any care was necessary (data not shown in table) However, around 1 in 6 users said that they had not had a followup visit because they could not afford it Table 6 15 shows that, overall, the percentage of users who received followup care increased markedly by the household's living standard Considering the likelihood of going for followup by method, the table shows the strongest relationship was for pill users Perhaps the most important finding in Table 6 15 is that, even among users from households in the high standard of living category (who presumably have more access to financial resources), only around 25-30 percent of pill and injectable users report seeking followup

6.6 Discontinuation Rates

The calendar data collected in the EIS can be used to examine how discontinuation rates varied according to the source of the method.³ The information can also be used to explore whether followup was related to level of discontinuation among women using during the study. Segments of use of the pill and injectables are combined for the discussion of discontinuation because there were not a sufficient number of segments of use of injectables to permit a separate analysis.

Table 6.16 shows that discontinuation was not associated with the source for the method in the case of either the pill and injectables, or the IUD. Discontinuation also varied only slightly by whether an IUD user reported going for followup care or not. However, there was a substantial difference in discontinuation between pill and injectable users who reported going for followup and those who had no followup care. The 12-month discontinuation rate was more than 30 percent higher for pill and injectable users who did not have any followup care compared with those who reported care. This may be a result of the fact that women who have side effects or experience other problems using the pill or injectables drop out shortly after beginning use without seeking followup care.

Table 6.15 Followup visits by household standard of living

Percentage of segments of use in which the user reported returning at least once to a clinical provider for care after receiving the method by the method used and the household's standard of living

Method	Low	Medium	High
Pill	17.1	24.6	30.9
IUD	59.3	61.7	65.0
Injectables	19.5	21.8	25.9
All methods	31.5	37.6	48.8
Number of segments	349	379	463

Table 6.16 Life-table discontinuation rates by method, type of source and followup care

Twelve-month discontinuation rates for IUD and pill and injectable users by type of source and whether the user went for followup care

Type of source And followup	Pill/ injectables	IUD
Type of source		
Public sector	60.1	16.4
NGO and private sector	61.2	15.8
Pharmacy/other	61.5	-
Followup		
Had visit	46.4	16.6
No visit	61.8	14.6

³ Information was available on source for 433 out of the total number of 466 segments of IUD use and for 567 out of the total number of 630 segments of pill or injectable use.

Chapter 7

Method-related Barriers to Using Family Planning

One of the stronger motivations that women have for using contraception is their concern about the potential burden that an additional pregnancy would place on their health. As was seen in Chapter 4, husbands also often share this concern. However, using family planning represents a decision that poses its own potential health risks for women.

This chapter examines the perceptions that women and husbands had regarding the risks of using contraception. In particular, the chapter looks at information collected on perceptions and attitudes toward the pill, IUD and injectables, the principal methods women use. The chapter also considers the extent to which the gender of the provider may be a potential barrier to obtaining clinical methods. Finally, the chapter reviews information that users provided on their actual experience with side effects and health problems while using these methods.

7.1 Perceptions about the Risks of Family Planning Use

During Round I of the study, women were asked several questions about the risks of pregnancy and family planning. These questions were also included in the Round II husband survey. As Table 7.1 shows, more than two-thirds of the women believed that a pregnancy posed health risks for them. A much smaller percentage (23 percent) felt that the use of family planning had potential health risks. When asked to weigh the relative risks of using family planning against another pregnancy, less than 10 percent of the women felt that family planning use would pose a greater health risk than pregnancy.

Husbands had somewhat different attitudes about the risks of pregnancy and family planning use than women had. They were less likely than women to believe that another pregnancy would pose a health risk for their wives, and somewhat more likely than women to see family planning use as posing a health risk. When asked to weigh the relative risks of pregnancy and family planning, husbands were more than twice as likely as women to say that family planning would pose a greater health risk than pregnancy. Overall, more than 1 in 4 husbands believed that family planning use posed a greater potential health risk for their wives than pregnancy.

Table 7.1 shows that the percentages of husbands and women believing that family planning use posed a greater health risk than pregnancy for women tended to be higher in rural areas and among those living in households with a low living standard. For example, husbands in households with a high living standard were only about half as likely as husbands in households with a low standard of living to believe that family planning posed more risk for a woman than pregnancy. However, even among these husbands, around 1 in 6 considered family planning use to pose the greater risk.

Table 7.1 Attitudes toward the potential health risks of pregnancy and family planning use

Percentage of women and husbands believing that pregnancy and family planning use posed health risks for women and the percentage believing that family planning posed a greater risk than pregnancy according to selected background characteristics

Background characteristics	Women			Husbands		
	Pregnancy poses risk	Family planning poses risk	Family planning greater risk than pregnancy	Pregnancy poses risk	Family planning poses risk	Family planning greater risk than pregnancy
Woman's age						
15-24	53.9	19.1	10.9	28.6	29.3	38.9
25-34	69.4	22.1	8.3	52.3	26.0	21.8
35-44	80.2	27.5	8.6	72.0	32.0	20.1
Urban-rural residence						
Urban	72.7	16.9	4.5	53.1	18.5	19.1
Rural	67.6	24.1	10.1	50.7	31.0	27.8
Woman's level of education						
None	68.5	24.9	11.1	50.3	32.8	29.6
Primary	69.2	24.9	7.3	55.6	23.0	22.4
Secondary/higher	67.6	14.8	5.2	49.1	23.6	20.8
Household standard of living						
Low	65.7	26.3	11.9	48.9	32.7	31.8
Medium	68.8	22.8	8.6	50.0	31.1	28.9
High	71.7	18.3	6.0	55.2	20.6	16.3
Total	68.5	22.9	9.2	51.2	28.6	26.2
Number	2,444	2,444	2,444	950	950	950

7.2 Attitudes toward the Pill, IUD, and Injectables

The perception that women have a choice of reliable, safe contraceptive methods is an important foundation for promoting contraceptive use. The EIS included a number of questions designed to obtain information on the extent to which women and husbands had negative impressions of the pill, the IUD, or injectables. In this regard, women and husbands were asked about whether they had heard about anyone in the community who had recently experienced side effects or health problems while using any of the three methods. They were also asked about their perceptions of the relative risks of side effects or health problems from the pill, the IUD and injectables, respectively.

Table 7.2 shows that the majority of women and husbands had heard about someone in the community who had recently experienced side effects while using the pill and the IUD. Women were more likely to be aware of someone having side effects or health problems from these methods than husbands. With regard to injectables, somewhat less than half of the women and around two-fifths of husbands had heard of someone experiencing side effects while using the method. The somewhat lower degree of awareness of problems with injectables most likely reflects the more limited use of injectables rather than a lower incidence of problems with the method.

With regard to perceptions of the risks of side effects or problems in using the methods, Table 7 2 shows that substantial proportions of women and husbands were not sure about the comparative risks of each of the methods. Considering those who did have an opinion, the results in Table 7 2 indicate that both women and husbands believed that side effects were more likely for the pill and injectables and less likely for the IUD. In the case of all three methods, husbands more often saw the methods as being more likely to have side effects or health problems than did their wives.

<u>Table 7 2 Side effects/health problems associated with methods and perceptions of relative risks of side effects/health problems</u>						
Percent distribution of women and husbands by whether they had recently heard about someone in the community experiencing side effects from the method and by their perception of the relative risk of experiencing side effects or health problems when using the method according to method						
Side effects/health problems associated with methods and perception of risk	Women			Husbands		
	Pill	IUD	Injectables	Pill	IUD	Injectables
Heard about woman experiencing side effects						
Yes	63.5	72.4	46.8	51.5	57.9	39.7
No	33.2	24.9	42.8	39.2	33.4	43.2
Don't know	3.3	2.7	10.4	9.2	8.6	17.1
Side effects risk compared to other methods						
More likely	24.8	18.1	19.8	30.1	25.7	32.9
About as likely	25.9	19.9	22.1	30.0	21.1	25.6
Less likely	17.6	29.8	12.0	21.7	33.6	13.7
Not sure	31.8	32.2	46.1	18.2	19.6	27.9
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,444	2,444	2,444	950	950	950

Table 7 3 shows women's and husbands' perceptions as to whether or not their spouse approved of pill, the IUD and injectables. The table also looks at the extent to which women considered each of the methods suitable for their own use and the extent to which husbands thought the methods suitable for their wife's use. In the case of each of the methods, the results indicate that around one-fifth of women believed that their husbands disapproved of the method. Husbands were more likely to think that their wives disapproved of the method. The proportions of husbands saying that the wife disapproved ranged from 37 percent for the IUD to 50 percent for injectables.

With regard to the suitability of the method, many of the women and husbands did not have an opinion. Among those who did have a view, the IUD was the only method which a majority of women (58 percent) considered as suitable for their own use. The IUD also was the only method that a majority of the husbands (56 percent) who expressed an opinion thought was suitable for their wives to use.

Both women and husbands had more negative impressions of the pill and injectables. Around 60 percent of women and husbands who had an opinion about the pill did not consider it suitable. The proportion considering the injectable not suitable was around 70 percent of women and husbands who expressed an opinion.

Table 7 3 Spousal approval of method and own attitude about method's suitability

Percent distribution of women and husbands by spouse's perceived attitude toward the method and attitude about method's suitability for own(wife's) use

Spousal approval of method and own attitude about method's suitability	Women			Husbands		
	Pill	IUD	Injectables	Pill	IUD	Injectables
Spouse's attitude toward method						
Approves	61.1	63.5	55.6	34.0	41.4	19.1
Disapproves	18.8	17.3	21.4	42.5	36.8	50.3
Don't know	20.1	19.3	23.0	23.5	21.8	30.6
Method suitable for own (wife's) use						
Suitable	27.4	37.0	18.0	28.3	36.0	16.0
Not suitable	38.1	26.7	33.0	36.5	28.0	34.8
Unsure/don't know method	34.5	36.2	49.0	35.2	36.0	49.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number	2,444	2,444	2,444	950	950	950

7 3 Preferences about the Gender of the Provider

As discussed in Chapter 6, one of the concerns that some users had prior to going to get a method, especially the IUD, was the fact that they would have to have a vaginal exam. For many women concerns about having a vaginal exam are related to the gender of the provider, with women often preferring to have a female doctor perform the exam.

Table 7 4 looks at the attitudes of both women and husbands toward the gender of the provider. The table shows that around 4 in 10 women and husbands are opposed to a male doctor performing a vaginal examination. Moreover, even among the women and husbands who would be willing to have a male doctor perform the exam, there is uniform preference for female doctors.

Table 7 4 Attitudes about the gender of the family planning provider

Percent distribution of women and husbands by attitudes about the gender of the provider for family planning services

Attitude about provider's gender	Women	Husbands
Oppose exam by male doctor	44.0	40.2
Prefer female doctor	45.7	47.4
No preference	10.2	12.7
Total percent	100.0	100.0
Number of women	2,444	950

7.4 Users' Experience with Side Effects

As was seen in Chapter 3, users were more likely to discontinue a method because of side effects or health problems they associated with the method than for other reasons. The EIS included a number of questions to obtain further information on the impact users felt side effects had on their health and their assessment whether the side effects or health problems that they experienced were serious or not. Table 7.5 presents results from these questions for each of the segments of use reported by women in the study.

Overall, users felt that their health status stayed about the same while they were using contraception. In the case of 1 in 6 segments of use, the users believed that their health improved, with this perception being more common among IUD users than pill and injectable users. IUD users also were less likely than pill and injectable users to believe that their health status had worsened while they were using contraception. Users felt that their health had worsened in more than one-third of pill segments reported in the study and in 45 percent of segments of use of injectables. The figure was much lower for IUD segments (18 percent).

Health status and experience with side effects	Pill	IUD	Injectables	All methods
Health status				
Improved	10.8	22.2	10.5	16.0
Stayed the same	53.1	60.2	44.3	55.4
Got worse	36.2	17.5	45.2	28.7
Side effects				
Had side effects	60.9	50.1	68.0	56.0
Serious	20.9	19.3	30.1	21.4
Not serious	40.0	30.8	37.9	34.6
No side effects	39.1	49.9	32.0	44.0
Total percent	100.0	100.0	100.0	100.0
Number of segments	473	513	219	1,258

Table 7.5 shows that IUD users were less likely than pill and injectable users to report having experienced side effects or health problems they associated with the use of the method. Overall, users reported that they had experienced side effects or health problems in the case of 50 percent of IUD segments, 61 percent of pill segments and nearly 70 percent of injectable segments. Injectable users not only were more likely than users of the pill and IUD to report having had side effects or health problems, but they were also more likely to regard the problems they experienced as serious.

Table 7.6 looks at the relationship between user's experience with side effects or health problems and followup care. Users who reported having side effects or health problems were more likely than other users to have returned for followup care. For example, pill users reported receiving followup care in 32 percent of the segments in which they had experienced side effects or health problems compared to 13 percent of segments in which the user had not had side effects.

or health problems. A similar pattern was observed among injectable users. IUD users also were more likely to have gone for followup care if they experienced side effects than if they had not had any problems.

Table 7.6 Side effects and followup care

Percentage of segments of use of modern contraceptive methods during the EIS in which the user reported going for followup by whether the user experienced side effects or not

Side effects	Pill	IUD	Injectables	All methods
Had side effects	32.2	74.3	27.5	47.6
No side effects	12.8	51.2	11.4	31.6
Number of segments	473	513	219	1,258

One of the outcomes of a user's experiences with side effects is likely to be a negative impression of a method. Table 7.7 shows that many ever users of the pill, IUD and injectables expressed the opinion that the method was not suitable for them to use. Among pill ever users, almost as many considered the method to be unsuitable as thought that it was suitable for them to use. More than one-third of injectable users no longer regarded the method as suitable. IUD ever users tended to be more positive about the method, nevertheless, more than 1 in 5 women who had used the IUD currently believed that the method was not suitable for her to use.

Table 7.7 Ever users' attitudes about the suitability of the method used

Percent distribution of women and husbands by the attitude about the suitability of methods with which they have experience

Suitability of method	Method ever used		
	Pill	IUD	Injectables
Women			
Method suitable	46.1	70.0	48.3
Method not suitable	45.9	22.3	36.2
Not sure	8.0	7.7	15.5
Total percent	100.0	100.0	100.0
Number of ever users	787	687	291
Husbands			
Method suitable	48.5	66.2	49.2
Method not suitable	41.5	28.6	37.6
Not sure	9.6	5.2	11.3
Total percent	100.0	100.0	100.0
Number of husbands whose wife ever used method	308	333	125

Like the women themselves, substantial proportions of husbands question the suitability of methods that their wives had used. Again, husbands whose wives had ever used the pill were most likely to currently consider the method to be unsuitable, while husbands of women who had ever used the IUD were the most positive about using the method.

Chapter 8

Women's Empowerment and Use of Contraception

The relationship between different aspects of women's empowerment and women's use of contraception is examined in this chapter. The expectation is that women who are more empowered are more likely than those who are less empowered to be using contraception, and to be doing so for longer periods with fewer interruptions. This chapter first looks at several indicators of women's empowerment status and then examines the association between those indicators and the use of contraception during the study.

8.1 Empowerment Measures

Data on women's empowerment and family life were gathered from women as part of the 1995 DHS.¹ To get at men's perspectives, some of this information was also obtained from the husbands interviewed in the second round of the EIS. The data from women are used to define four indicators of women's empowerment: women's participation in household decision-making, regular communication between spouses, attitudes towards gender roles, and women's freedom of movement. The first three indicators are also defined for husband using responses to the questions that were identical to those asked of the women.

Women's participation in decision-making

Control over decision-making is fundamental to the concept of empowerment. At a minimum, women should have a role in decision-making in the various arenas in which they live their lives (the home, the work place, or the community). As daughter, mother, wife, or worker, a woman who has a greater say in matters that affect her is more empowered than one who does not.

In the 1995 DHS, information was obtained on the roles that women had in making a range of household decisions. Women were asked "Who has the final say in your family on..." for each of seven different types of decisions, ranging from decisions about the food that would be cooked in the house to whether or not to have another child. Table 8.1 gives the distribution of women by the person(s) whom they said had the final say for each type of decision. In areas other than food, less than one in ten women said that they alone had the final say in any decision. However, at least 50 percent of women participate alone or jointly with their husbands in five of the seven decisions. Especially notable is that 1 in 5 women said that their husbands had the final say in the decision to have another child.

In Round II of the EIS, husbands were asked the same question on household decision-making as women but for only six of the seven decision areas. The area that men were not asked about was decisions about the food to be cooked. For all decisions except those concerning medical attention for children, men were more likely than women were to say that they alone made the decision. Nonetheless, for four of the six decisions, a majority of them also said that they jointly took the decision with their wives.

¹ For a more complete discussion of the data collected on women's status in the 1995 DHS, see El-Zanaty et al. 1996.

Table 8 1 Household decision making women and husbands

Percent distribution of women and husbands by person who was identified as making specific household decision

Decision	Person who makes decision					Total percent
	Wife	Wife and husband	Husband	Other	Not applicable/missing	
Women						
Visits to friends/family	4.4	22.7	68.2	3.9	0.8	100.0
Budget	4.2	28.0	49.1	18.1	0.6	100.0
Food cooked	55.5	19.7	7.1	16.9	0.8	100.0
Having another child	1.3	73.6	20.1	0.2	4.8	100.0
Use of family planning methods	9.1	47.6	11.7	0.2	31.4	100.0
Children's education	0.9	52.4	26.3	0.2	20.2	100.0
Medical attention for children	8.0	53.5	28.3	2.4	7.8	100.0
Husbands						
Visits to friends / family	0.7	23.8	71.6	3.8	0.1	100.0
Budget	2.4	25.9	56.9	14.8	0.0	100.0
Having another child	1.0	67.4	30.2	0.0	1.4	100.0
Use of family planning methods	2.0	72.8	16.5	0.0	8.7	100.0
Children's education	0.7	54.1	28.7	0.2	16.3	100.0
Medical attention for children	6.6	64.3	23.9	0.4	4.8	100.0

Regular spousal communication

Regular communication between spouses is an indicator of the level of comfort spouses have within their marriage. Spouses who communicate with each other regularly are likely to respect each other's views and have a common understanding of family plans and goals. Being aware of each other's interests and plans is not only empowering, but it may also result in greater consistency in achieving goals and having control over their lives.

To determine the extent of communication between spouses, women (in the 1995 DHS) and husbands (in Round II of the EIS) were asked the following question "Does your husband discuss any of the following topics with you regularly, only sometimes or never?" about four different topics. Their responses are given in Table 8 2. It is evident from the results shown in the table that regular discussion most often took place on money and financial matters and least often on gossip and community news. Men reported regular discussion on any of the four topics more often than women.

Attitudes towards gender roles

An important indicator of empowerment is the recognition of gender equality. Attitudes that suggest, for example, that women are 'inferior' to men, or should have less rights than men imply lower empowerment than attitudes that do not discriminate on the basis of gender. To measure the attitudes with regard to gender role equity, women (in the 1995 DHS) and their husbands (in Round II of the EIS) were asked whether they agreed or disagreed with the various statements relating to the roles of women and men.

Table 8 2 Regular spousal communication women and husbands

Percent distribution of women and husbands by whether they reported regular communication with their spouse on specific topics

Topics	Regularly	Sometimes	Never	Not applicable/ missing	Total percent
Women					
Events at work	11 3	51 4	37 3	-	100 0
Plans for the future	10 6	49 7	39 7	-	100 0
Money or financial matters	26 4	44 8	28 8	-	100 0
Community gossip or news	5 1	31 1	63 8	-	100 0
Husbands					
Events at work	14 0	57 9	26 6	1 4	100 0
Plans for the future	25 3	55 7	18 8	0 2	100 0
Money or financial matters	54 5	38 1	7 0	0 4	100 0
Community gossip or news	11 8	49 8	38 0	0 3	100 0

Table 8 3 shows women and husbands varied in the extent to which they agreed (or disagree) with the gender role descriptions. For example, around half of both women and husbands believe that women who work outside the home should receive help from the husband with the children and household chores. However, with respect to whether a woman should express her views when there are disagreements with the husband, 80 percent of the women agreed that the wife should speak up compared to 62 percent of the husbands. In general, men appeared to be more conservative in their attitudes towards gender roles than women.

Table 8 3 Attitudes on gender roles women and husbands

Percent distribution of women and husbands by whether they agree or disagree with different statements about women's roles

Statement	Women		Husbands	
	Agree	Disagree	Agree	Disagree
There is some work only for men and some only for women and they should not be doing each other's work	77 8	22 2	67 8	32 2
A woman's place is not only in the household but she should be allowed to work	65 2	34 8	46 8	53 2
If the wife has a job outside the home then the husband should help her with the children and household chores	56 1	43 9	53 8	46 2
If girls are educated it should be to prepare them for jobs not just to make them better mothers and wives	65 8	34 2	38 7	61 3
A woman who has a full-time job cannot be a good mother	59 7	40 3	49 1	50 9
If a wife disagrees with her husband she should express her opinion, not keep quiet	79 8	20 2	61 7	38 3

Freedom of movement

Women's freedom of movement can be considered a fundamental measure of women's empowerment. Indeed, if women are to be in control of their own lives, their ability to move about freely is critical. If persons other than the women themselves determine where they can and cannot go, many roles and arenas of functioning may be closed to women.

To measure women's freedom of movement, respondents were asked the following question for five separate locations "Are you usually allowed to go to on your own, only with children, only with another adult, or not at all?" No corresponding questions were asked of husbands. The places and women's responses are given in Table 8.4. Overall, the percentage allowed to go to different places alone or with children² ranged from almost 90 percent 'just outside the house' to less than 20 percent for recreation. Importantly, almost half of the women reported that they had to be accompanied by another adult when going to a health center.

Table 8.4 Freedom of movement women

Percent distribution of women by whether they are allowed to go alone, only with children, only with other adults or not at all to specified destinations

Destination	Go alone	Go only with children	Go only with another adult	Not go at all	Total percent
Just outside the home	86.2	2.4	4.9	6.5	100.0
Local market	33.5	3.5	3.2	59.8	100.0
Local health center	47.6	5.1	45.2	2.1	100.0
For recreation in the neighborhood	18.9	5.6	11.9	63.6	100.0
Homes of relatives and friends	68.2	7.7	21.1	3.0	100.0

8.2 Definition of Empowerment Indices

As a means of ranking women and husbands with respect to the various indicators of empowerment described above, an index was created for each dimension of empowerment discussed above. With respect to decision-making, it is considered important that women have decision-making power in as many areas that affect their lives as possible. Therefore, the index of women's participation in decision-making is based on the number of the areas in which the women reported that they participated in making decisions. The value of the index for each woman is the total number of decisions in which the woman, alone or jointly, had the final say. For husbands, it is the total number of decisions in which they say their wife alone or jointly had the final say. The index ranges from 0 to 7 for women and from 0 to 6 for men.

To simplify analysis and bring into focus the large differences in behavior according to women's empowerment, the scores of the women's decision-making index are collapsed into two categories. A score from 0 to 3 is defined as 'low' empowerment, and a score of 4 to 7 based on women's responses, and 4 to 6 based on husband's responses, is defined as 'high'. As Table 8.5 shows, 59 percent of women have high degree of decision-making empowerment. According to the husbands' responses, half of their wives are categorized at the high end of the decision-making index.

² Note that the women who are allowed to go out only with children are included with the women allowed to go out alone. This is because, in some cases, women may have given the response 'only with children' not because they cannot really go out alone, but because they cannot leave the children alone and so must go only with the children.

Table 8 5 Level on empowerment indices women and husbands

Percent distribution of women and husbands by the level on various empowerment indices

Empowerment index	Women	Husbands
Women's decision-making		
Low	40 6	49 5
High	59 4	50 5
Regular spousal communication		
Low	67 5	39 1
High	32 5	60 9
Gender roles		
Low	54 9	67 2
High	45 1	32 9
Freedom of movement		
Low	46 8	NA
High	53 2	NA
Total number	2 444	950
Total percent	100 0	100 0

NA - Not applicable

The regular spousal communication index is the sum of the number of topics on which there is regular communication. The index values range from 0-4. This index is further dichotomized into a 'low' level (0 topics on which regular communication takes place) and a 'high' level (at least one topic on which regular communication takes place). The ranking of EIS respondents on the spousal communication index suggests that women and men had very different perspectives on the level of communication with their spouse. Men's responses indicated that communication was 'high' for two out of three couples while women's responses suggested that a high degree of communication occurred only among one of three couples.

For the index of gender roles, women or husbands were given a score of 1 for each time that they agreed with the statements that a woman should be allowed to work, husbands should help working women, girls should be educated to prepare them for jobs, and a woman should be able to express disagreement with her husband. They also were given a 1 when they disagreed with either the statement that men and women have their own work or the statement that a woman who works cannot be a good mother. The value of the gender roles index ranges from 0 (not at all egalitarian in attitudes) to 6 (very egalitarian in attitudes). For simplicity this index is collapsed into 'low' (scores on the index from 0 to 3) and 'high' (scores 4 to 6). From Table 8 5, it is clear that women tended to have more gender egalitarian attitudes than men. While 45 percent of women scored high on the gender roles index, only 32 percent of men did.

An index of the degree of women's freedom of movement was created by adding up the number of places that women were allowed to go alone or with children. The range of this index is 0-5, with a score of 0-2 comprising low freedom of movement and 3-5 comprising high freedom of movement. Slightly more than half of the women had high freedom of movement.

Table 8 6 shows the variation in the proportion of women and husbands scoring high on the empowerment indices according to selected background characteristics of the women and the

husbands Looking first at the results for women, except for the gender roles index, older women scored high more often than younger women The age differentials were generally more marked for the women's decision-making and freedom of movement than for the spousal communication and gender roles indices

Urban women scored consistently higher than rural women on the empowerment indices The largest differential was in the freedom of movement index where only half of rural women fell into the high category compared to more than two-thirds of urban women

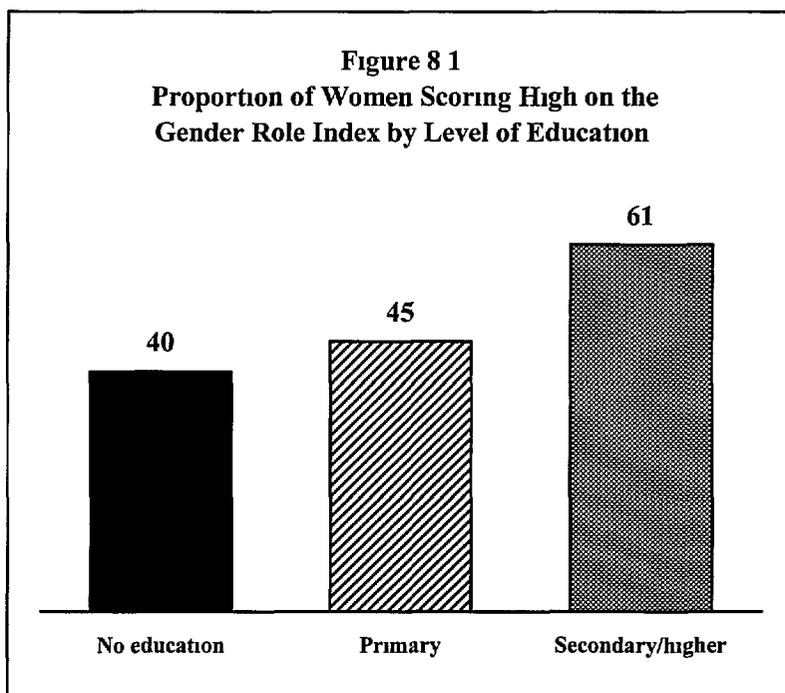
Table 8 6 Empowerment indicators by background characteristics

Percentage of women and husbands scoring high on the empowerment indicators by selected background characteristics

Background characteristics	Women's decision making	Regular spousal communication	Gender roles	Freedom of movement	Total number
WOMEN					
Women's age					
15-24	43 0	27 5	48 5	40 7	661
25-34	64 5	33 1	45 8	54 4	1,055
35 44	67 1	36 3	41 3	62 7	729
Urban-rural residence					
Urban	71 5	44 9	54 8	68 4	396
Rural	57 1	30 2	43 3	50 2	2,048
Women's level of education					
No education	53 5	26 8	39 7	49 4	1 468
Primary	65 3	32 9	45 3	53 7	495
Secondary/higher	71 1	49 6	61 4	64 1	481
Household living standard					
Low	56 0	27 9	42 6	53 3	928
Medium	57 5	30 9	43 5	50 5	837
High	66 4	40 8	50 7	56 3	679
Total	59 4	32 5	45 1	53 2	2,444
HUSBANDS					
Husband's age					
15 29	32 5	48 0	30 9	NA	123
30-39	50 4	62 0	34 9	NA	395
40-49	54 5	67 5	29 8	NA	315
50 and older	50 4	53 0	36 8	NA	117
Urban-rural residence					
Urban	63 8	74 0	42 4	NA	177
Rural	46 2	57 9	30 7	NA	773
Husband's level of education					
No education	43 5	50 6	27 5	NA	269
Primary	43 7	55 6	32 5	NA	311
Secondary/higher	58 6	72 7	37 0	NA	370
Household living standard					
Low	38 7	51 4	30 6	NA	358
Medium	51 1	61 3	32 8	NA	305
High	61 2	72 1	35 9	NA	287
Total	49 5	72 1	32 8	NA	950

NA – not applicable

The proportion of women scoring high was directly associated with a woman's educational level. For example, as Figure 8.1 shows, there was more than a 20 percentage point difference in the proportion scoring high on the gender role index between women with no education and women who attained the secondary level or higher. The proportion of women scoring high on the empowerment indices also increased with household's living standard.



The second panel in Table 8.6 shows the relationships between the proportion of husbands scoring high on the empowerment indices and selected background characteristics. For husbands, the differentials among social and demographic subgroups were more pronounced in the case of the decision-making and spousal communication indices than for the gender role index.

8.3 Women's Empowerment and Contraceptive Use

Results from the EIS can be used to examine the relationship between women's empowerment and contraceptive use. Women and husbands that scored high on the indices of empowerment reported attitudes and/or behavior are considered to have a greater degree of control over decisions that affect their lives. As we have seen, many women in the EIS study expressed a desire to control their fertility. These women are expected to be more likely to convert this desire into contraceptive use if they perceive that women are empowered to make decisions in their lives. Similarly, contraceptive use is expected to be higher among women whose husbands were more likely to see women to be equal partners in decision-making.

Empowerment and contraceptive use at the 1995 DHS

Table 8.7 examines how the level on the women's and husband's empowerment indices was related to use of contraception at the time of the 1995 DHS. Among women, contraceptive

use was consistently higher for those who scored high on the empowerment indices. The difference was greatest for the women's decision-making index where 30 percent of women scoring high on the index were currently using at the time of the 1995 compared to 14 percent of the women who had a low level on the decision-making index. On each of the other three indices, between 25-30 percent of women scoring high on the index were current users compared to about 20 percent of the women who scored low on the index.

Table 8.7 Current use at the 1995 DHS by empowerment indices women and husbands

Percentage of women currently using contraception at the 1995 DHS by level on the women's and husband's empowerment index according to the education status of women and husbands

Empowerment index	Primary completed/ less	Secondary/ higher	Total
<u>Women's education status</u>			
Women's decision-making			
Low	13.0	18.7	13.8
High	26.2	43.1	30.2
Regular spousal communication			
Low	18.2	32.1	20.3
High	26.0	40.3	30.3
Gender roles			
Low	19.2	22.3	21.3
High	34.9	36.9	36.2
Freedom of movement			
Low	17.9	26.0	19.1
High	22.9	41.7	27.4
<u>Husbands' education status</u>			
Women's decision-making			
Low	23.2	19.6	22.1
High	26.5	47.0	36.0
Regular spousal communication			
Low	22.9	20.8	22.3
High	25.9	41.3	33.2
Gender roles			
Low	24.2	34.1	27.8
High	25.7	38.4	31.1

Table 8.7 controls for the level of the woman's education in examining the relationship between contraceptive use at the 1995 survey and the empowerment indices. Generally, within each educational category, women scoring low on the empowerment indices were less likely to have been using in 1995 than women scoring high on the indices. For example, among women with secondary or higher education, 42 percent of those who scored high on the freedom of movement index were currently using contraception in 1995 compared to 26 percent of those scoring low on the index. Overall, the differentials in use within educational categories were greatest between women scoring high and low on the women's decision-making index.

The second panel in Table 8.7 examines the variation in the percentage using according to the husband's empowerment indices. As was the case for the women themselves, there was a direct association between use at the 1995 survey and the level on each of the empowerment

indices For example, the percentage of women who were currently using at the 1995 survey was 22 percent for husbands scoring low on the decision-making index compared to 36 percent for husbands scoring high on the index

In general, differentials in use levels between those husbands scoring low and those scoring high on the empowerment indices were still found after controlling for whether the husband attended school or not Again the differentials within educational categories were most evident for the decision-making index

Empowerment and experience with contraception during the EIS

Table 8 8 examines how the level on the women's and husband's empowerment indices was related to women's contraceptive adoption rates during the period of the EIS Considering the indices for women, the largest differentials in the 12-month contraceptive adoption rates was observed between women scoring low and high on the decision-making and gender role indices The differentials in adoption rates between husbands scoring low and high on these indices were also large For example, the 12-month adoption rate for women whose husbands scored high on the gender role index was 36 percent, 15 percentage points higher than the adoption rates for women whose husbands scored low on the index

Table 8 8 Life-table contraceptive adoption rates by empowerment indices and level of education women and husbands

Twelve month life-table contraceptive adoption among EIS respondents by level on women s and husbands empowerment indices according to education status

Empowerment level and education status	Women			Husbands		
	Primary completed/ less	Secondary/ higher	Total	Primary completed/ less	Secondary/ higher	Total
Women's decision-making						
Low	17 3	26 6	19 0	19 8	25 5	21 9
High	26 8	39 2	29 7	29 8	36 1	32 7
Regular spousal communication						
Low	23 5	33 1	25 1	23 9	*	22 5
High	21 2	37 8	26 3	25 9	34 8	30 1
Gender roles						
Low	20 8	29 9	22 2	20 7	23 2	21 5
High	25 6	38 4	29 2	32 3	40 0	36 4
Freedom of movement						
Low	21 4	32 7	23 5	NA	NA	NA
High	24 3	37 1	27 3	NA	NA	NA
Total	22 8	35 2	25 5	24 2	31 3	27 1

NA – Not available
 * An asterisk indicates that there were too few cases to allow rates to be calculated

Table 8 8 also controls for the women's and husbands' level of education in considering the relationship between contraceptive experience and the empowerment indices Generally, adoption rates were higher within each educational category for women scoring high on the empowerment indices compared to those who scored low The differentials in adoption between women who had a high level and women who had a low level were somewhat larger for women

with a secondary/higher education than for women with a primary or less education. The variation in adoption rates when the husbands' empowerment ranking and education status are considered parallel the variations found for the women.

The results presented in Tables 8.7 and 8.8 suggest that the level of women's empowerment, whether measured by the scores of women or of husbands on the empowerment indices, is associated with both higher rates of contraceptive adoption and higher rates of current use. Furthermore, regardless of educational level, higher empowerment scores are positively related to higher contraceptive use, with the effect being greatest for women and husbands with secondary or higher education. Overall, these results underscore the importance of more egalitarian attitudes and treatment of women in promoting contraceptive use.

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Appendix A

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Appendix A

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Appendix B
Questionnaires

**EGYPT INDEPTH SURVEY ON REASONS FOR NONUSE
ROUND 1
ELIGIBLE WOMEN LISTING AND HOUSEHOLD QUESTIONNAIRE**

EDHS-95 IDENTIFICATION	
GOVERNORATE _____	PSU/SEGMENT NO _____
KISM/MARQAZ _____	SHIAKHA/VILLAGE _____
BUILDING NO _____	HOUSING UNIT NO _____
HOUSEHOLD NO _____	
NAME OF HOUSEHOLD HEAD _____	
ADDRESS IN DETAIL _____	
	GOVERNORATE <input type="text"/> <input type="text"/>
	PSU/SEGMENT NO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	HOUSEHOLD NO <input type="text"/> <input type="text"/> <input type="text"/>

INTERVIEWER VISITS			FINAL VISIT			
	1	2	3	DAY	MONTH	YEAR
DATE				<input type="text"/>	<input type="text"/>	<input type="text"/>
TEAM						
INTERVIEWER						
SUPERVISOR						
RESULT						
NEXT VISIT						
DATE						
TIME						
				TOTAL VISITS <input type="text"/>	TOTAL ELIGIBLE WOMEN <input type="text"/> <input type="text"/>	

RESULT CODES 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME/ NO COMPETENT PERSON AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR AN EXTENDED PERIOD 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)	IN THE CASE OF RESULT CODES 3 6 7 8 AND 9 ASK ABOUT WHERE THE HOUSEHOLD CURRENTLY LIVES RECORD THE COMPLETE ADDRESS (INCLUDING THE LOCALITY AND TELEPHONE NUMBER IF AVAILABLE BELOW) AND/OR ANY OTHER INFORMATION THAT MAY HELP TO LOCATE THE HOUSEHOLD ALSO RECORD THE NAME AND ADDRESS OF THE PERSON(S) PROVIDING THE INFORMATION
	HOUSEHOLD'S CURRENT ADDRESS STREET _____ LOCALITY _____ TELEPHONE NO _____
	OTHER CONTACT INFORMATION _____ _____
	PERSON PROVIDING INFORMATION NAME _____ ADDRESS _____
HOUSEHOLD MOVED?	
MOVED AND FOUND 1 MOVED NOT FOUND 2 NOT MOVED 3	
HOUSEHOLD MOVED <input type="text"/>	

NAME	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
DATE	_____/_____/1996	_____/_____/1996	_____/_____/1996	_____/_____/1996
SIGNATURE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ELIGIBLE WOMEN SCHEDULE

We would like to have some information about eligible women who were living in your household at the time of the last interview

NO	USUAL RESIDENTS	RESIDENCE		ADDRESS	PERSON PROVIDING INFORMATION
		003	004		
001	002	003	004	005	006
	COPY THE CIRCLED NAMES OF ELIGIBLE WOMEN FROM THE ATTACHED EDHS HOUSEHOLD LISTING AND RECORD THEIR LINE NUMBERS FROM THE ATTACHED EDHS-95 HOUSEHOLD LISTING	Is (NAME) still a usual resident in this household? IF YES GO TO 003 FOR NEXT ELIGIBLE WOMAN	Why is (NAME) no longer in this household? 1 MOVED TO NEW HOUSEHOLD 2 DIED 3 LIVES ABROAD 6 OTHER (SPECIFY) IF 2 3 OR 6 GO TO 003 FOR NEXT ELIGIBLE WOMAN	IF ELIGIBLE WOMAN MOVED ASK FOR HER COMPLETE NEW ADDRESS INCLUDING THE LOCALITY AND TELEPHONE NUMBER	RECORD NAME AND ADDRESS OF PERSON WHO PROVIDED INFORMATION ON THE WOMAN'S NEW ADDRESS
		YES NO		STREET _____ LOCALITY _____ TEL NO _____	NAME _____ ADDRESS _____
01	<input type="checkbox"/>	1 2	<input type="checkbox"/>	STREET _____ LOCALITY _____ TEL NO _____	NAME _____ ADDRESS _____
02	<input type="checkbox"/>	1 2	<input type="checkbox"/>	STREET _____ LOCALITY _____ TEL NO _____	NAME _____ ADDRESS _____
03	<input type="checkbox"/>	1 2	<input type="checkbox"/>	STREET _____ LOCALITY _____ TEL NO _____	NAME _____ ADDRESS _____
04	<input type="checkbox"/>	1 2	<input type="checkbox"/>	STREET _____ LOCALITY _____ TEL NO _____	NAME _____ ADDRESS _____
05	<input type="checkbox"/>	1 2	<input type="checkbox"/>	STREET _____ LOCALITY _____ TEL NO _____	NAME _____ ADDRESS _____
06	<input type="checkbox"/>	1 2	<input type="checkbox"/>	STREET _____ LOCALITY _____ TEL NO _____	NAME _____ ADDRESS _____

007 CHECK 003-005 AND RECORD

TOTAL NUMBER OF ELIGIBLE WOMEN FOUND IN THE HOUSEHOLD

IF '00' → 029

TOTAL NUMBER OF ELIGIBLE WOMEN LIVING ELSEWHERE

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
008	CHECK THE COVER PAGE OF THE QUESTIONNAIRE AND INDICATE BELOW WHETHER THE HOUSEHOLD HAS MOVED SINCE THE 1995 EGYPT DEMOGRAPHIC AND HEALTH SURVEY INTERVIEW	MOVED SINCE EDHS 95 INTERVIEW <input type="checkbox"/> DID NOT MOVE <input type="checkbox"/>	023
009	CHECK THE HOUSEHOLD'S CURRENT ADDRESS ON COVER PAGE AND CIRCLE THE APPROPRIATE CODE FOR THE LOCALITY	LIVING IN SAME SHIAKHA/VILLAGE AS AT TIME OF EDHS-95 1 LIVING IN OTHER SHIAKHA IN SAME CITY/TOWN 2 LIVING IN OTHER CITY/TOWN 3 LIVING IN OTHER VILLAGE 4 OTHER _____ 6 (SPECIFY)	
010	Now I would like to ask some questions about your household Can you tell me how many persons usually live in this household?	PERSONS <input type="text"/>	
011	What type of dwelling does your household live in?	APARTMENT 1 FREE STANDING HOUSE 2 OTHER _____ 6 (SPECIFY)	
012	Is your dwelling owned by your household or not? IF OWNED Is it owned solely by your household or jointly with someone else?	OWNED 1 OWNED JOINTLY 2 RENTED 3 OTHER _____ 6 (SPECIFY)	
013	MAIN MATERIAL OF THE FLOOR RECORD YOUR OBSERVATIONS	NATURAL FLOOR EARTH/SAND 11 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 CERAMIC/MARBLE TILES 32 CEMENT TILES 33 CEMENT 34 WALL-TO-WALL CARPET 35 OTHER _____ 96 (SPECIFY)	
014	How many rooms are there in your dwelling (excluding the bathrooms kitchens and stairway areas)?	ROOMS <input type="text"/>	
015	How many of the rooms are used for sleeping?	ROOMS <input type="text"/>	
016	Is there a special room used only for cooking inside or outside the dwelling?	YES 1 NO 2	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
017	What is the source of water your household uses for drinking?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT 11 PUBLIC TAP 12 WELL WATER WELL IN RESIDENCE/YARD/PLOT 21 PUBLIC WELL 22 SURFACE WATER NILE/CANALS 31 BOTTLED WATER 41 OTHER 96 (SPECIFY)	019 019 019 019
018	How long does it take to go there get water and come back?	MINUTES	<input type="text"/>
019	What kind of toilet facility does your household have?	MODERN FLUSH TOILET 11 TRADITIONAL WITH TANK FLUSH 12 TRADITIONAL WITHOUT TANK FLUSH 13 PIT TOILET/LATRINE 21 NO FACILITY 31 OTHER 96 (SPECIFY)	
020	Are there electrical connections in all or only part of the dwelling unit?	YES IN ALL 1 YES IN PART 2 HAS NO ELECTRICAL CONNECTIONS 3	
021	Does your household have		YES NO
	An electric fan?	ELECTRIC FAN	1 2
	A gas/electric cooking stove?	GAS/ELECTRIC COOKING STOVE	1 2
	A water heater?	WATER HEATER	1 2
	A refrigerator?	REFRIGERATOR	1 2
	A sewing machine?	SEWING MACHINE	1 2
	An automatic washing machine?	AUTOMATIC WASHING MACHINE	1 2
	Any other washing machine?	OTHER WASHING MACHINE	1 2
022	Do you or any member of your household own		YES NO
	A bicycle?	BICYCLE	1 2
	A private car/motorcycle?	CAR/MOTORCYCLE	1 2
	Farm or other land?	FARM/OTHER LAND	1 2
	Livestock(donkeys horses cows sheep etc)/poultry?	LIVESTOCK/POULTRY	1 2

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																				
023	Does your household have A radio? A black and white television? A color television?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLACK AND WHITE TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>COLOR TELEVISION</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	BLACK AND WHITE TELEVISION	1	2	COLOR TELEVISION	1	2									
	YES	NO																					
RADIO	1	2																					
BLACK AND WHITE TELEVISION	1	2																					
COLOR TELEVISION	1	2																					
024	Do you think that the economic condition of your household is better worse or the same as it was three years ago?	<table border="1"> <tbody> <tr> <td>BETTER</td> <td>1</td> </tr> <tr> <td>WORSE</td> <td>2</td> </tr> <tr> <td>SAME</td> <td>3</td> </tr> </tbody> </table>	BETTER	1	WORSE	2	SAME	3															
BETTER	1																						
WORSE	2																						
SAME	3																						
025	Now I would like to ask you some questions about how much your household spends each <u>month</u> Approximately how much on average does your household spend each <u>month</u> for all items?	<table border="1"> <thead> <tr> <th></th> <th colspan="4">L E</th> </tr> </thead> <tbody> <tr> <td>TOTAL EXPENDITURES</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		L E				TOTAL EXPENDITURES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
	L E																						
TOTAL EXPENDITURES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
026	How much does your household spend on average each <u>month</u> on food?	<table border="1"> <thead> <tr> <th></th> <th colspan="4">L E</th> </tr> </thead> <tbody> <tr> <td>FOOD</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		L E				FOOD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>											
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FOOD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																			
027	Now we would like you to think about the total amount your household spent last <u>year</u> on some items How much do you think your household spent last <u>year</u> on - clothing? - medicine and health care? - education for the children (including school fees supplies uniforms private lessons)?	<table border="1"> <thead> <tr> <th></th> <th colspan="4">L E</th> </tr> </thead> <tbody> <tr> <td>CLOTHING</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MEDICINE/ HEALTH CARE</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>EDUCATION</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		L E				CLOTHING	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEDICINE/ HEALTH CARE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	EDUCATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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VEGETABLES	<input type="text"/>																						

OBSERVATIONS

THANK THE INFORMANT FOR PROVIDING THE INFORMATION FOR THE SURVEY COMPLETE QUESTIONS 029-031
AS APPROPRIATE BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD

029	DEGREE OF COOPERATION	POOR	1
		FAIR	2
		GOOD	3
		VERY GOOD	4

030 ADVISE THE TEAM SUPERVISOR REGARDING IF THE HOUSEHOLD OR ANY OF THE ELIGIBLE WOMEN
 HAVE MOVED SINCE THE EDHS-95 INTERVIEW

031 INTERVIEWER'S COMMENTS

032 FIELD EDITOR'S COMMENTS

033 SUPERVISOR'S COMMENTS

034 OFFICE EDITOR S COMMENTS

**EGYPT DEMOGRAPHIC AND HEALTH SURVEY
EGYPT IN-DEPTH SURVEY ON REASONS FOR NONUSE
WOMAN QUESTIONNAIRE - ROUND I**

IDENTIFICATION	
GOVERNORATE _____	PSU/SEGMENT NO _____
KISM/MARQAZ _____	BUILDING NO _____
SHIAKHA/VILLAGE _____	HOUSING UNIT NO _____
HOUSEHOLD NO _____	NO OF ELIGIBLE WOMEN _____
NAME OF WOMAN _____	
LINE NUMBER OF WOMAN _____	
MOVED SINCE EDHS-95 YES 1 NO 2	
NAME OF HOUSEHOLD HEAD _____	
ADDRESS IN DETAIL _____	

PSU/SEGMENT NO								
<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>								
HOUSEHOLD NO								
<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>								
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MOVED								
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INTERVIEWER VISITS																		
	1	2	3	FINAL VISIT														
DATE				<table border="1" style="width:100%;"> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="width:20px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> </td> <td style="text-align: center;"> <table border="1" style="width:20px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> </td> <td style="text-align: center;"> <table border="1" style="width:20px; height: 20px;"> <tr><td> </td><td> </td></tr> </table> </td> </tr> </table>	DAY	MONTH	YEAR	<table border="1" style="width:20px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>			<table border="1" style="width:20px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>			<table border="1" style="width:20px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>				
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TEAM				TEAM														
INTERVIEWER				INTERVIEWER														
SUPERVISOR				SUPERVISOR														
RESULT				RESULT														
NEXT VISIT DATE				TOTAL VISITS														
TIME																		
RESULT CODES 1 COMPLETED 2 NOT AT HOME AT TIME OF VISIT 3 AWAY FOR EXTENDED PERIOD AT TIME OF VISIT (WHEN RETURNS? _____) (SPECIFY)		IN THE CASE OF RESULT CODE 3 ASK ABOUT WHERE THE WOMAN IS CURRENTLY LIVING RECORD THE COMPLETE ADDRESS (INCLUDING THE LOCALITY AND A TELEPHONE NUMBER IF AVAILABLE) AND/OR OTHER INFORMATION THAT MAY HELP IN FINDING THE WOMAN ALSO RECORD THE NAME AND ADDRESS OF THE PERSON PROVIDING THE INFORMATION																
4 POSTPONED 5 REFUSED 6 PARTLY COMPLETED 7 INCAPACITATED 8 HOUSEHOLD/WOMAN MOVED NOT ABLE TO CONTACT 9 OTHER _____ (SPECIFY)		<table border="1" style="width:100%;"> <tr> <td style="width:50%;">ADDRESS WHERE WOMAN IS VISITING</td> <td style="width:50%;">STREET _____</td> </tr> <tr> <td></td> <td>LOCALITY _____</td> </tr> <tr> <td></td> <td>TELEPHONE NO _____</td> </tr> <tr> <td colspan="2">OTHER CONTACT INFORMATION _____</td> </tr> <tr> <td colspan="2">PERSON PROVIDING INFORMATION</td> </tr> <tr> <td></td> <td>NAME _____</td> </tr> <tr> <td></td> <td>STREET _____</td> </tr> </table>			ADDRESS WHERE WOMAN IS VISITING	STREET _____		LOCALITY _____		TELEPHONE NO _____	OTHER CONTACT INFORMATION _____		PERSON PROVIDING INFORMATION			NAME _____		STREET _____
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	NAME _____																	
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	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER								
NAME	_____	_____	_____	_____								
DATE	____/____/1996	____/____/1996	____/____/1996	____/____/1996								
SIGNATURE	<table border="1" style="width:20px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>			<table border="1" style="width:20px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>			<table border="1" style="width:20px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>			<table border="1" style="width:20px; height: 20px;"> <tr><td> </td><td> </td></tr> </table>		

SECTION 1 RESPONDENT'S BACKGROUND

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
101	RECORD THE TIME	HOUR MINUTES	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
102	In what month and year were you born?	MONTH DON'T KNOW MONTH YEAR DON'T KNOW YEAR	<table border="1"> <tr><td> </td><td> </td></tr> </table> 98 <table border="1"> <tr><td> </td><td> </td></tr> </table> 98				
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT	AGE IN COMPLETED YEARS	<table border="1"> <tr><td> </td><td> </td></tr> </table>				
104	COPY THE NAME OF THE WOMAN'S HUSBAND FROM THE BACKGROUND FORM _____ For the purpose of this study we would like to check on your marital status. At the time of our last conversation with you you were married to (NAME OF HUSBAND). Are you still married to him?	MARRIED TO SAME HUSBAND MARRIED TO NEW HUSBAND WIDOWED DIVORCED	1 2 → 1116 3 4				
105	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. Are you currently doing any of these things or any other work?	YES NO	1 → 107 2				
106	Have you done any work in the last 12 months?	YES NO	1 2 → 110				
107	What is (was) your occupation that is what kind of work do (did) you mainly do? RECORD ANSWER IN DETAIL	_____ _____	<table border="1"> <tr><td> </td><td> </td></tr> </table>				
108	In your current (most recent) job do (did) you do this work for a member of your family for someone else or are (were) you self-employed?	FOR FAMILY MEMBER FOR SOMEONE ELSE SELF-EMPLOYED	1 2 3				
109	Are (were) you paid in cash or kind or both or are (were) you not paid at all?	ONLY CASH BOTH CASH AND KIND ONLY KIND NOT PAID	1 2 3 4				
110	How many hours on average do you listen to the radio each day? IF LISTENS LESS THAN 1 HOUR WRITE "00"	NUMBER OF HOURS PER DAY ALL OF THE TIME NEVER NOT SURE/DON'T KNOW	<table border="1"> <tr><td> </td><td> </td></tr> </table> 94 95 98				

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO		
111	How many hours on average do you watch television each day? IF WATCHES LESS THAN 1 HOUR WRITE "00"	NUMBER OF HOURS PER DAY ALL OF THE TIME NEVER NOT SURE/DON T KNOW	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> 94 95 98		
112	Do you usually read a newspaper or magazine at least once a week?	YES NO CANNOT READ	1 2 3		
113	Now we would like to ask you some questions about your health Do you feel that you are eating enough of the kinds of food a woman needs to be healthy?	YES NO	1 2		
114	Do you feel that your nutritional status is very good fairly good poor or very poor?	VERY GOOD FAIRLY GOOD POOR VERY POOR	1 2 3 4		
115	All of us feel weak or tired at times Would you say that you feel weak or tired most of the time some of the time or rarely?	MOST OF THE TIME SOME OF THE TIME RARELY NEVER	1 2 3 4 → 117		
116	Why do you think you feel weak or tired? PROBE Are there any other reasons? RECORD ALL MENTIONED	TOO MUCH WORK PREGNANT/RECENTLY GAVE BIRTH REARING CHILDREN USING FAMILY PLANNING SICKNESS OTHER _____ (SPECIFY)	A B C D E X		
117	Do you feel that you are weak or tired more often than other women in your age?	YES NO	1 2		
118	In general do you think that you are in very good health fairly good health poor health or very poor health?	VERY GOOD HEALTH FAIRLY GOOD HEALTH POOR HEALTH VERY POOR HEALTH	1 2 3 4		
119	Did you have any health problems or illnesses during the past year?	YES NO	1 2 → 123		
120	What health problems or illnesses did you have? RECORD ALL MENTIONED	GYNECOLOGICAL PROBLEMS ABORTION MISCARRIAGE/STILL BIRTH HEAVY/IRREGULAR BLEEDING INFLAMMATION/INFECTION OTHER PREGNANCY-RELATED OTHER NON-PREGNANCY RELATED HEART/BLOOD PRESSURE PROBLEMS RESPIRATORY ILLNESSES GASTROINTESTINAL ILLNESSES DIABETES ANEMIA FATIGUE HEADACHE FEVER WEAKNESS PSYCHOLOGICAL PROBLEMS INJURY FROM ACCIDENT/OTHER CAUSE OTHER _____ (SPECIFY)	A B C D E F G H I J K L M N O P Q X		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
121	Were any of these problems or illnesses you had serious?	YES NO	1 2
122	In the past year have you gone to a doctor for treatment of any of the health problems or illnesses which you had?	YES NO	1 2
123	In the past year have you gone for a regular checkup or any other health services for yourself?	YES NO	1 2
124	CHECK 122 AND 123 YES IN 122 <input type="checkbox"/> YES IN 123 <input type="checkbox"/> NO IN BOTH 122 AND 123 <input type="checkbox"/>		→128
125	I would like to ask you some questions about your most recent visit for treatment or services for yourself Where did you get the money to go? PROBE Did you get money from any other source? RECORD ALL MENTIONED	HUSBAND INCOME/EARNINGS SOLD ARTICLES BORROWED GOT FROM RELATIVES/FRIENDS WITHOUT BORROWING OTHER/DK RESPONDENT INCOME/EARNINGS MONEY FROM HOUSEHOLD ACCOUNTS SOLD ARTICLES BORROWED GOT FROM RELATIVES/FRIENDS WITHOUT BORROWING FREE SERVICE/NO CHARGE FOR SERVICE OTHER _____ (SPECIFY)	A B C D E F G H I J K X
126	When you went most recently for treatment or services did you go alone or with your children or with some other adult? IF ACCOMPANIED BY ADULT Who went with you? RECORD ALL MENTIONED	WENT ALONE ACCOMPANIED BY CHILDREN ACCOMPANIED BY AN ADULT HUSBAND MOTHER/MOTHER-IN-LAW SISTER/SISTER-IN-LAW OTHER RELATIVE FRIENDS/NEIGHBORS OTHER _____ (SPECIFY)	A B C D E F G X →128
127	At that time would you have been permitted to go alone or were you permitted to go only if you were accompanied? IF NOT PERMITTED TO GO ALONE PROBE Did you have to be accompanied by another adult or could you have gone if you were accompanied only by your children?	PERMITTED TO GO ALONE PERMITTED TO GO ONLY IF ACCOMPANIED BY AN ADULT PERMITTED TO GO IF ACCOMPANIED BY CHILDREN OTHER _____ (SPECIFY)	1 2 3 6
128	Are you covered by any health insurance system?	YES NO	1 2 →130
129	Does this system cover family planning?	YES NO DON T KNOW	1 2 8

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
130	CHECK THE COVER PAGE OF THE QUESTIONNAIRE AND INDICATE BELOW WHETHER THE RESPONDENT HAS MOVED SINCE THE 1995 EGYPT DEMOGRAPHIC AND HEALTH SURVEY INTERVIEW MOVED SINCE EDHS-95 INTERVIEW <input type="checkbox"/> DID NOT MOVE <input type="checkbox"/>		201
131	CHECK THE RESPONDENT'S CURRENT ADDRESS ON COVER PAGE AND CIRCLE THE APPROPRIATE CODE FOR THE LOCALITY	LIVING IN SAME SHIAKHA/VILLAGE AS AT TIME OF EDHS-95 1 LIVING IN OTHER SHIAKHA IN SAME CITY/TOWN 2 LIVING IN OTHER CITY/TOWN 3 LIVING IN OTHER VILLAGE 4 OTHER _____ 6 (SPECIFY)	
132	Now I would like to ask some questions about your household Can you tell me how many persons usually live in this household?	PERSONS	<input type="text"/>
133	What type of dwelling does your household live in?	APARTMENT 1 FREE STANDING HOUSE 2 OTHER _____ 6 (SPECIFY)	
134	Is your dwelling owned by your household or not? IF OWNED Is it owned solely by your household or jointly with someone else?	OWNED 1 OWNED JOINTLY 2 RENTED 3 OTHER _____ 6 (SPECIFY)	
135	MAIN MATERIAL OF THE FLOOR RECORD YOUR OBSERVATIONS	NATURAL FLOOR EARTH/SAND 11 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 CERAMIC/MARBLE TILES 32 CEMENT TILES 33 CEMENT 34 WALL-TO-WALL CARPET 35 OTHER _____ 96 (SPECIFY)	
136	How many rooms are there in your dwelling (excluding the bathrooms kitchens and stairway areas)?	ROOMS	<input type="text"/>
137	How many of the rooms are used for sleeping?	ROOMS	<input type="text"/>
138	Is there a special room used only for cooking inside or outside the dwelling?	YES NO	1 2

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
139	What is the source of water your household uses for drinking?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT 11 PUBLIC TAP 12 WELL WATER WELL IN RESIDENCE/YARD/PLOT 21 PUBLIC WELL 22 SURFACE WATER NILE/CANALS 31 BOTTLED WATER 41 OTHER 96 (SPECIFY)	141 141 141
140	How long does it take to go there get water and come back?	MINUTES	<input type="text"/>
141	What kind of toilet facility does your household have?	MODERN FLUSH TOILET 11 TRADITIONAL WITH TANK FLUSH 12 TRADITIONAL WITHOUT TANK FLUSH 13 PIT TOILET/LATRINE 21 NO FACILITY 31 OTHER 96 (SPECIFY)	
142	Are there electrical connections in all or only part of the dwelling unit?	YES IN ALL 1 YES IN PART 2 HAS NO ELECTRICAL CONNECTIONS 3	
143	Does your household have		YES NO
	An electric fan?	ELECTRIC FAN	1 2
	A gas/electric cooking stove?	GAS/ELECTRIC COOKING STOVE	1 2
	A water heater?	WATER HEATER	1 2
	A refrigerator?	REFRIGERATOR	1 2
	A sewing machine?	SEWING MACHINE	1 2
	An automatic washing machine?	AUTOMATIC WASHING MACHINE	1 2
	Any other washing machine?	OTHER WASHING MACHINE	1 2
144	Do you or any member of your household own		YES NO
	A bicycle?	BICYCLE	1 2
	A private car/motorcycle?	CAR/MOTORCYCLE	1 2
	Farm or other land?	FARM/OTHER LAND	1 2
	Livestock (donkeys horses cows sheep etc)/poultry?	LIVESTOCK/POULTRY	1 2
145	Does your household have		YES NO
	A radio?	RADIO	1 2
	A black and white television?	BLACK AND WHITE TELEVISION	1 2
	A color television?	COLOR TELEVISION	1 2
146	Do you think that the economic condition of your household is better worse or the same as it was three years ago?	BETTER WORSE SAME	1 2 3
147	Now I would like to ask you some questions about how much your household spends each month Approximately how much on average does your household spend each month for all items?	TOTAL EXPENDITURES	L E <input type="text"/>

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
148	How much does your household spend on average each <u>month</u> on food?	FOOD	L E <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
149	Now we would like you to think about the total amount your household spent last <u>year</u> on some items. How much do you think your household spent last <u>year</u> on - clothing? - medicine and health care? - education for the children (including school fees supplies uniforms private lessons)?	CLOTHING	L E <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		MEDICINE/ HEALTH CARE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		EDUCATION	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
150	How many days each week does your household usually eat the following - beans or lentils? - meat chicken or fish? - rice macaroni potato? - fruit? - vegetables?	BEANS/LENTILS	<input type="text"/>
		MEAT/CHICKEN/ FISH	<input type="text"/>
		RICE/MACARONI/ POTATO	<input type="text"/>
		FRUIT	<input type="text"/>
		VEGETABLES	<input type="text"/>

SECTION 2 REPRODUCTIVE HISTORY SINCE EDHS-95

SKIP TO

NO | QUESTIONS AND FILTERS | CODING CATEGORIES |

201 | CHECK AND RECORD THE NUMBER OF LIVE CHILDREN AT THE TIME OF THE EDHS-95 INTERVIEW FROM THE BACKGROUND FORM | TOTAL NUMBER OF LIVE CHILDREN AT THE TIME OF EDHS-95 INTERVIEW |

202 | Now we would like to ask you some questions about any births or pregnancies that you have had since our last visit
Have you had a live birth since the time of our last visit? | YES
NO | 1
2 → 214

203 | How many births have you had since our last visit? | NUMBER OF BIRTHS SINCE EDHS-95 INTERVIEW |

204 | I would like to collect some information about the birth(s) which you had since we visited you
RECORD NAME(S) OF THE BIRTH(S) IN 205 RECORD TWINS AND TRIPLETS ON SEPARATE LINES AND MARK WITH A BRACKET COMPLETE 206-212 FOR THE BIRTH(S) AFTER RECORDING THE INFORMATION FOR THE BIRTH(S) GO TO 213

205	206	207	208	209	210	211	212
What name was given to your baby?	RECORD SINGLE OR MULTIPLE STATUS	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE What is his/her birthday? OR In what season was he/she born?	Is (NAME) still alive?	IF ALIVE How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS	IF ALIVE Is (NAME) living with you?	IF DEAD How old was (NAME) when he/she died? IF '1 YR ' PROBE How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH MONTHS IF LESS THAN TWO YEARS

01	SING 1	BOY 1	MONTH <input type="text"/>	YES 1	AGE IN YEARS <input type="text"/>	YES 1	DAYS 1 <input type="text"/>
(NAME)	MULT 2	GIRL 2	YEAR <input type="text"/>	NO 2 ↓ 212	<input type="text"/>	NO 2 (GO TO NEXT BIRTH OR 213 IF NO OTHER BIRTHS)	MONTHS 2 <input type="text"/>

02	SING 1	BOY 1	MONTH <input type="text"/>	YES 1	AGE IN YEARS <input type="text"/>	YES 1	DAYS 1 <input type="text"/>
(NAME)	MULT 2	GIRL 2	YEAR <input type="text"/>	NO 2 ↓ 212	<input type="text"/>	NO 2 (GO TO NEXT BIRTH OR 213 IF NO OTHER BIRTHS)	MONTHS 2 <input type="text"/>

03	SING 1	BOY 1	MONTH <input type="text"/>	YES 1	AGE IN YEARS <input type="text"/>	YES 1	DAYS 1 <input type="text"/>
(NAME)	MULT 2	GIRL 2	YEAR <input type="text"/>	NO 2 ↓ 212	<input type="text"/>	NO 2 (GO TO 213)	MONTHS 2 <input type="text"/>

213 | FOR THE BIRTH(S) SINCE THE EDHS INTERVIEW ENTER B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND 'P' IN EACH OF THE 8 PRECEDING MONTHS
PROBE TO RECONCILE ANY DIFFERENCES BETWEEN THE DATES OF RECENT BIRTHS AND THE INFORMATION RECORDED IN THE CALENDAR AT THE TIME OF THE EDHS-95 INTERVIEW

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO	
214	CHECK 201 AND RECORD TOTAL NUMBER OF LIVING CHILDREN _____ ONE OR MORE LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/>		222	
215	Sometimes unfortunately a child dies Because our study is about health matters we would like to know about any of your (other) children who may have died - may God forbid - since our visit Have any of your (other) children died since then?	YES NO	1 2 → 222	
215A	INTERVIEWER GO TO Q216 OFFICE STAFF CHECK Q215 AND Q216 AND RECORD THE NUMBER OF CHILDREN WHO HAVE DIED SINCE THE EDHS-95 INTERVIEW IF NO CHILDREN DIED RECORD 0'	NUMBER OF DEATHS	<input type="checkbox"/>	
216	What was the name of the child who died?	217 Is (NAME) a boy or a girl? 218 In what month and year was (NAME) born? PROBE What was his/her birthday? OR In what season was he/she born? 219 How old was (NAME) when he/she died? IF 1 YR ' PROBE How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH MONTHS IF LESS THAN TWO YEARS	220 FOR OFFICE EDITOR CHECK EDHS-95 QUESTIONNAIRE FOR RESPONDENT AND ENTER LINE NUMBER FROM THE BIRTH HISTORY FOR CHILD WHO DIED	
01	(NAME)	BOY 1 MONTH <input type="checkbox"/> GIRL 2 YEAR <input type="checkbox"/>	DAYS 1 <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> YEARS 3 <input type="checkbox"/> (GO TO NEXT CHILD OR 221) ←	LINE NUMBER <input type="checkbox"/>
02	(NAME)	BOY 1 MONTH <input type="checkbox"/> GIRL 2 YEAR <input type="checkbox"/>	DAYS 1 <input type="checkbox"/> MONTHS 2 <input type="checkbox"/> YEARS 3 <input type="checkbox"/> (GO TO 221) ←	LINE NUMBER <input type="checkbox"/>
221	CHECK 218 FOR CHILDREN BORN SINCE JANUARY 1990 CHECK THAT THE BIRTH WAS RECORDED IN THE CALENDAR AND THAT THE BIRTH DATES IN THE CALENDAR AND Q218 ARE CONSISTENT PROBE TO RECONCILE ANY DIFFERENCES			
222	Are you pregnant now?	YES NO UNSURE	1 2 8 → 225	
223	How many months pregnant are you?	MONTHS	<input type="checkbox"/>	
224	ENTER 'P' IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT			
225	Since our interviewer visited you the last time have you had any (other) pregnancies that did not end in a live birth?	YES NO	1 2 → 227	
226	ASK THE DATE THE DURATION AND THE OUTCOME FOR EACH PREGNANCY BACK TO THE EDHS 95 INTERVIEW IN THE CALENDAR ENTER THE APPROPRIATE CODE FOR THE OUTCOME OF THE PREGNANCY IN THE MONTH THAT EACH PREGNANCY ENDED 'M' FOR MISCARRIAGE 'A' FOR ABORTION OR 'S' FOR STILL BIRTH ENTER 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS PROBE TO RECONCILE ANY DIFFERENCES BETWEEN THE TIMING OF THE RECENT PREGNANCY(IES) AND INFORMATION ON EVENTS RECORDED IN THE CALENDAR AT THE TIME OF THE EDHS-95 INTERVIEW			

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
227	CHECK CALENDAR AND RECORD IF WOMAN HAD BIRTH SINCE JANUARY 1994 HAD BIRTH SINCE JANUARY 1994 <input type="checkbox"/> NO BIRTH SINCE JANUARY 1994 <input type="checkbox"/> CHECK CALENDAR AND 205 RECORD NAME(S) OF LAST BIRTH SINCE JANUARY 1994	NO BIRTH SINCE JANUARY 1994	234
228	CHECK 222 225 AND CALENDAR NO PREGNANCIES SINCE LAST LIVE BIRTH <input type="checkbox"/>	CURRENTLY PREGNANT/HAD MISCARRIAGE ABORTION OR STILL BIRTH SINCE LAST BIRTH <input type="checkbox"/>	231
229	Have you resumed sexual relations with your husband since (NAME(S) OF LAST BIRTH) was (were) born?	YES NO	1 → 231 2
230	ENTER 'X' IN COLUMN 3 OF THE CALENDAR IN MONTH AFTER LAST BIRTH AND IN EACH MONTH TO CURRENT MONTH THEN SKIP TO 232		
231	For how many months after the birth of (NAME(S) OF LAST BIRTH) did you <u>not</u> have sexual relations with your husband? ENTER "X" IN COLUMN 3 OF THE CALENDAR FOR THE NUMBER OF MONTHS IN WHICH THE RESPONDENT DID NOT HAVE SEXUAL RELATIONS STARTING IN THE MONTH AFTER BIRTH IF THE RESPONSE IS "40 DAYS" ENTER "X" IN COLUMN 3 OF THE CALENDAR IN THE FIRST TWO MONTHS AFTER THE MONTH OF BIRTH IF LESS THAN ONE MONTH WITHOUT SEXUAL RELATIONS ENTER "0" IN COLUMN 3 OF THE CALENDAR IN THE MONTH AFTER BIRTH		
232	Has your menstrual period returned since (NAME(S) OF LAST BIRTH) was (were) born? IF YES PROBE For how many months after the birth of (NAME(S)) did you <u>not</u> have a menstrual period? ENTER "X" IN COLUMN 4 OF THE CALENDAR FOR THE NUMBER OF MONTHS IN WHICH THE RESPONDENT DID NOT HAVE MENSTRUAL PERIOD AFTER THE BIRTH STARTING IN THE MONTH AFTER THE BIRTH IF THE RESPONDENT'S PERIOD HAS NOT YET RETURNED SINCE THE BIRTH ENTER "X" THE CALENDAR IN THE MONTH AFTER THE BIRTH AND IN EACH MONTH TO THE CURRENT MONTH IF THE RESPONDENT BECAME PREGNANT BEFORE HER PERIOD RETURNED ENTER "X" IN THE CALENDAR IN THE MONTH AFTER THE BIRTH AND IN EACH MONTH TO THE MONTH BEFORE THE PREGNANCY BEGAN IF LESS THAN ONE MONTH WITHOUT A PERIOD ENTER "0" IN COLUMN 4 OF THE CALENDAR IN THE MONTH AFTER BIRTH		
233	For how many months did you breastfeed (NAME(S) OF LAST BIRTH)? RECORD 00 IF LESS THAN ONE MONTH	MONTHS STILL BREASTFEEDING CHILD NEVER BREASTFED CHILD DON'T KNOW	<input type="text"/> 95 96 98
234	CHECK 222 NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		301
235	When did your last menstrual period start?	DAYS AGO WEEKS AGO MONTHS AGO YEARS AGO IN MENOPAUSE BEFORE LAST BIRTH NEVER MENSTRUATED	1 2 3 4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 994 → 239 995 996 → 301

SECTION 3 CONTRACEPTIVE HISTORY SINCE EDHS-95

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
301	<p>There are many ways in which women can delay or avoid pregnancy</p> <p>Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>YES</p> <p>NO</p>	<p>1</p> <p>2 → 303</p>
302	Which method are you using?	<p>PILL 01</p> <p>IUD 02</p> <p>INJECTABLES 03</p> <p>NORPLANT 04</p> <p>DIAPHRAGM/FOAM/JELLY 05</p> <p>CONDOM 06</p> <p>FEMALE STERILIZATION 07</p> <p>MALE STERILIZATION 08</p> <p>PERIODIC ABSTINENCE 09</p> <p>WITHDRAWAL 10</p> <p>PROLONGED BREASTFEEDING 11</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
303	<p>We would like to ask some questions about any time that you may have used something or done anything to avoid a pregnancy since our last visit</p>		
	<p>Have you used any method since our last visit (excluding (CURRENT METHOD))?</p> <p>We are interested in hearing about all of the times you started to use a method and then stopped even if you used for a short time and the reasons that you had for stopping</p>		
303A	<p>PROBE FOR PERIODS OF USE AND NONUSE STARTING WITH THE MOST RECENT PERIOD OF USE AND GOING BACK TO THE TIME OF THE EDHS-95 INTERVIEW</p> <p>RECORD PERIODS OF USE AND NONUSE IN COLUMN 1 OF THE CALENDAR FOR EACH MONTH IN WHICH A METHOD WAS USED ENTER THE CODE FOR THE METHOD ENTER '0' IN THOSE MONTHS WHEN NO METHOD WAS USED</p> <p>USE AS REFERENCE POINTS DATES OF BIRTH OR PERIODS OF PREGNANCY AS WELL AS RAMADAN AND THE INFORMATION ALREADY ENTERED IN THE CALENDAR AT THE TIME OF THE EDHS-95 INTERVIEW</p> <p>IF PROBING INDICATES THAT THE RESPONDENT USE STATUS AT THE TIME OF EDHS-95 IS INCORRECT PROBE AND CORRECT THE RECORD FOR THE PERIODS OF USE OR NONUSE PRIOR TO THE MONTH OF THE THE EDHS-95 INTERVIEW AS NECESSARY</p> <p>AFTER RECORDING ALL PERIODS OF USE RECORD '0' IN EACH MONTH IN COLUMN 1 IN WHICH THE RESPONDENT WAS NEITHER USING OR PREGNANT</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 1</p> <ul style="list-style-type: none"> - When did you start using (METHOD)? - How long did you use (METHOD)? - Did you stop using the method at any time even for a short time? 		
303B	<p>FOR EACH PERIOD OF USE ASK WHY THE RESPONDENT STOPPED USING THE METHOD IF A PREGNANCY FOLLOWED ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT</p> <p>FOR EACH PERIOD OF USE RECORD THE CODE FOR THE REASON FOR DISCONTINUATION IN COLUMN 2 OF THE CALENDAR NEXT TO LAST MONTH OF USE</p> <p>NUMBER OF CODES ENTERED IN COLUMN 2 MUST BE THE SAME AS THE NUMBER OF INTERRUPTIONS OF CONTRACEPTIVE USE IN COLUMN 1</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 2</p> <ul style="list-style-type: none"> -Why did you stop using the (METHOD)? -You said that you became pregnant Was this while you were still using method or had you stopped already? 		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
308	What is the reason that you did not begin to use a family planning method when you went for advice last time? IF THE RESPONDENT WENT MORE THAN ONCE FOR ADVICE ASK ABOUT THE LAST VISIT PROBE Any other reasons? RECORD ALL MENTIONED	FERTILITY-RELATED REASONS BECAME PREGNANT INFREQUENT SEX MENOPAUSAL/HYSTERECTOMY SUBFECUND/INFECUND DECIDED WANTED ANOTHER CHILD OPPOSITION TO USE HUSBAND OPPOSED OTHERS OPPOSED RELIGIOUS PROHIBITION METHOD-RELATED REASONS HEALTH CONCERNS SIDE EFFECTS INCONVENIENT TO USE PROVIDER-RELATED REASONS LACK OF ACCESS/TOO FAR COST TOO MUCH METHOD NOT AVAILABLE AT PROVIDER ADVISED NOT TO USE BY PROVIDER NO PROVIDER AVAILABLE NO FEMALE PROVIDER NEEDED TO WAIT FOR PERIOD/ CHECK NOT PREGNANT DISSATISFIED WITH SERVICES OTHER _____ (SPECIFY) DON'T KNOW	A B C D E F G H I J K L M N O P Q R S X Z
308A	What is the reason that you did not go to get advice at the time when you were thinking about using family planning? IF THE RESPONDENT SAYS THERE WERE A NUMBER OF OCCASIONS WHEN SHE THOUGHT ABOUT USING ASK ABOUT THE LAST TIME PROBE Any other reasons? RECORD ALL MENTIONED		
309	Right now do you think your husband would encourage or discourage you from using a family planning method?	ENCOURAGE DISCOURAGE NOT SURE	1 2 8 } → 801
310	CHECK CALENDAR AND RECORD THE METHOD DURING THE MOST RECENT PERIOD OF USE SINCE JANUARY 1993	PILL IUD INJECTABLES NORPLANT DIAPHRAGM/FOAM/JELLY CONDOM FEMALE STERILIZATION MALE STERILIZATION PERIODIC ABSTINENCE WITHDRAWAL PROLONGED BREASTFEEDING OTHER _____ (SPECIFY)	01 02 03 04 05 06 07 08 09 10 11 96
311	We are interested in knowing about the reasons that caused you to use (METHOD IN 310) this (the last) time When you decided to begin using (METHOD) did you want to wait before having another child or did you not want another child at all?	WANTED TO DELAY NEXT PREGNANCY DID NOT WANT ANOTHER CHILD NOT SURE ABOUT HAVING ANOTHER	1 2 8 } → 312A

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
312	What was the main reason that you felt that you did not want (you were not sure you wanted) another child then? _____ _____ (RECORD ANSWER IN WOMAN'S EXACT WORDS)	CURRENT HEALTH NOT GOOD 01 CHILDREN MUST BE SPACED TO SURVIVE AND BE HEALTHY 02 CONCERNED ABOUT RISKS/HARDSHIPS OF PREGNANCY 03 WORRIED ABOUT COSTS OF RAISING CHILDREN 04 DIFFICULT TO PROPERLY REAR MANY CHILDREN 05 HOUSE TOO CROWDED/SMALL 06 OTHER 96							
312A	What was the main reason that you felt that you wanted to delay the next pregnancy then? _____ _____ (RECORD ANSWER IN WOMAN'S EXACT WORDS)	HOUSE TOO CROWDED/SMALL 06 OTHER 96							
313	When you began using this (the last) time would you say that you made the decision to use quickly or did you think about it for some time?	MADE THE DECISION QUICKLY 1 THOUGHT ABOUT FOR SOME TIME 2 NOT SURE 8							
314	Approximately how long would you say it was between the time you first thought you wanted to avoid or delay the next pregnancy and when you began using (METHOD in 310)?	WEEKS 1 <table border="1" data-bbox="1357 789 1438 936"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS 2 YEARS 3 DON T KNOW/NOT SURE 998							
315	Although a woman may want to delay or avoid a pregnancy she often can have some doubts or concerns about using family planning We are interested in any doubts or concerns that you may have had before you began using (METHOD IN 310) this (the last) time--even if these concerns are no longer important What concerns or doubts did you have? PROBE Were there any other concerns? _____ _____ (RECORD ANSWER IN WOMAN'S EXACT WORDS)	AFRAID OF INSERTION(IUD) A AFRAID OF GETTING PREGNANT WHILE USING METHOD B AFRAID CANNOT GET PREGNANT AFTER SHE STOPS USING METHOD C AFRAID OF OTHER SIDE EFFECTS OF USING METHOD D OTHER X NO CONCERNS OR DOUBTS Y							
316	Now I would like to ask some questions about the role of your husband When you began using this (the last) time was this mainly your husband s decision a joint decision or mainly your decision?	MAINLY HUSBAND S DECISION 1 JOINT DECISION 2 MAINLY RESPONDENT'S DECISION 3 NOT SURE 8	→318						
317	Sometimes a woman uses family planning even when her husband does not agree with it At the time when you began using family planning this (the last) time did your husband agree or not?	HUSBAND AGREED 1 HUSBAND DID NOT AGREE 2	→319						

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
318	If your husband had not agreed with your using this (the last) time do you think you would have used anyway?	USED EVEN IF HUSBAND NOT AGREED USED ONLY IF HUSBAND AGREED NOT SURE	1 2 8
319	I would also like to know about the choice of your method Was (METHOD IN 310) mainly your husband's choice a joint choice or mainly your choice?	MAINLY HUSBAND'S CHOICE JOINT CHOICE MAINLY RESPONDENT'S CHOICE DOCTOR'S CHOICE OTHER _____ (SPECIFY) NOT SURE	1 2 3 4 6 8
320	At the time you began using (METHOD in 310) would you say that your husband wanted another child or did he want no more children?	HUSBAND DID NOT WANT ANOTHER HUSBAND WANTED ANOTHER HUSBAND UNDECIDED RESPONDENT DOES NOT KNOW ABOUT HUSBAND'S ATTITUDE	1 2 3 8 → 322
321	In your opinion what is the main reason your husband did not want another child then? _____ _____ (RECORD ANSWER IN WOMAN'S EXACT WORDS)	RESPONDENT'S CURRENT HEALTH NOT GOOD CHILDREN MUST BE SPACED TO SURVIVE AND BE HEALTHY CONCERNED ABOUT RISKS/HARDSHIPS OF PREGNANCY WORRIED ABOUT COSTS OF CHILDREN DIFFICULT TO PROPERLY REAR MANY CHILDREN HOUSE TOO CROWDED/SMALL OTHER	01 02 03 04 05 06 96
322	CHECK 301 CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/>		→ 324
323	Right now would you say that your husband would like you to continue to use family planning or does he want you to stop for some reason?	HUSBAND WANTS TO CONTINUE HUSBAND WOULD LIKE TO STOP DON'T KNOW	1 2 8 → 325
324	Right now do you think your husband would encourage or discourage you from using family planning again?	ENCOURAGE DISCOURAGE DON'T KNOW	1 2 8
325	CHECK 310 USING(ED) TRADITIONAL METHODS <input type="checkbox"/> USING(ED) IUD INJECTABLE NORPLANT OR STERILIZATION <input type="checkbox"/> USING(ED) PILL CONDOM DIAPHRAGM FOAM OR JELLY <input type="checkbox"/>		→ 401 → 501
326	At any time during the past year did you go to a doctor or health facility or any other place for advice about using a family planning method like the pill or IUD?	YES NO	1 2 → 328

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
327	<p>Where did you go?</p> <p>IF RESPONDENT VISITED MORE THAN ONE SOURCE ASK ABOUT WHERE SHE WENT MOST RECENTLY FOR ADVICE</p> <p>WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED ADVICE PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE</p> <p>NAME _____</p> <p>ADDRESS _____ (STREET AND/OR LANDMARKS)</p> <p>CITY/TOWN/VILLAGE _____</p>	<p>MINISTRY OF HEALTH FACILITY (MOH)</p> <p>URBAN HOSPITAL 11</p> <p>URBAN HEALTH UNIT 12</p> <p>RURAL HOSPITAL 13</p> <p>RURAL HEALTH UNIT 14</p> <p>OTHER MOH UNIT 15</p> <p>OTHER GOVERNMENTAL FACILITY</p> <p>TEACHING HOSPITAL 16</p> <p>HEALTH INSURANCE ORGANIZATION 17</p> <p>CURATIVE CARE ORGANIZATION 18</p> <p>OTHER GOVERNMENTAL 19</p> <p>PRIVATE VOLUNTARY ORGANIZATION (PVO)</p> <p>EGYPT FAMILY PLANNING ASSOCIATION 21 → 329</p> <p>CSI PROJECT 22</p> <p>OTHER PVO 23</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 24</p> <p>PRIVATE DOCTOR 25</p> <p>PHARMACY 26</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT 31</p> <p>CHURCH HEALTH UNIT 32</p> <p>OTHER VENDOR (SHOP KIOSK ETC) 36</p> <p>FRIENDS/RELATIVES 41</p> <p>OTHER _____ 96 (SPECIFY)</p>	
328	<p>At any time during the past year have you thought about going to get advice about using a family planning method like the pill or IUD?</p>	<p>YES</p> <p>NO</p>	<p>1 → 329A</p> <p>2 → 601</p>
329	<p>What is the reason that you did not begin to use a method like the pill or IUD when you went for advice?</p> <p>IF THE RESPONDENT WENT MORE THAN ONCE FOR ADVICE ASK ABOUT THE LAST VISIT</p> <p>PROBE Any other reasons?</p> <p>RECORD ALL MENTIONED</p>	<p>FERTILITY-RELATED REASONS</p> <p>BECAME PREGNANT A</p> <p>INFREQUENT SEX B</p> <p>MENOPAUSAL/HYSTERECTOMY C</p> <p>SUBFECUND/INFECUND D</p> <p>DECIDED WANTED ANOTHER CHILD E</p> <p>OPPOSITION TO USE</p> <p>HUSBAND OPPOSED F</p> <p>OTHERS OPPOSED G</p> <p>RELIGIOUS PROHIBITION H</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS I</p> <p>SIDE EFFECTS J</p> <p>INCONVENIENT TO USE K → 601</p> <p>PROVIDER-RELATED REASONS</p> <p>LACK OF ACCESS/TOO FAR L</p> <p>COST TOO MUCH M</p> <p>METHOD NOT AVAILABLE</p> <p>AT PROVIDER N</p> <p>ADVISED NOT TO USE BY PROVIDER O</p> <p>NO PROVIDER AVAILABLE P</p> <p>NO FEMALE PROVIDER Q</p> <p>NEEDED TO WAIT FOR PERIOD/CHECK NOT PREGNANT R</p> <p>DISSATISFIED WITH SERVICES S</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
329A	<p>What is the reason that you did not go to get advice at the last time you were thinking about using a method like the pill or the IUD?</p> <p>IF THE RESPONDENT SAYS THERE WERE A NUMBER OF OCCASIONS WHEN SHE THOUGHT ABOUT USING ASK ABOUT THE LAST TIME</p> <p>PROBE Any other reasons?</p> <p>RECORD ALL MENTIONED</p>		

SECTION 4 EXPERIENCE WITH PROVIDERS OF CLINICAL METHODS

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																														
401	There are many things which can make it difficult to go to get a family planning method. Would you say that any of the following were difficulties or concerns which you had in getting (METHOD IN 310) this (the last) time?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HARD TO FIND SOURCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEEDED TO WAIT FOR SOMEONE TO GO WITH HER</td> <td>1</td> <td>2</td> </tr> <tr> <td>HARD TO FIND CHILDCARE</td> <td>1</td> <td>2</td> </tr> <tr> <td>NERVOUS ABOUT GOING</td> <td>1</td> <td>2</td> </tr> <tr> <td>CONCERNED ABOUT EXAM</td> <td>1</td> <td>2</td> </tr> <tr> <td>CONCERNED ABOUT SIDE EFFECTS</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND OPPOSED AT FIRST</td> <td>1</td> <td>2</td> </tr> <tr> <td>DIFFICULTY IN FINDING MONEY</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	HARD TO FIND SOURCE	1	2	NEEDED TO WAIT FOR SOMEONE TO GO WITH HER	1	2	HARD TO FIND CHILDCARE	1	2	NERVOUS ABOUT GOING	1	2	CONCERNED ABOUT EXAM	1	2	CONCERNED ABOUT SIDE EFFECTS	1	2	HUSBAND OPPOSED AT FIRST	1	2	DIFFICULTY IN FINDING MONEY	1	2																				
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402	What would you say was the main concern or difficulty which you had about going to get (METHOD IN 310) this (the last) time?	<table border="0"> <tbody> <tr><td>HARD TO FIND SOURCE</td><td>01</td></tr> <tr><td>NEEDED SOMEONE TO GO WITH HER</td><td>02</td></tr> <tr><td>HARD TO FIND CHILDCARE</td><td>03</td></tr> <tr><td>NERVOUS ABOUT GOING</td><td>04</td></tr> <tr><td>CONCERNED ABOUT VAGINAL EXAM</td><td>05</td></tr> <tr><td>CONCERNED ABOUT SIDE EFFECTS</td><td>06</td></tr> <tr><td>HUSBAND OPPOSED</td><td>07</td></tr> <tr><td>DIFFICULTY IN FINDING MONEY</td><td>08</td></tr> <tr><td>OTHER _____</td><td>96</td></tr> <tr><td>(SPECIFY)</td><td></td></tr> </tbody> </table>	HARD TO FIND SOURCE	01	NEEDED SOMEONE TO GO WITH HER	02	HARD TO FIND CHILDCARE	03	NERVOUS ABOUT GOING	04	CONCERNED ABOUT VAGINAL EXAM	05	CONCERNED ABOUT SIDE EFFECTS	06	HUSBAND OPPOSED	07	DIFFICULTY IN FINDING MONEY	08	OTHER _____	96	(SPECIFY)																												
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403	Now we would like to ask some questions about the experience you had in getting the (IUD/ INJECTABLE/NORPLANT/STERILIZATION) this (the last) time?	<table border="0"> <tbody> <tr><td>MINISTRY OF HEALTH FACILITY (MOH)</td><td></td></tr> <tr><td> URBAN HOSPITAL</td><td>11</td></tr> <tr><td> URBAN HEALTH UNIT</td><td>12</td></tr> <tr><td> RURAL HOSPITAL</td><td>13</td></tr> <tr><td> RURAL HEALTH UNIT</td><td>14</td></tr> <tr><td> OTHER MOH UNIT</td><td>15</td></tr> <tr><td>OTHER GOVERNMENTAL FACILITY</td><td></td></tr> <tr><td> TEACHING HOSPITAL</td><td>16</td></tr> <tr><td> HEALTH INSURANCE ORGANIZATION</td><td>17</td></tr> <tr><td> CURATIVE CARE ORGANIZATION</td><td>18</td></tr> <tr><td> OTHER GOVERNMENTAL</td><td>19</td></tr> <tr><td>PRIVATE VOLUNTARY ORGANIZATION (PVO)</td><td></td></tr> <tr><td> EGYPT FAMILY PLANNING ASSOCIATION</td><td>21</td></tr> <tr><td> CSI PROJECT</td><td>22</td></tr> <tr><td> OTHER PVO</td><td>23</td></tr> <tr><td>MEDICAL PRIVATE SECTOR</td><td></td></tr> <tr><td> PRIVATE HOSPITAL/CLINIC</td><td>24</td></tr> <tr><td> PRIVATE DOCTOR</td><td>25</td></tr> <tr><td>OTHER PRIVATE SECTOR</td><td></td></tr> <tr><td> MOSQUE HEALTH UNIT</td><td>31</td></tr> <tr><td> CHURCH HEALTH UNIT</td><td>32</td></tr> <tr><td> OTHER _____</td><td>96</td></tr> <tr><td>(SPECIFY)</td><td></td></tr> </tbody> </table>	MINISTRY OF HEALTH FACILITY (MOH)		URBAN HOSPITAL	11	URBAN HEALTH UNIT	12	RURAL HOSPITAL	13	RURAL HEALTH UNIT	14	OTHER MOH UNIT	15	OTHER GOVERNMENTAL FACILITY		TEACHING HOSPITAL	16	HEALTH INSURANCE ORGANIZATION	17	CURATIVE CARE ORGANIZATION	18	OTHER GOVERNMENTAL	19	PRIVATE VOLUNTARY ORGANIZATION (PVO)		EGYPT FAMILY PLANNING ASSOCIATION	21	CSI PROJECT	22	OTHER PVO	23	MEDICAL PRIVATE SECTOR		PRIVATE HOSPITAL/CLINIC	24	PRIVATE DOCTOR	25	OTHER PRIVATE SECTOR		MOSQUE HEALTH UNIT	31	CHURCH HEALTH UNIT	32	OTHER _____	96	(SPECIFY)		
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	USING NORPLANT <input type="checkbox"/> → Where did you have the Norplant inserted?																																																
	WIFE/HUSBAND EVER USE <input type="checkbox"/> → Where did the sterilization take place?																																																
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404	Now I am going to ask you some questions about some of things you may have thought about when you were deciding about going to (SOURCE IN 403)	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>Did you choose it because you had been there before?</td> <td style="text-align: right;">PREVIOUS EXPERIENCE</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td>Were you told about it by someone who had gone there?</td> <td style="text-align: right;">TOLD ABOUT IT</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td>Did you choose it because it had female doctor?</td> <td style="text-align: right;">HAD FEMALE DOCTOR</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td>Did you choose it because you thought the staff was competent?</td> <td style="text-align: right;">STAFF COMPETENT</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td>Did you choose it because it was easy to go there?</td> <td style="text-align: right;">EASY TO GO THERE</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td>Did you choose it because it was not expensive?</td> <td style="text-align: right;">NOT EXPENSIVE</td> <td style="text-align: right;">1 2</td> </tr> <tr> <td>Did you choose it because you did not know about any other source for family planning?</td> <td style="text-align: right;">DID NOT KNOW OTHER SOURCES</td> <td style="text-align: right;">1 2</td> </tr> </table>		YES	NO	Did you choose it because you had been there before?	PREVIOUS EXPERIENCE	1 2	Were you told about it by someone who had gone there?	TOLD ABOUT IT	1 2	Did you choose it because it had female doctor?	HAD FEMALE DOCTOR	1 2	Did you choose it because you thought the staff was competent?	STAFF COMPETENT	1 2	Did you choose it because it was easy to go there?	EASY TO GO THERE	1 2	Did you choose it because it was not expensive?	NOT EXPENSIVE	1 2	Did you choose it because you did not know about any other source for family planning?	DID NOT KNOW OTHER SOURCES	1 2	
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406	Now I would like to ask about your experience at (SOURCE IN 403) Were you able to obtain (METHOD IN 310) during your first visit there or did you have to go more than once?	<table border="0"> <tr> <td>GOT METHOD DURING FIRST VISIT</td> <td style="text-align: right;">1</td> <td style="text-align: right;">→408</td> </tr> <tr> <td>HAD MORE THAN ONE VISIT</td> <td style="text-align: right;">2</td> <td></td> </tr> </table>	GOT METHOD DURING FIRST VISIT	1	→408	HAD MORE THAN ONE VISIT	2																				
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407	What was the main reason you were not able to get (METHOD IN 310) during your first visit to (SOURCE IN 403)?	<table border="0"> <tr> <td>METHOD NOT AVAILABLE</td> <td style="text-align: right;">01</td> </tr> <tr> <td>NO PROVIDER AVAILABLE</td> <td style="text-align: right;">02</td> </tr> <tr> <td>NO FEMALE PROVIDER</td> <td style="text-align: right;">03</td> </tr> <tr> <td>NEEDED TO WAIT FOR NEXT PERIOD/ CHECK NOT PREGNANT</td> <td style="text-align: right;">04</td> </tr> <tr> <td>SOURCE TOO COSTLY</td> <td style="text-align: right;">05</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </table>	METHOD NOT AVAILABLE	01	NO PROVIDER AVAILABLE	02	NO FEMALE PROVIDER	03	NEEDED TO WAIT FOR NEXT PERIOD/ CHECK NOT PREGNANT	04	SOURCE TOO COSTLY	05	OTHER _____	96	(SPECIFY)												
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408	I would like to get some information about the amount of money you paid for transport in going to get your method Please include the total amount you spent on transport for the visit in which you got the method How much did it cost for transportation to and from your home for the visit in which you got the method?	<table border="0"> <tr> <td>COST</td> <td style="text-align: right;"> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div> </td> </tr> <tr> <td>FREE/WALKED</td> <td style="text-align: right;">9995</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">9998</td> </tr> </table>	COST	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin-right: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px;"></div>	FREE/WALKED	9995	DON'T KNOW	9998																			
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409	I also would like to know about how much you paid to get your method Please include the total amount you spent on getting your method including all charges for physical examinations or other services How much did you pay for all services you received during the visit in which you got your method?	<table border="0"> <tr> <td>COST</td> <td style="text-align: right;"> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div> </td> </tr> <tr> <td>FREE</td> <td style="text-align: right;">99995</td> </tr> <tr> <td>DON T KNOW</td> <td style="text-align: right;">99998</td> </tr> </table>	COST	<div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px; margin-right: 10px;"></div> <div style="display: inline-block; border: 1px solid black; width: 30px; height: 20px;"></div>	FREE	99995	DON T KNOW	99998																			
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NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
410	How did you get the money to pay for the transport and for the services you got during the visit in which you got your method? RECORD ALL MENTIONED	HUSBAND INCOME/EARNINGS SOLD ARTICLES BORROWED GOT FROM RELATIVES/FRIENDS WITHOUT BORROWING OTHER/DK RESPONDENT INCOME/EARNINGS MONEY FROM HOUSEHOLD ACCOUNTS SOLD ARTICLES BORROWED GOT FROM RELATIVES/FRIENDS WITHOUT BORROWING FREE SERVICE/NO CHARGE FOR SERVICE OTHER _____ (SPECIFY)	A B C D E F G H I J K X
411	When you went to (SOURCE IN 403) did you go alone or with your children or some other adult? IF ACCOMPANIED BY ADULT Who went with you? RECORD ALL MENTIONED	WENT ALONE ACCOMPANIED BY CHILDREN ACCOMPANIED BY AN ADULT HUSBAND MOTHER/MOTHER-IN-LAW SISTER/SISTER-IN-LAW OTHER RELATIVE FRIENDS/NEIGHBORS OTHER _____ (SPECIFY)	A → 413 B C D E F G X
412	Would you have been permitted to go alone or were you permitted to go only if you were accompanied? IF NOT PERMITTED TO GO ALONE PROBE Did you have to be accompanied by another adult or could you have gone if you were accompanied only by your children?	PERMITTED TO GO ALONE PERMITTED TO GO ONLY IF ACCOMPANIED BY AN ADULT PERMITTED TO GO IF ACCOMPANIED BY CHILDREN OTHER _____ (SPECIFY)	1 2 3 6
413	Now I would like to ask some questions about the services you received at (SOURCE IN 403) Did you have a physical examination before you got (THE METHOD)? IF YES Did this include a vaginal examination?	PHYSICAL EXAMINATION INCLUDING VAGINAL EXAMINATION PHYSICAL EXAMINATION WITHOUT VAGINAL EXAMINATION NO EXAMINATION	1 2 3 → 415A
414	Did the doctor wear gloves during the examination?	YES NO DON'T KNOW	1 2 8
415	Were you examined by a male doctor or a female doctor?	MALE DOCTOR	1
415A	Was the doctor whom you saw male or female?	FEMALE DOCTOR	2
416	CHECK 413 NO PHYSICAL EXAMINATION <input type="checkbox"/> HAD PHYSICAL EXAMINATION <input type="checkbox"/>		→ 418
417	What was the main reason that you did not have a physical examination?	NOT REQUIRED TO GET METHOD HUSBAND WOULD NOT ALLOW WOMAN HERSELF DID NOT WANT NO PROVIDER AVAILABLE NO FEMALE PROVIDER COULD NOT AFFORD EXAM OTHER _____ (SPECIFY)	01 02 03 04 → 418A 05 06 96

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
418	When you were being examined were there other patients in the same room?	YES NO	1 2
418A	When you were receiving the method were there other patients in the same room?		
419	During your visit were you told about other methods besides (METHOD IN 310)?	YES NO	1 2
420	Do you think you were given sufficient information about family planning by the doctor (other provider)?	YES NO	1 2
421	Would you say that you chose to use (METHOD IN 310) or was it the doctor's choice?	OWN CHOICE DOCTOR S CHOICE OTHER _____ (SPECIFY)	1 → 424 2 6
422	Would you have preferred to use another method?	YES NO	1 2 → 424
423	Which method would you have preferred?	PILL IUD INJECTABLES NORPLANT DIAPHRAGM/FOAM/JELLY CONDOM FEMALE STERILIZATION MALE STERILIZATION PERIODIC ABSTINENCE WITHDRAWAL PROLONGED BREASTFEEDING OTHER _____ (SPECIFY)	01 02 03 04 05 06 07 08 09 10 11 96
424	Were the side effects or other problems which you might have in using (METHOD IN 310) described to you?	YES NO	1 2
425	Were you told what you should do if you had any side effects or other problems?	YES NO	1 2
426	Overall do you think the doctor (any other provider) spent enough time with you?	YES NO	1 2
427	Did you want the doctor (other provider) or any of the staff who worked there to be more caring and respectful?	YES NO	1 2
428	Were you told to return for a regular checkup after you got your method?	YES NO	1 → 430 2
429	Were you told to return only if you had problems?	YES NO	1 2 → 431

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
430	About how many months after you started to use were you told to go back for your first checkup?	MONTHS YEARS NO SPECIAL TIME NOT SURE	1 <input type="text"/> 2 <input type="text"/> 994 998
431	Did you go for a followup visit? IF YES How many times?	NUMBER OF FOLLOWUP VISITS NO FOLLOWUP VISITS	<input type="text"/> 0 → 435
432	Did you return because of problems you were having with (METHOD IN 310) or for a regular checkup?	PROBLEM WITH METHOD REGULAR CHECKUP BOTH FOR PROBLEM AND CHECKUP	1 2 3
433	For the (last) followup visit how much did it cost for transportation to and from your home?	COST FREE/WALKED DON'T KNOW	<input type="text"/> <input type="text"/> 9995 9998
434	For the (last) followup visit approximately how much did you pay for the services from your source? PROBE Did you include all charges?	COST FREE DON T KNOW	<input type="text"/> <input type="text"/> 99995 99998
435	CHECK 310 USING (ED) IUD/NORPLANT <input type="checkbox"/> USING (ED) INJECTABLES OR STERILIZATION <input type="checkbox"/>		→ 437
436	Did the doctor tell you how many years you could use the (IUD/NORPLANT) before it must be removed? IF YES How many years was that?	YEARS NO SPECIAL TIME/NOT TOLD WHEN OTHER _____ (SPECIFY) NOT SURE	<input type="text"/> 94 96 98
437	Have you told anyone else to go to (SOURCE IN 403) to get family planning services?	YES NO	1 → 439 2
438	If a friend or relative were to ask about where to go for family planning services would you tell them to go to (SOURCE IN 403) or advise them to go somewhere else?	WOULD TELL THEM TO GO TO SOURCE ADVISE TO GO SOMEWHERE ELSE OTHER _____ (SPECIFY) NOT SURE	1 2 6 8
439	CHECK 301 CURRENTLY NOT USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 601
440	Since you stopped using (METHOD IN 310) the last time have you gone to a doctor health facility or any other place for advice about family planning?	YES NO	1 2 → 442

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
441	<p>Where did you go?</p> <p>IF RESPONDENT VISITED MORE THAN ONE SOURCE ASK ABOUT WHERE SHE WENT MOST RECENTLY FOR ADVICE</p> <p>WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED ADVICE PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE</p> <p>NAME _____</p> <p>ADDRESS _____ (STREET AND/OR LANDMARKS)</p> <p>CITY/TOWN/VILLAGE _____</p>	<p>MINISTRY OF HEALTH FACILITY (MOH)</p> <p>URBAN HOSPITAL 11</p> <p>URBAN HEALTH UNIT 12</p> <p>RURAL HOSPITAL 13</p> <p>RURAL HEALTH UNIT 14</p> <p>OTHER MOH UNIT 15</p> <p>OTHER GOVERNMENTAL FACILITY</p> <p>TEACHING HOSPITAL 16</p> <p>HEALTH INSURANCE ORGANIZATION 17</p> <p>CURATIVE CARE ORGANIZATION 18</p> <p>OTHER GOVERNMENTAL 19</p> <p>PRIVATE VOLUNTARY ORGANIZATION (PVO)</p> <p>EGYPT FAMILY PLANNING ASSOCIATION 21</p> <p>CSI PROJECT 22</p> <p>OTHER PVO 23</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 24</p> <p>PRIVATE DOCTOR 25</p> <p>PHARMACY 26</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT 31</p> <p>CHURCH HEALTH UNIT 32</p> <p>OTHER VENDOR (SHOP KIOSK ETC) 36</p> <p>FRIENDS/RELATIVES 41</p> <p>OTHER 96</p>	→443
442	<p>Since you stopped using (METHOD IN 310) the last time have you thought about going to get advice about using a family planning method again?</p>	<p>YES</p> <p>NO</p>	<p>1 → 443A</p> <p>2 → 601</p>
443	<p>What is the reason that you did not begin using a family planning method when you went for advice?</p> <p>IF THE RESPONDENT WENT MORE THAN ONCE FOR ADVICE ASK ABOUT THE LAST VISIT</p> <p>PROBE Any other reasons?</p> <p>RECORD ALL MENTIONED</p>	<p>FERTILITY-RELATED REASONS</p> <p>BECAME PREGNANT A</p> <p>INFREQUENT SEX B</p> <p>MENOPAUSAL/HYSTERECTOMY C</p> <p>SUBFECUND/INFECUND D</p> <p>DECIDED WANTED ANOTHER CHILD E</p> <p>OPPOSITION TO USE</p> <p>HUSBAND OPPOSED F</p> <p>OTHERS OPPOSED G</p> <p>RELIGIOUS PROHIBITION H</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS I</p> <p>SIDE EFFECTS J</p> <p>INCONVENIENT TO USE K</p> <p>PROVIDER-RELATED REASONS</p> <p>LACK OF ACCESS/TOO FAR L</p> <p>COST TOO MUCH M</p> <p>METHOD NOT AVAILABLE</p> <p>AT PROVIDER N</p> <p>ADVISED NOT TO USE BY PROVIDER O</p> <p>NO PROVIDER AVAILABLE P</p> <p>NO FEMALE PROVIDER Q</p> <p>NEEDED TO WAIT FOR PERIOD/CHECK NOT PREGNANT R</p> <p>DISSATISFIED WITH SERVICES S</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	→601
443A	<p>What is the reason that you did not go to get advice at the time when you were thinking about using family planning?</p> <p>IF THE RESPONDENT SAYS THERE WERE A NUMBER OF OCCASIONS WHEN SHE THOUGHT ABOUT USING ASK ABOUT THE LAST TIME</p> <p>PROBE Any other reasons?</p> <p>RECORD ALL MENTIONED</p>	<p>PROVIDER-RELATED REASONS</p> <p>LACK OF ACCESS/TOO FAR L</p> <p>COST TOO MUCH M</p> <p>METHOD NOT AVAILABLE</p> <p>AT PROVIDER N</p> <p>ADVISED NOT TO USE BY PROVIDER O</p> <p>NO PROVIDER AVAILABLE P</p> <p>NO FEMALE PROVIDER Q</p> <p>NEEDED TO WAIT FOR PERIOD/CHECK NOT PREGNANT R</p> <p>DISSATISFIED WITH SERVICES S</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	→601

SECTION 5 EXPERIENCE WITH PROVIDERS OF PILL CONDOM OR VAGINAL METHODS

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	<p>Now we would like to ask some questions about the experience you had in getting your method</p> <p>CHECK 310</p> <p>From where did you get (PILL/CONDOM/DIAPHRAGM/FOAM/JELLY) this (the last) time?</p> <p>WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED THE METHOD PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE</p> <p>NAME _____</p> <p>ADDRESS _____ (STREET AND/OR LANDMARKS)</p> <p>CITY/TOWN/VILLAGE _____</p>	<p>MINISTRY OF HEALTH FACILITY (MOH)</p> <p>URBAN HOSPITAL 11</p> <p>URBAN HEALTH UNIT 12</p> <p>RURAL HOSPITAL 13</p> <p>RURAL HEALTH UNIT 14</p> <p>OTHER MOH UNIT 15</p> <p>OTHER GOVERNMENTAL FACILITY</p> <p>TEACHING HOSPITAL 16</p> <p>HEALTH INSURANCE ORGANIZATION 17</p> <p>CURATIVE CARE ORGANIZATION 18</p> <p>OTHER GOVERNMENTAL 19</p> <p>PRIVATE VOLUNTARY ORGANIZATION (PVO)</p> <p>EGYPT FAMILY PLANNING ASSOCIATION 21</p> <p>CSI PROJECT 22</p> <p>OTHER PVO 23</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 24</p> <p>PRIVATE DOCTOR 25</p> <p>PHARMACY 26</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT 31</p> <p>CHURCH HEALTH UNIT 32</p> <p>OTHER VENDOR (SHOP KIOSK ETC) 36</p> <p>FRIENDS/RELATIVES 41</p> <p>OTHER 96</p>	
502	<p>CHECK 310</p> <p>USING (ED) PILL <input type="checkbox"/> → How much does (did) one cycle of pills cost you?</p> <p>USING (ED) CONDOM DIAPHRAGM FOAM OR JELLY? <input type="checkbox"/> → How much does (one package/ tube of) (METHOD) cost?</p>	<p>COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 9995</p> <p>DON T KNOW 9998</p>	
503	<p>CHECK 501</p> <p>PHARMACY <input type="checkbox"/></p> <p>OTHER VENDOR/ FRIENDS OR RELATIVES/OTHER <input type="checkbox"/></p> <p>ALL OTHER (CLINICAL) SOURCES <input type="checkbox"/></p>		<p>→ 512</p> <p>→ 514</p>
504	<p>Do (Did) you usually obtain the (METHOD IN 310) yourself?</p> <p>IF NO Who obtain(s/ed) the method usually?</p>	<p>RESPONDENT HERSELF 01</p> <p>HUSBAND 02</p> <p>CHILDREN 03</p> <p>OTHER FEMALE RELATIVE(S) 04</p> <p>OTHER MALE RELATIVE(S) 05</p> <p>FRIEND(S) 06</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 506</p>

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
505	Since you began using (METHOD IN 310) this (the last) time did you yourself ever go to the pharmacy to get it?	YES NO	1 2 → 511
506	When you go to the pharmacy to get (METHOD IN 310) are you permitted to go alone or do you have to be accompanied? IF NOT PERMITTED TO GO ALONE PROBE Do you have to be accompanied by another adult or can you go if you are accompanied only by your children?	PERMITTED TO GO ALONE PERMITTED TO GO ONLY IF ACCOMPANIED BY AN ADULT PERMITTED TO GO IF ACCOMPANIED BY CHILDREN OTHER _____ (SPECIFY)	1 2 3 6
507	Now I would like to talk with you about the service which you received at the pharmacy Did anyone at the pharmacy ever explain to you or show you how to use (METHOD IN 310)?	YES NO	1 2
508	Did anyone at the pharmacy ever describe side effects or other problems which you might have while using the (METHOD IN 310)?	YES NO	1 2
509	Did anyone at the pharmacy ever tell you about other family planning methods which you might use?	YES NO	1 2
510	Did you ever ask anyone at the pharmacy any questions about your method?	YES NO	1 2 → 512
511	If you wanted to go the pharmacy would you be permitted to go alone or would you have to be accompanied? IF NOT PERMITTED TO GO ALONE PROBE Would you have to be accompanied by another adult or could you go if you accompanied only by your children?	PERMITTED TO GO ALONE PERMITTED TO GO ONLY IF ACCOMPANIED BY AN ADULT PERMITTED TO GO IF ACCOMPANIED BY CHILDREN NOT PERMITTED TO GO AT ALL OTHER _____ (SPECIFY)	1 2 3 4 6
512	When you began using (METHOD IN 310) this (the last) time did you consult a doctor or a health facility?	YES NO	1 2 → 549
513	Where did you go for the consultation? WRITE THE NAME AND ADDRESS OF THE SOURCE WHERE THE RESPONDENT WENT FOR THE CONSULTATION PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE NAME _____ ADDRESS _____ (STREET AND/OR LANDMARKS) CITY/TOWN/VILLAGE _____	MINISTRY OF HEALTH FACILITY (MOH) URBAN HOSPITAL 11 URBAN HEALTH UNIT 12 RURAL HOSPITAL 13 RURAL HEALTH UNIT 14 OTHER MOH UNIT 15 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL 16 HEALTH INSURANCE ORGANIZATION 17 CURATIVE CARE ORGANIZATION 18 OTHER GOVERNMENTAL 19 PRIVATE VOLUNTARY ORGANIZATION (PVO) EGYPT FAMILY PLANNING ASSOCIATION 21 CSI PROJECT 22 OTHER PVO 23 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC 24 PRIVATE DOCTOR 25 OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT 31 CHURCH HEALTH UNIT 32	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
514	There are many things which can make it difficult to get a family planning method. Would you say that any of the following were difficulties or concerns which you had when you went to get or consult about (METHOD IN 310) this (the last) time?		
	Was it difficult for you to find source where you would get good services?	HARD TO FIND SOURCE	YES NO 1 2
	Did you have to wait until your husband or someone else was able to go with you?	NEEDED TO WAIT FOR SOMEONE TO GO WITH HER	1 2
	Was it difficult for you to find someone to take care of your children while you went?	HARD TO FIND CHILDCARE	1 2
	Were you nervous about going because you had not been to the health facility/doctor before?	NERVOUS ABOUT GOING	1 2
	Were you concerned about having a vaginal examination?	CONCERNED ABOUT EXAM	1 2
	Did you hesitate because you thought you might have health problems or side effects from using a method?	CONCERNED ABOUT SIDE EFFECTS	1 2
	Was your husband opposed to your using at first?	HUSBAND OPPOSED AT FIRST	1 2
	Did you have any difficulty in finding the money to go to get a method?	DIFFICULTY IN FINDING MONEY	1 2
515	What would you say was the main concern or difficulty which you had about going to get or consult about (METHOD IN 310) this (the last) time?	HARD TO FIND SOURCE NEEDED SOMEONE TO GO WITH HER HARD TO FIND CHILDCARE NERVOUS ABOUT GOING CONCERNED ABOUT VAGINAL EXAM CONCERNED ABOUT SIDE EFFECTS HUSBAND OPPOSED DIFFICULTY IN FINDING MONEY OTHER	01 02 03 04 05 06 07 08 96
		(SPECIFY)	
516	Now I am going to ask some questions about some of things you may have thought about when you were choosing to go to (SOURCE IN 501 OR 513)		YES NO
	Did you choose it because you had been there before?	PREVIOUS EXPERIENCE	1 2
	Were you told about it by someone who had gone there?	TOLD ABOUT IT	1 2
	Did you choose it because it had female doctor(s)?	HAD FEMALE DOCTOR(S)	1 2
	Did you choose it because you thought the staff would be competent?	STAFF COMPETENT	1 2
	Did you choose it because it was easy to go there?	EASY TO GO THERE	1 2
	Did you choose it because it would not be expensive?	NOT EXPENSIVE	1 2
	Did you choose it because you did not know about any other source for family planning?	DID NOT KNOW OTHER SOURCES	1 2
517	What would you say was the main reason you chose (SOURCE IN 501 OR 513)?	PREVIOUS EXPERIENCE TOLD ABOUT IT HAD FEMALE DOCTORS STAFF COMPETENT EASY TO GO THERE NOT EXPENSIVE DID NOT KNOW OTHER SOURCES OTHER	01 02 03 04 05 06 07 96
		(SPECIFY)	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
518	Now I would like ask to about your experience at (SOURCE IN 501 OR 513) Did you visit (SOURCE) only once or more than once before you began using (METHOD IN 310) this (the last) time?	VISITED ONLY ONCE HAD MORE THAN ONE VISIT	1 → 520 2
519	What was the main reason you made more than one visit to (SOURCE IN 501 OR 513)?	METHOD NOT AVAILABLE NO PROVIDER AVAILABLE NO FEMALE PROVIDER NEEDED TO WAIT FOR NEXT PERIOD// CHECK NOT PREGNANT PROVIDER TOO COSTLY OTHER (SPECIFY)	01 02 03 04 05 96
520	I would like to get some information about the amount of money you paid for transport to (get method/consult about using) Please include the total amount you spent on transport in the visit to get the method/consultation How much did it cost for transportation to and from your home in the visit to get the method/the consultation?	COST FREE/WALKED DON T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9995 9998
521	I also would like to know about how much you paid for services Please include the total amount you spent on (getting method/consulting about using) including charges for physical examinations or other services How much did you pay for all the service you received when you went to get the method/the consultation?	COST FREE DON'T KNOW	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 99995 99998
522	How did you get the money to pay for the transport and for the services you got when you (got your method/consulted about using)? RECORD ALL MENTIONED	HUSBAND INCOME/EARNINGS SOLD ARTICLES BORROWED GOT FROM RELATIVES/FRIENDS WITHOUT BORROWING OTHER/DK RESPONDENT INCOME/EARNINGS MONEY FROM HOUSEHOLD ACCOUNTS SOLD ARTICLES BORROWED GOT FROM RELATIVES/FRIENDS WITHOUT BORROWING FREE SERVICE/NO CHARGE FOR SERVICE OTHER (SPECIFY)	A B C D E F G H I J K X
523	When you went to (SOURCE IN 501 OR 513) did you go alone or with your children or with some other adult? IF ACCOMPANIED BY ADULT Who went with you? RECORD ALL MENTIONED	WENT ALONE ACCOMPANIED BY CHILDREN ACCOMPANIED BY AN ADULT HUSBAND MOTHER/MOTHER-IN-LAW SISTER/SISTER-IN-LAW OTHER RELATIVE FRIENDS/NEIGHBORS OTHER (SPECIFY)	A → 525 B C D E F G X

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
524	At that time would you have been permitted to go alone or were you permitted to go only if you were accompanied? IF NOT PERMITTED TO GO ALONE PROBE Did you have to be accompanied by another adult or could you have gone if you were accompanied by your children?	PERMITTED TO GO ALONE PERMITTED TO GO ONLY IF ACCOMPANIED BY AN ADULT PERMITTED TO GO IF ACCOMPANIED BY CHILDREN OTHER _____ (SPECIFY)	1 2 3 6
525	Now I would like to ask some questions about the services you received at (SOURCE IN 501 OR 513) Did you have a physical examination before you got (METHOD IN 310/CONSULTATION)? IF YES Did this include a vaginal examination?	PHYSICAL EXAMINATION INCLUDING VAGINAL EXAMINATION PHYSICAL EXAMINATION WITHOUT VAGINAL EXAMINATION NO EXAMINATION	1 2 3 → 527A
526	Did the doctor wear gloves during the examination?	YES NO DON'T KNOW	1 2 8
527	Were you examined by a male doctor or a female doctor?	MALE DOCTOR	1
527A	Was the doctor whom you saw male or female?	FEMALE DOCTOR	2
528	CHECK 525 NO PHYSICAL EXAMINATION <input type="checkbox"/> HAD PHYSICAL EXAMINATION <input type="checkbox"/>		→ 530
529	What was the main reason that you did not have a physical examination?	NOT REQUIRED TO GET METHOD HUSBAND WOULD NOT ALLOW WOMAN HERSELF DID NOT WANT NO PROVIDER AVAILABLE NO FEMALE PROVIDER COULD NOT AFFORD EXAM OTHER _____ (SPECIFY)	01 02 03 04 → 530A 05 06 96
530	When you were being examined were there other patients in the same room?	YES NO	1 2
530A	When you were receiving the method were there other patients in the same room?		
531	During your visit were you told about other methods besides (METHOD IN 310)?	YES NO	1 2
532	Do you think you were given sufficient information about family planning methods?	YES NO	1 2
533	Would you say that you chose to use (METHOD IN 310) or was it the doctor's choice?	OWN CHOICE DOCTOR S CHOICE OTHER _____ (SPECIFY)	1 → 536 2 6
534	Would you have preferred to use another method?	YES NO	1 2 → 536
535	Which method would you have preferred?	PILL IUD INJECTABLES NORPLANT DIAPHRAGM/FOAM/JELLY CONDOM FEMALE STERILIZATION MALE STERILIZATION PERIODIC ABSTINENCE WITHDRAWAL PROLONGED BREASTFEEDING OTHER _____ (SPECIFY)	01 02 03 04 05 06 07 08 09 10 11 96

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
536	Were the problems or side effects which you might have in using (METHOD IN 310) described to you?	YES NO	1 2
537	Were you told what you should do if you had any side effects?	YES NO	1 2
538	Overall do you think the doctor or other health worker spent enough time with you?	YES NO	1 2
539	Did you want the doctor (other provider) or staff there to be more caring or respectable?	YES NO	1 2
540	Were you told to return for a regular checkup after you got your method/consultation?	YES NO	1 → 542 2
541	Were you told to return only if you had problems?	YES NO	1 2 → 543
542	About how many months after you started to use were you told to go back for your first followup visit?	MONTHS YEARS NO SPECIAL TIME NOT SURE	1 [] [] 2 [] [] 994 998
543	Did you go for any followup visit? IF YES How many times?	NUMBER OF FOLLOWUP VISITS NO FOLLOWUP VISITS	[] 0 → 547
544	Did you return because of specific problems you were having with the method or did you return for a regular checkup?	PROBLEM WITH METHOD REGULAR CHECKUP BOTH FOR PROBLEM AND CHECKUP	1 2 3
545	For the (last) followup visit how much did it cost for transportation to and from your home?	COST FREE/WALKED DON'T KNOW	[] [] [] [] 9995 9998
546	For the (last) followup visit approximately how much did you pay for the services from your source? PROBE Did you include all charges?	COST FREE DON'T KNOW	[] [] [] [] [] [] 99995 99998
547	Have you ever told someone else to go to (SOURCE IN 501 OR 513) to get family planning services?	YES NO	1 → 550 2
548	If a friend or relative were to ask about where to go for family planning services would you tell them to go to (SOURCE IN 501 OR 513) or advise them to go somewhere else?	WOULD TELL THEM TO GO TO SOURCE ADVISE TO GO SOMEWHERE ELSE OTHER _____ (SPECIFY) NOT SURE	1 2 6 → 550 8

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
549	What was the reason you did not consult a doctor or health facility before beginning to use (METHOD IN 310) this (the last) time? PROBE Any other reason(s)? RECORD ALL MENTIONED	COSTS TOO MUCH A DID NOT WANT EXAM B LOCATION OF DOCTOR/FACILITY INCONVENIENT/NOT ACCESSIBLE C UNSATISFACTORY PRIOR EXPERIENCE WITH DOCTOR/FACILITY D USED BEFORE SO CONSULTATION NOT NECESSARY E HUSBAND WOULD NOT PERMIT F OTHER _____ X (SPECIFY)	
550	CHECK 301 CURRENTLY NOT USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		601
551	Since you stopped using (METHOD IN 310) the last time did you go to a doctor or health facility or any other place for advice about family planning?	YES NO	1 2 → 553
552	Where did you go? IF RESPONDENT VISITED MORE THAN ONE SOURCE ASK ABOUT WHERE SHE WENT MOST RECENTLY FOR ADVICE WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED ADVICE PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE NAME _____ ADDRESS _____ (STREET AND/OR LANDMARKS) CITY/TOWN/VILLAGE _____	MINISTRY OF HEALTH FACILITY (MOH) URBAN HOSPITAL 11 URBAN HEALTH UNIT 12 RURAL HOSPITAL 13 RURAL HEALTH UNIT 14 OTHER MOH UNIT 15 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL 16 HEALTH INSURANCE ORGANIZATION 17 CURATIVE CARE ORGANIZATION 18 OTHER GOVERNMENTAL 19 PRIVATE VOLUNTARY ORGANIZATION (PVO) EGYPT FAMILY PLANNING ASSOCIATION 21 CSI PROJECT 22 OTHER PVO 23 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC 24 PRIVATE DOCTOR 25 PHARMACY 26 OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT 31 CHURCH HEALTH UNIT 32 OTHER VENDOR (SHOP KIOSK ETC) 36 FRIENDS/RELATIVES 41 OTHER 96	554

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
553	Since the last time you used (METHOD IN 310) have you thought about going to get advice about using a family planning method?	YES NO	1 → 554A 2 → 601
554	What is the reason that you did not begin using a family planning method when you went for advice the past time?	FERTILITY-RELATED REASONS	A
		BECAME PREGNANT	B
		INFREQUENT SEX	C
		MENOPAUSAL/HYSTERECTOMY	D
		SUBFECUND/INFECOND	E
	IF THE RESPONDENT WENT MORE THAN ONCE FOR ADVICE ASK ABOUT THE LAST VISIT	DECIDED WANTED ANOTHER CHILD	F
		OPPOSITION TO USE	G
		HUSBAND OPPOSED	H
	PROBE Any other reasons?	OTHERS OPPOSED	I
		RELIGIOUS PROHIBITION	J
	RECORD ALL MENTIONED	METHOD-RELATED REASONS	K
		HEALTH CONCERNS	L
		SIDE EFFECTS	M
554A	What is the reason that you did not go to get advice at the time when you were thinking about using family planning?	INCONVENIENT TO USE	N
		PROVIDER-RELATED REASONS	O
		LACK OF ACCESS/TOO FAR	P
		COST TOO MUCH	Q
		METHOD NOT AVAILABLE	R
	IF THE RESPONDENT SAYS THERE WERE A NUMBER OF OCCASIONS WHEN SHE THOUGHT ABOUT USING ASK ABOUT THE LAST TIME	AT PROVIDER	S
		ADVISED NOT TO USE BY	X
		PROVIDER	Y
		NO PROVIDER AVAILABLE	Z
		NO FEMALE PROVIDER	
		NEEDED TO WAIT FOR PERIOD/	
		CHECK NOT PREGNANT	
		DISSATISFIED WITH SERVICES	
		OTHER _____	
		(SPECIFY)	
		DON'T KNOW	

SECTION 6 EXPERIENCE WITH CONTRACEPTIVE METHODS

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	CHECK 301 AND 302 CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> _____ METHOD		620
602	Would you say that your general health is better about the same or worse than before you began using (METHOD IN 302)?	BETTER ABOUT THE SAME WORSE	1 2 3
603	Do you think that (METHOD IN 302) is suitable to use for you?	YES NO	1 2
604	Many women experience side effects or health problems when they use a family planning method Some of these effects are major and some are minor Have you had any side effects or health problems which you think were caused by the (METHOD IN 302) at any time since you began using it this time?	YES NO	1 2 → 617
605	What side effects or health problems have you had? RECORD ALL MENTIONED	EXCESSIVE BLEEDING IRREGULAR PERIODS/NO PERIOD SWELLING/BLOATING WEIGHT GAIN HEADACHES DIZZINESS FATIGUE WEIGHT LOSS INFLAMMATION/INFECTION OTHER _____ (SPECIFY)	A B C D E F G H I X
606	How would you describe the side effects or health problems you had overall--would you describe them as serious or not serious?	SERIOUS NOT SERIOUS	1 2
607	Have the side effects or health problems gotten better over time stayed about the same or gotten worse?	GOTTEN BETTER STAYED ABOUT THE SAME GOTTEN WORSE	1 2 3
608	Did you talk about these side effects or health problems with your husband?	YES NO	1 2 → 610
609	What did your husband advise you to do?	ADVISED STOPPING USE ADVISED CONTINUING ADVISED SEEING A DOCTOR GAVE NO ADVICE OTHER _____ (SPECIFY)	1 2 3 4 6

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
610	Did you talk about these side effects or health problems with anyone else in your family or with your friends and neighbors? IF YES Whom did you talk with? RECORD ALL MENTIONED	MOTHER MOTHER-IN-LAW SISTER(S) SISTER(S) - IN-LAW OTHER FEMALE RELATIVES OTHER MALE RELATIVES FRIENDS/NEIGHBORS OTHER _____ (SPECIFY) DID NOT TALK TO ANYONE	A B C D E F G X Y → 612
611	In general what did most of the persons advise?	ADVISED STOPPING USE ADVISED CONTINUING ADVISED SEEING A DOCTOR GAVE NO ADVICE OTHER _____ (SPECIFY)	1 2 3 4 6
612	Did you consult with a doctor or anyone else at a health care facility about these side effects or health problems?	YES NO	1 2 → 616
613	Was this the same provider (from whom you got METHOD/whom you consulted) when you began using it this time?	YES NO	1 → 615 2
614	Why did you not return to the same place? RECORD ALL MENTIONED	COSTS TOO MUCH TOO FAR DISSATISFIED WITH SERVICES OTHER _____ (SPECIFY)	A B C X
615	What did the doctor or the other provider you consulted advise you to do?	ADVISED STOPPING USE ADVISED CONTINUING GAVE NO ADVICE OTHER _____ (SPECIFY)	1 2 3 6 → 618
616	What was the reason you did not consult about the side effects or health problems? PROBE Any other reason?	SIDE EFFECTS NOT SERIOUS PROVIDER TOO FAR PROVIDER TOO COSTLY THOUGHT PROVIDER WOULD BE UNWILLING/UNABLE TO HELP DID NOT KNOW PLACE TO GO NO FEMALE PROVIDER OTHER _____ (SPECIFY)	A B C → 618 D E F X
617	Do you ever worry that (METHOD IN 302) may cause side effects or health problems for you?	YES NO	1 2
618	Do you plan to stop using (METHOD in 302) in the next year?	EXPECTS TO STOP WILL CONTINUE USING NOT SURE/DON T KNOW	1 2 8 → 639

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
619	What is the main reason that you plan to stop using (METHOD IN 302)?	FERTILITY-RELATED REASONS INFREQUENT SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS ANOTHER CHILD 26 OPPOSITION TO USE HUSBAND OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 METHOD-RELATED REASONS HEALTH CONCERNS 51 SIDE EFFECTS 52 INCONVENIENT TO USE 53 REST FROM METHOD 54 PROVIDER-RELATED REASONS LACK OF ACCESS/TOO FAR 55 METHOD NOT AVAILABLE 56 COSTS TOO MUCH 57 DISSATISFIED WITH SERVICES 58 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	639
620	CHECK CALENDAR USED METHOD SINCE JANUARY 1993 <input type="checkbox"/> DID NOT USE METHOD SINCE JANUARY 1993 <input type="checkbox"/>		801
621	CHECK CALENDAR AND RECORD THE METHOD DURING THE MOST RECENT PERIOD OF USE SINCE JANUARY 1993	PILL 01 IUD 02 INJECTABLES 03 NORPLANT 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 PROLONGED BREASTFEEDING 11 OTHER _____ 96 (SPECIFY)	
622	Would you say that your general health was better about the same or worse when you were using (METHOD IN 621)?	BETTER 1 ABOUT THE SAME 2 WORSE 3	
623	Do you think that (METHOD IN 621) is convenient to use for you?	YES 1 NO 2	

NO	QUESTIONS AND FILTERS		SKIP TO
624	CHECK CALENDAR AND RECORD THE REASON FOR DISCONTINUATION OF USE IN MOST RECENT PERIOD OF USE	BECAME PREGNANT 01 WANTED A CHILD 02 HUSBAND DISAPPROVED 03 WANTED MORE EFFECTIVE METHOD 04 HEALTH CONCERNS 05 SIDE EFFECTS 06 LACK OF ACCESS/TOO FAR TO SOURCE 07 COST TOO MUCH 08 INCONVENIENT TO USE 09 FATALISTIC 10 UNABLE TO GET PREGNANT/MENOPAUSE 11 MARITAL DISSOLUTION/SEPARATION 12 INFREQUENT SEX/HUSBAND AWAY 13 OTHER _____ 96 (SPECIFY)	626
625	Many women experience side effects or health problems when they use a family planning method. Some of these effects are major and some are minor. Did you have any side effects or health problems which you think were caused by (METHOD IN 621) the last time?	YES 1 NO 2	638
626	What kind of side effects or health problems from (METHOD IN 621) did you have before you stopped using it the last time? RECORD ALL MENTIONED	EXCESSIVE BLEEDING A IRREGULAR PERIODS/NO PERIOD B SWELLING/BLOATING C WEIGHT GAIN D HEADACHES E DIZZINESS F FATIGUE G WEIGHT LOSS H INFLAMMATION/INFECTION I OTHER _____ X (SPECIFY)	
627	How would you describe the side effects or health problems you had overall--would you describe them as serious or not serious?	SERIOUS 1 NOT SERIOUS 2	
628	When you were using (METHOD IN 621) the last time did the side effects or health problems get better over time or did they stay about the same?	GOT BETTER 1 STAYED ABOUT THE SAME 2 GOT WORSE 3	
629	Did you talk about these side effects or health problems with your husband?	YES 1 NO 2	631
630	What did your husband advise you to do?	ADVISED STOPPING USE 1 ADVISED CONTINUING 2 ADVISED SEEING A DOCTOR 3 GAVE NO ADVICE 4 OTHER _____ 6 (SPECIFY)	

NO	QUESTIONS AND FILTERS		SKIP TO
631	Did you talk about these side effects or health problems with anyone else in your family or with your friends and neighbors? IF YES Whom did you talk with? RECORD ALL MENTIONED	MOTHER MOTHER-IN-LAW SISTER(S) SISTER(S)-IN-LAW OTHER FEMALE RELATIVES OTHER MALE RELATIVES FRIENDS/NEIGHBORS OTHER _____ (SPECIFY) DID NOT TALK TO ANYONE	A B C D E F G X Y → 633
632	In general what did most of the persons advise?	ADVISED STOPPING USE ADVISED CONTINUING ADVISED SEEING A DOCTOR GAVE NO ADVICE OTHER _____ (SPECIFY)	1 2 3 4 6
633	Did you consult with a doctor or anyone else at a health care facility about these side effects or health problems?	YES NO	1 2 → 637
634	Was this the same place (where you got (METHOD IN 621)/ where you consulted) when you began using it the last time?	YES NO	1 → 636 2
635	Why did you not return to the same provider? RECORD ALL MENTIONED	COSTS TOO MUCH TOO FAR DISSATISFIED WITH SERVICES OTHER _____ (SPECIFY)	A B C X
636	What did the doctor or other health worker you consulted advise you to do?	ADVISED STOPPING USE ADVISED CONTINUING GAVE NO ADVICE OTHER _____ (SPECIFY)	1 2 3 → 639 6
637	What was the reason you did not consult about the side effects or health problems? PROBE Any other reason?	SIDE EFFECTS NOT SERIOUS PROVIDER TOO FAR PROVIDER TOO COSTLY THOUGHT PROVIDER WOULD BE UNWILLING/UNABLE TO HELP DID NOT KNOW PLACE TO GO NO FEMALE PROVIDER OTHER _____ (SPECIFY)	A B C → 639 D E F X
638	Did you ever worry that (METHOD IN 621) would cause side effects or health problems for you?	YES NO	1 2
639	Have you told someone else that they should use (METHOD IN 621)?	YES NO	1 → 701 2
640	If a friend or relative were to ask about what method to use would you tell them to use (METHOD IN 310) or would you tell them not to use it?	WOULD TELL TO USE METHOD WOULD TELL NOT TO USE METHOD OTHER NOT SURE	1 → 701 2 6 8
641	Why would you not tell them to use the method?	RESPONDENT DID NOT LIKE METHOD OTHER WOMEN MUST CHOOSE SUITABLE METHOD FOR THEMSELVES OTHER _____ (SPECIFY)	1 2 6

SECTION 7 OTHER EPISODES OF USE SINCE 1993

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																								
701	CHECK CALENDAR																										
	HAD ONLY ONE EPISODE OF USE SINCE JANUARY 1993	<input type="checkbox"/>	801																								
	HAD TWO OR MORE EPISODES OF USE SINCE JANUARY 1993	<input type="checkbox"/>																									
	DID NOT USE ANY METHOD SINCE JANUARY 1993	<input type="checkbox"/>	801																								
702	CHECK CALENDAR AND 310 RECORD THE METHOD USED DURING THE MOST RECENT PERIOD OF USE	<table border="0"> <tr><td>PILL</td><td>01</td></tr> <tr><td>IUD</td><td>02</td></tr> <tr><td>INJECTABLES</td><td>03</td></tr> <tr><td>NORPLANT</td><td>04</td></tr> <tr><td>DIAPHRAGM/FOAM/JELLY</td><td>05</td></tr> <tr><td>CONDOM</td><td>06</td></tr> <tr><td>FEMALE STERILIZATION</td><td>07</td></tr> <tr><td>MALE STERILIZATION</td><td>08</td></tr> <tr><td>PERIODIC ABSTINENCE</td><td>09</td></tr> <tr><td>WITHDRAWAL</td><td>10</td></tr> <tr><td>PROLONGED BREASTFEEDING</td><td>11</td></tr> <tr><td>OTHER _____</td><td>96</td></tr> </table>	PILL	01	IUD	02	INJECTABLES	03	NORPLANT	04	DIAPHRAGM/FOAM/JELLY	05	CONDOM	06	FEMALE STERILIZATION	07	MALE STERILIZATION	08	PERIODIC ABSTINENCE	09	WITHDRAWAL	10	PROLONGED BREASTFEEDING	11	OTHER _____	96	
PILL	01																										
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PROLONGED BREASTFEEDING	11																										
OTHER _____	96																										
		(SPECIFY)																									
703	CHECK THE CALENDAR AND RECORD THE METHOD WHICH THE RESPONDENT WAS USING IN THE SEGMENT OF USE IMMEDIATELY PRIOR TO MOST RECENT PERIOD OF USE	<table border="0"> <tr><td>PILL</td><td>01</td></tr> <tr><td>IUD</td><td>02</td></tr> <tr><td>INJECTABLES</td><td>03</td></tr> <tr><td>NORPLANT</td><td>04</td></tr> <tr><td>DIAPHRAGM/FOAM/JELLY</td><td>05</td></tr> <tr><td>CONDOM</td><td>06</td></tr> <tr><td>FEMALE STERILIZATION</td><td>07</td></tr> <tr><td>MALE STERILIZATION</td><td>08</td></tr> <tr><td>PERIODIC ABSTINENCE</td><td>09</td></tr> <tr><td>WITHDRAWAL</td><td>10</td></tr> <tr><td>PROLONGED BREASTFEEDING</td><td>11</td></tr> <tr><td>OTHER _____</td><td>96</td></tr> </table>	PILL	01	IUD	02	INJECTABLES	03	NORPLANT	04	DIAPHRAGM/FOAM/JELLY	05	CONDOM	06	FEMALE STERILIZATION	07	MALE STERILIZATION	08	PERIODIC ABSTINENCE	09	WITHDRAWAL	10	PROLONGED BREASTFEEDING	11	OTHER _____	96	
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WITHDRAWAL	10																										
PROLONGED BREASTFEEDING	11																										
OTHER _____	96																										
		(SPECIFY)																									
704	CHECK 702 AND 703																										
	METHOD IN 702 AND METHOD IN 703 ARE DIFFERENT	<input type="checkbox"/>																									
	METHOD IN 702 AND METHOD IN 703 ARE THE SAME	<input type="checkbox"/>	706																								
705	Now I would like to talk about other methods of family planning that you have used	YES	1 → 708																								
		NO	2 → 707																								
	Before you began using (METHOD IN 702) you had used (METHOD IN 703) Is that correct?																										
706	We have been talking about your current (most recent) period of use I want you to think back now to the last time you used before that	YES	1 → 711																								
		NO	2																								
	You also used (METHOD IN 703) at that time Is that correct?																										
707	PROBE AND CORRECT THE CALENDAR AND Q702-706 AS NECESSARY THEN CONTINUE WITH SECTION 7																										

708	<p>A woman may have a number of reasons for changing the contraceptive method she uses. I am interested in the reasons that you had for changing from (METHOD IN 703) to (METHOD IN 702)</p> <p>Were any of the following among the reasons that caused you to change methods</p>		
		YES NO	
	Did you think you needed to rest from (METHOD IN 703)?	REST FROM USING METHOD	1 2
	Did you want a more effective method?	MORE EFFECTIVE	1 2
	Did your husband want you to change methods?	HUSBAND'S SUGGESTION	1 2
	Did you think you would have fewer side effects?	FEWER SIDE EFFECTS	1 2
	Did you think that (METHOD IN 702) would be easier to use?	EASIER TO USE	1 2
	Were you told about (METHOD IN 702) by other users?	TOLD ABOUT BY OTHER USERS	1 2
	Did the doctor (or other health personnel) tell you to use (METHOD IN 702)?	TOLD BY DOCTOR	1 2
	Were you concerned about the costs?	CONCERNED ABOUT COSTS	1 2

709	<p>Was there any other reason for your decision to change from (METHOD IN 703) to (METHOD IN 702)?</p> <p>_____</p> <p>_____</p> <p>(RECORD ANSWER IN WOMAN'S EXACT WORDS)</p>		
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710	<p>What would you say was the main reason you decided to change methods?</p>		
		REST FROM USING METHOD	01
		MORE EFFECTIVE	02
		HUSBAND'S SUGGESTION	03
		FEWER SIDE EFFECTS	04
		EASIER TO USE	05
		TOLD ABOUT BY OTHER USERS	06
		TOLD BY DOCTOR	07
		CONCERNED ABOUT COSTS	08
		OTHER _____	96
		(SPECIFY)	

→ 801

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																					
711	CHECK CALENDAR AND RECORD REASON FOR DISCONTINUATION IN NEXT-TO-LAST EPISODE OF USE	BECAME PREGNANT WHILE USING <input type="checkbox"/> HAD SIDE EFFECTS <input type="checkbox"/> HAD HEALTH PROBLEMS <input type="checkbox"/> OTHER REASONS <input type="checkbox"/>	801																					
712	<p>We have talked a lot about your current (most recent) use of (METHOD IN 702) Now I am interested in asking a few questions about your earlier experience in using this method</p> <p>Before your current (most recent) period of use you had told me (my colleague) that you had used it but stopped because you (REASON IN 711) I am interested in the reasons you had for using the (METHOD IN 702) again despite the problems you had</p> <p>Were any of the following among the reasons that caused you to use (METHOD IN 702) again</p> <p>Was this because you did not know about any other methods?</p> <p>Was this because you did not know where to go to get other methods?</p> <p>Was this because you did not think other methods would be suitable for you?</p> <p>Was this because other methods would be more expensive?</p> <p>Was this because your husband would not let you use other methods?</p> <p>Was this because your doctor (other health provider) recommended you use (METHOD IN 702) again?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>DID NOT KNOW OTHER METHODS</td> <td>1</td> <td>2</td> </tr> <tr> <td>DID NOT KNOW OTHER SOURCES</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER METHODS NOT SUITABLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER METHODS MORE EXPENSIVE</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND WOULD NOT ALLOW</td> <td>1</td> <td>2</td> </tr> <tr> <td>DOCTOR RECOMMENDED</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	DID NOT KNOW OTHER METHODS	1	2	DID NOT KNOW OTHER SOURCES	1	2	OTHER METHODS NOT SUITABLE	1	2	OTHER METHODS MORE EXPENSIVE	1	2	HUSBAND WOULD NOT ALLOW	1	2	DOCTOR RECOMMENDED	1	2	
	YES	NO																						
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DOCTOR RECOMMENDED	1	2																						
713	<p>Was there any other reason for your decision to use (METHOD IN 702) again?</p> <p>_____</p> <p>_____</p> <p>(RECORD ANSWER IN WOMAN'S EXACT WORDS)</p>																							
714	<p>What would you say was the main reason you decided to use (METHOD IN 702) again?</p>	<table border="1"> <tbody> <tr> <td>DID NOT KNOW OTHER METHODS</td> <td>01</td> </tr> <tr> <td>DID NOT KNOW OTHER SOURCES</td> <td>02</td> </tr> <tr> <td>OTHER METHODS NOT SUITABLE</td> <td>03</td> </tr> <tr> <td>OTHER METHODS EXPENSIVE</td> <td>04</td> </tr> <tr> <td>HUSBAND WOULD NOT ALLOW</td> <td>05</td> </tr> <tr> <td>DOCTOR RECOMMENDED</td> <td>06</td> </tr> <tr> <td>OTHER _____</td> <td>96</td> </tr> </tbody> </table> <p>(SPECIFY)</p>	DID NOT KNOW OTHER METHODS	01	DID NOT KNOW OTHER SOURCES	02	OTHER METHODS NOT SUITABLE	03	OTHER METHODS EXPENSIVE	04	HUSBAND WOULD NOT ALLOW	05	DOCTOR RECOMMENDED	06	OTHER _____	96								
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DOCTOR RECOMMENDED	06																							
OTHER _____	96																							

SECTION 8 FERTILITY PREFERENCES

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	CHECK 202 ONE OR MORE BIRTHS SINCE JANUARY 1993 <input type="checkbox"/>	NO BIRTHS SINCE JANUARY 1993 <input type="checkbox"/>	(SKIP TO 807)
802	CHECK THE CALENDAR AND Q205 AND ENTER THE NAME OF EACH BIRTH SINCE JANUARY 1993 IN Q804 BEGIN WITH THE LAST BIRTH AND RECORD TWINS OR TRIPLETS IN SEPARATE COLUMNS THEN ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS BEGIN WITH THE LAST BIRTH		
803	OFFICE LINE NUMBER	<input type="text"/>	<input type="text"/>
804	FROM CALENDAR OR Q 205	LAST BIRTH NAME <input type="text"/>	NEXT-TO-LAST BIRTH NAME <input type="text"/>
805	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 no (more) children at all?	THEN (GO TO NEXT BIRTH OR Q807) 1 LATER 2 NO MORE (GO TO NEXT BIRTH OR Q807) 3	THEN (GO TO NEXT BIRTH OR Q807) 1 LATER 2 NO MORE (GO TO NEXT BIRTH OR Q807) 3
806	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998 (GO TO NEXT BIRTH OR Q807)	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998 (GO TO Q807)
807	CHECK 222 PREGNANT <input type="checkbox"/>	NOT PREGNANT/ NOT SURE <input type="checkbox"/>	809
808	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 LATER 2 NOT AT ALL 3	
809	CHECK 222 NOT PREGNANT OR UNSURE <input type="checkbox"/> v 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?	PREGNANT <input type="checkbox"/> v Now I have some questions about the future After the child you are expecting would you like to have another child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD 1 → 812 NO MORE/NONE 2 SAYS SHE CAN T GET PREGNANT 3 → 811 UNDECIDED OR DON'T KNOW 8 → 814
810	Do you think this decision is final or do you think you might consider having another child later (after the one you are expecting)?	RESPONDENT MAY CHANGE MIND 1 RESPONDENT IS VERY SURE 2 DON T KNOW 8 → 814	
811	What is the reason that you cannot get pregnant?	MENOPAUSAL 1 HAD HYSTERECTOMY 2 → 1116 INFREQUENT SEX 3 HAS DIFFICULTY BECOMING PREGNANT 4 → 819	

812 | CHECK 222

NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ How long would you like to wait from now before the birth of (a/another) child?	PREGNANT <input type="checkbox"/> ↓ How long would you like to wait after the birth of the child you are expecting before the birth of another child?	MONTHS 1 <input type="checkbox"/> YEARS 2 <input type="checkbox"/> SOON/NOW 994 OTHER _____ 996 (SPECIFY) DON T KNOW 998
-----------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------

813 | Do you think this decision is final or do you think that you might decide later that you do not want another child (after the child you are expecting)?

	RESPONDENT MAY CHANGE MIND 1
	RESPONDENT IS VERY SURE 2
	DON'T KNOW 8

814 | CHECK 809

	WANTS NO MORE <input type="checkbox"/>	→ 817
WANTS ANOTHER CHILD <input type="checkbox"/>	UNDECIDED <input type="checkbox"/>	→ 817

815 | RECORD FERTILITY PREFERENCE AT TIME OF EDHS-95 INTERVIEW FROM COVER PAGE

	HAVE A (ANOTHER) CHILD 1 → 819
	NO MORE/NONE 2
	SAYS SHE CAN'T GET PREGNANT 3 → 819
	UNDECIDED OR DON'T KNOW 8

816 | Going back to the time we last visited you you told my colleague that you (DID NOT WANT/WERE NOT SURE THAT YOU WANTED) another child Now you have told me you would like to have another child

Can you tell me about what caused you to change your mind? PROBE Were there any other reasons?

(RECORD ANSWER IN WOMAN'S EXACT WORDS)

	HUSBAND WANTED CHILD A
	CHILD DIED B
	IMPROVEMENT IN WOMAN'S HEALTH C
	WANTED TO FRATERNIZE OTHER CHILDREN D
	IMPROVEMENT IN HOUSEHOLD ECONOMIC SITUATION E → 819
	SAYS ANSWER IN EDHS-95 NOT CORRECT F
	OTHER _____ X
	(SPECIFY)

817 | RECORD FERTILITY PREFERENCE AT TIME OF EDHS-95 INTERVIEW FROM COVER PAGE

	HAVE A (ANOTHER) CHILD 1
	NO MORE/NONE 2
	SAYS SHE CAN'T GET PREGNANT 3 → 819
	UNDECIDED OR DON T KNOW 8

818 | Going back to the time we last visited you you told my colleague that you wanted to have another child Now you have told me (YOU DO NOT WANT/ARE NOT SURE YOU WANT) another child

Can you tell me about what caused you to change your mind? PROBE Were there any other reasons?

(RECORD ANSWER IN WOMAN S EXACT WORDS)

	PREGNANT WITH CHILD SHE WANTED/HAD CHILD SHE WANTED A
	FINANCIAL SITUATION WORSE B
	DETERIORATING HEALTH/FEAR OF PREGNANCY C
	SAYS ANSWER IN EDHS-95 NOT CORRECT D
	OTHER _____ X
	(SPECIFY)

NO	QUESTIONS AND FILTERS		SKIP TO
819	CHECK 222 NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> v Now I have some questions about your husband Do you think that he would like to have (a/another) child or would he prefer not to have any (more) children? v Now I have some questions about your husband After the child you are expecting would he like to have another child or would he prefer not to have more children?	HAVE A (ANOTHER) CHILD NO MORE/NONE UNDECIDED OR DON'T KNOW	1 → 821 2 8 → 822
820	In your opinion is your husband's decision final or do you think he might consider having another child later (after the child you are expecting)?	HUSBAND MAY CHANGE MIND HUSBAND IS VERY SURE DON'T KNOW	1 2 → 822 8
821	In your opinion is your husband's decision final or do you think that he might decide later that he does not want another child (after the child you are expecting)?	HUSBAND MAY CHANGE MIND HUSBAND IS VERY SURE DON'T KNOW	1 2 8
822	Have you talked with your husband about having another (a) child since we visited you the last time?	YES NO	1 2 → 824
823	When you and your husband talked did you bring up the subject first or did your husband raise it first?	RESPONDENT HUSBAND	1 2
824	At that time did you and your husband agree or did you have different opinions?	AGREED HAD DIFFERENT OPINIONS	1 → 830 2 → 829
825	Have you ever talked with your husband about his childbearing desires?	YES NO	1 → 828 2
826	CHECK 819 WANTS ANOTHER <input type="checkbox"/> WANTS NO MORE <input type="checkbox"/> UNDECIDED/DON'T KNOW <input type="checkbox"/>		→ 830
827	Since you have not discussed it how is it that you know that he (wants/does not want) a (another) child?	HE WANTS AS MANY AS POSSIBLE ALL MEN WANT AS MANY AS POSSIBLE SOMEONE ELSE TOLD RESPONDENT RELIGIOUS REASONS HE PLANS TO TAKE ANOTHER WIFE OVERHEARD HIM TALKING ABOUT IT ALWAYS WANTS TO HAVE SEX OPPOSES USE OF FAMILY PLANNING HASN'T GOT ENOUGH BOYS HASN'T GOT ENOUGH GIRLS OTHER	01 02 03 04 05 06 07 → 830 08 09 10 96
828	Have you and your husband ever had different opinions about whether you should have another (a) child?	YES NO	1 2 → 830

NO	QUESTIONS AND FILTERS		SKIP TO
829	How did you settle your difference of opinion--was your opinion accepted by your husband or did you accept his view--or are you still discussing it?	RESPONDENT'S VIEW ACCEPTED HUSBAND'S VIEW ACCEPTED STILL DISCUSSING	1 2 3
830	If (you could go back to the time you did not have any children and) you could choose exactly the number of children to have in your whole life how many children would that be? RECORD SINGLE NUMBER OR OTHER ANSWER	NUMBER <input type="text"/> <input type="text"/> OTHER ANSWER _____ 96 (SPECIFY) DON'T KNOW 98	→ 832
831	Do you think you can control the number of children you will have?	YES NO	1 2 → 901
832	Do you think your husband 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 MORE CHILDREN FEWER CHILDREN DON'T KNOW	1 → 901 2 3 8 → 901
833	How many children do you think your husband wants? RECORD SINGLE NUMBER OR OTHER ANSWER	NUMBER <input type="text"/> <input type="text"/> OTHER ANSWER _____ 96 (SPECIFY) DON'T KNOW 98	

SECTION 9 REASONS FOR NONUSE AND INTENTION TO USE

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
901	CHECK 301	NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>	1001
902	Do you think you will do anything or use any method to delay or avoid a pregnancy in the future?	YES NO DON'T KNOW	1 2 → 8 → 905
903	Which method would you prefer to use?	PILL 01 IUD 02 INJECTIONS 03 NORPLANT 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 PROLONGED BREASTFEEDING 11 OTHER _____ 96 (SPECIFY) UNSURE 98	
904	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES NO DON'T KNOW	1 → 2 → 908 8 →
905	CHECK 809 AND 812	WANTS NO MORE (NONE) <input type="checkbox"/> UNDECIDED <input type="checkbox"/> WANTS TO WAIT TWO OR MORE YEARS BEFORE BIRTH <input type="checkbox"/> OTHER ANSWER <input type="checkbox"/>	1001

NO	QUESTIONS AND FILTERS		YES	NO
906	You told me that you (DO NOT WANT A ANOTHER CHILD/ NOT SURE YOU WANT ANOTHER CHILD/WANT TO DELAY THE NEXT BIRTH) You also told me that you do not intend to use family planning in the future			
	Are any of the following among the reasons why you do not intend to use family planning			
	Is it because it would be difficult for you to find a source where you could get good services?	HARD TO FIND SOURCE	1	2
	Is it because you are concerned about having a vaginal examination?	CONCERNED ABOUT EXAM	1	2
	Is it because you worry about the health problems or side effects you may have from using method?	HEALTH PROBLEMS/SIDE EFFECTS	1	2
	Is it because your husband is against your using family planning?	HUSBAND OPPOSED	1	2
	Is it because it is difficult for you to find the money to get the method you want?	DIFFICULTY IN FINDING MONEY	1	2
	Is it because you do not know about a place with a female doctor?	FEMALE DOCTOR	1	2
	Is it because you think that religion forbids you to use family planning?	RELIGION FORBIDS	1	2
	Is it because you are not in need of family planning because you have trouble getting pregnant?	TROUBLE GETTING PREGNANT	1	2
	Are there any other reasons why you do not intend to use? OTHER	OTHER DIFFICULTY	1	2
	(SPECIFY)			

907	What is the main reason that you do not plan to use a family planning method in the future?	HUSBAND OPPOSED	01	} →1001
		HARD TO FIND SOURCE	02	
		CONCERNED ABOUT EXAM	03	
		DK FEMALE DOCTOR	04	
		DIFFICULTY IN FINDING MONEY	05	
		HEALTH PROBLEMS/SIDE EFFECTS	06	
		RELIGION FORBIDS	07	
		TROUBLE GETTING PREGNANT	08	
		OTHER	96	
	(SPECIFY)			

NO	QUESTIONS AND FILTERS	SKIP TO
908	CHECK 222	
	NOT PREGNANT OR UNSURE <input type="checkbox"/>	1001
	PREGNANT <input type="checkbox"/>	1001
909	CHECK 809 AND 812	
	WANTS NO MORE <input type="checkbox"/>	1001
	UNDECIDED <input type="checkbox"/>	1001
	WANTS TO WAIT TWO OR MORE YEARS BEFORE BIRTH <input type="checkbox"/>	1001
	OTHER ANSWER <input type="checkbox"/>	1001
910	You told me that you (DO NOT WANT A ANOTHER CHILD/ NOT SURE YOU WANT ANOTHER CHILD/WANT TO DELAY THE NEXT BIRTH)	
	Are any of the following among the reasons that you are not using family planning right now	YES NO
	Is it because you do not know about a place where you can get good services?	HARD TO FIND SOURCE 1 2
	Is it because you must wait until your husband or someone else is able to go with you?	NEEDED TO WAIT FOR SOMEONE TO GO WITH HER 1 2
	Is it because it is difficult for you to find someone to take care of your children while you get a method?	HARD TO FIND CHILDCARE 1 2
	Is it because you are nervous since you have never been to a doctor or health facility about family planning?	NERVOUS ABOUT GOING 1 2
	Is it because you may be embarassed about having a vaginal examination?	EMBARASSED ABOUT EXAM 1 2
	Is it because you are concerned you might have health problems or side effects if you begin using a method?	CONCERNS ABOUT SIDE EFFECTS 1 2
	Is your husband opposed?	HUSBAND OPPOSED AT FIRST 1 2
	Is it because you think you will have difficulty in getting the money to go for a method?	DIFFICULTY IN FINDING MONEY 1 2
	Is it because it will be difficult for you to arrange transport to go to get a method?	NOT AT RISK OF PREGNANCY 1 2
	Are there any other reasons why you are not using right now? OTHER	OTHER REASON 1 2
	(SPECIFY)	
911	What is the main reason that you are not using a family planning method right now?	01
		02
		03
		04
		05
		06
		07
		08
		09
		96
	(SPECIFY)	

SECTION 10 OPINIONS ABOUT CHILDBEARING AND FAMILY PLANNING USE

SKIP
TO

NO	QUESTIONS AND FILTERS		YES	NO
1001	I am going to ask some questions about concerns that women may feel when they think about childbearing. Please let me know if you have any of the following concerns when you think about having children now.			
	Are you concerned that you do not have enough room in your house for another (a) child?	NO ROOM FOR ANOTHER CHILD	1	2
	Are you concerned about the health problems you might face from another pregnancy?	RISK TO OWN HEALTH	1	2
	Are you concerned about the high costs of raising children?	HIGH COSTS OF CHILDREN	1	2
	Are you concerned that if you have too many children you will not be able to rear them properly?	DIFFICULT TO REAR PROPERLY	1	2
	Do you think that your youngest child will be healthier if you wait before you have another (a) child?	HEALTH OF CHILD	1	2
1002	What would you say is your greatest concern about having another child now? _____ _____ (RECORD ANSWER IN WOMAN'S EXACT WORDS)	NO ROOM FOR ANOTHER CHILD RISK TO OWN HEALTH WORRIED ABOUT HIGH COST OF RAISING CHILDREN WORRIED ABOUT REARING CHILDREN PROPERLY HEALTH OF CHILD OTHER		01 02 03 04 05 96
1003	Now I am going to ask some questions about reasons women may have for wanting to have another child. Please let me know if you have ever thought about having another child recently for any of these reasons.			
	Do you ever think that another child would be a help to your husband or you in your work?	CHILD A HELP WITH WORK	1	2
	Do you ever think that you would like another child so that the child can help support you in your old age?	CHILD PROVIDE SUPPORT IN OLD AGE	1	2
	Do you ever think that you would like to "brother" your son or daughter?	BROTHER SON OR DAUGHTER	1	2
	Do you ever think that having another child is important to make your husband happy and tie him to the family?	MAKE HUSBAND HAPPY/TIE HIM	1	2
	Do you ever think that you want another child because a baby brings a special joy to the house?	BABY BRINGS SPECIAL JOY	1	2
1004	What would you say is the greatest benefit for you in having another child now? _____ _____ (RECORD ANSWER IN WOMAN'S EXACT WORDS)	CHILD HELP WITH WORK CHILD PROVIDE OLD AGE SUPPORT BROTHER SON/DAUGHTER MAKE HUSBAND HAPPY/TIE HIM BABY BRINGS SPECIAL JOY OTHER		01 02 03 04 05 96

NO	QUESTIONS AND FILTERS			SKIP TO
1005	Now I would like your opinion about some things A couple wanted four children and they had four girls In your opinion should the couple continue to have children until they have a son?	SHOULD TRY FOR SON SHOULD STOP OTHER _____ (SPECIFY)	1 2 6	
1006	What do you think your husband would say this couple should do?	SHOULD TRY FOR SON SHOULD STOP OTHER _____ (SPECIFY) DON'T KNOW	1 2 6 8	
1007	Another couple also wanted four children and they had four boys In your opinion should the couple continue to have children until they have a daughter?	SHOULD TRY FOR DAUGHTER SHOULD STOP OTHER _____ (SPECIFY)	1 2 6	
1008	What do you think your husband would say this couple should do?	SHOULD TRY FOR DAUGHTER SHOULD STOP OTHER _____ (SPECIFY) DON T KNOW	1 2 6 8	
1009	If a woman cannot have any children would her husband be justified in taking another wife?	YES NO OTHER _____ (SPECIFY)	1 2 6	
1010	Now I would like to ask you about any conversations about family planning you may have had in the past month In the past month have you talked about family planning with your husband? IF YES How often?	NO NOT IN PAST MONTH ONCE OR TWICE MORE OFTEN	1 2 3	→1012
1011	Have you talked about family planning with your husband at any time since we last visited you?	YES NO DON T KNOW	1 2 8	
1012	In the past month have you talked about family planning with any of your (other) relatives or your friends or neighbors? IF YES How often?	NO NOT IN PAST MONTH ONCE OR TWICE MORE OFTEN	1 2 3	→1014
1013	Have you talked about family planning with any of your (other) relatives or friends or neighbors since we last visited you?	YES NO DON'T KNOW	1 2 8	
1014	I am interested in other ways you may have heard about family planning recently Have you listened to any radio shows or spots about family planning in the past month? IF YES How often?	NO ONCE OR TWICE MORE OFTEN DON T KNOW	1 2 3 8	
1015	Have you seen any television shows or spots about family planning on the television in the past month? IF YES How often?	NO ONCE OR TWICE MORE OFTEN DON'T KNOW	1 2 3 8	

NO	QUESTIONS AND FILTERS		SKIP TO
1016	<p>When a woman goes to get some family planning methods she often must have a vaginal examination I would like to know how you feel about having a vaginal examination</p> <p>In general are you willing to have a vaginal examination if it is done by a male doctor?</p>	<p>YES NO DON T KNOW</p>	<p>1 2 → 1018 3</p>
1017	<p>Would you prefer to be examined by a female doctor?</p>	<p>YES NO DON'T KNOW</p>	<p>1 2 → 1019 8</p>
1018	<p>Are you willing to have a vaginal examination if it is done by a female doctor?</p>	<p>YES NO DON T KNOW</p>	<p>1 2 8</p>
1019	<p>CHECK 222</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>v v</p> <p>Do you think having another pregnancy would pose any health risks for you? Do you think that this pregnancy poses any health risks for you?</p>	<p>YES NO DON'T KNOW</p>	<p>1 2 8</p>
1020	<p>CHECK 301</p> <p>CURRENTLY USING <input type="checkbox"/> NOT USING <input type="checkbox"/></p> <p>v v</p> <p>Do you think using family planning poses any health risks for you? Do you think that using family planning would pose any health risks for you?</p>	<p>YES NO DON'T KNOW</p>	<p>1 2 8</p>
1021	<p>In general which do you think poses the greatest health risk for you---having another pregnancy or using a family planning method?</p>	<p>HAVING ANOTHER PREGNANCY USING FAMILY PLANNING OTHER _____ (SPECIFY)</p>	<p>1 2 6</p>

NO	QUESTIONS AND FILTERS			SKIP TO
1022	Now would be easy or difficult for you to become pregnant if you wanted? IF DIFFICULT Why would it be difficult? RECORD ANSWER IN DETAIL	EASY	1	
		DIFFICULT	2	(SPECIFY)
		NOT SURE	8	
1023	Now we would like to ask your opinion about some things Do you think that a breastfeeding mother is at low risk of pregnancy even after her period returns?	YES	1	
		NO	2	
		NOT SURE	8	
1024	When a mother is breastfeeding do you think that using a method like the pill or injectables can affect the breastfeeding?	YES	1	
		NO	2	
		NOT SURE	8	
1025 I would like to collect some information about various contraceptive methods				
ASK QUESTIONS 1026-1031 FOR EACH METHOD				
		IUD	PILL	INJECTABLES
1026	In your opinion is (METHOD) suitable for you to use?	SUITABLE 1 NOT SUITABLE 2 UNSURE IF SUITABLE 3 DON'T KNOW METHOD 8 (GO TO NEXT METHOD) ←	SUITABLE 1 NOT SUITABLE 2 UNSURE IF SUITABLE 3 DON'T KNOW METHOD 8 (GO TO NEXT METHOD) ←	SUITABLE 1 NOT SUITABLE 2 UNSURE IF SUITABLE 3 DON'T KNOW METHOD 8 (GO TO 1032) ←
1027	Is (METHOD) more likely less likely or about as likely as other methods to cause side effects or health problems?	MORE LIKELY 1 ABOUT AS LIKELY 2 LESS LIKELY 3 NOT SURE 8	MORE LIKELY 1 ABOUT AS LIKELY 2 LESS LIKELY 3 NOT SURE 8	MORE LIKELY 1 ABOUT AS LIKELY 2 LESS LIKELY 3 NOT SURE 8
1028	Have you heard about anyone in your community who recently experienced any side effects or health problems from using (METHOD)?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
1029	What are some of the side effects or health problems from (METHOD)? RECORD ALL MENTIONED	EXCESSIVE BLEEDING A IRREGULAR PERIODS NO PERIOD B SWELLING/BLOATING C WEIGHT GAIN D HEADACHES E DIZZINESS F FATIGUE G WEIGHT LOSS H OTHER X (SPECIFY) DON'T KNOW Z	EXCESSIVE BLEEDING A IRREGULAR PERIODS NO PERIOD B SWELLING/BLOATING C WEIGHT GAIN D HEADACHES E DIZZINESS F FATIGUE G WEIGHT LOSS H OTHER X (SPECIFY) DON'T KNOW Z	EXCESSIVE BLEEDING A IRREGULAR PERIODS NO PERIOD B SWELLING/BLOATING C WEIGHT GAIN D HEADACHES E DIZZINESS F FATIGUE G WEIGHT LOSS H OTHER X (SPECIFY) DON T KNOW Z
1030	In your opinion must women who use (METHOD) have a good diet?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON T KNOW 8
1031	Do you think your husband approves or disapproves of (METHOD)?	APPROVES 1 DISAPPROVES 2 NOT SURE 8 (GO TO NEXT METHOD)	APPROVES 1 DISAPPROVES 2 NOT SURE 8 (GO TO NEXT METHOD)	APPROVES 1 DISAPPROVES 2 NOT SURE 8 (GO TO 1032)

NO	QUESTIONS AND FILTERS		SKIP TO
1032	A woman wants to use family planning but her husband does not approve. Would you agree with her using without her husband's knowledge if another pregnancy would be dangerous for her health?	YES NO NOT SURE	1 2 3
1033	If your husband did not agree with your using family planning do you think that there are any circumstances under which you would use?	YES NO NOT SURE	1 2 3
1034	Sometimes a woman will have an abortion if she becomes pregnant when she does not want more children. Is having an abortion acceptable under some circumstances or is it always wrong? IF ALWAYS WRONG PROBE Even when another pregnancy will cause health problems for the woman?	ALWAYS WRONG SOMETIMES ACCEPTABLE OTHER _____ (SPECIFY)	1 2 6
1035	A woman can have an operation that will prevent her from becoming pregnant ever again. Do you approve or disapprove of a woman using this method?	APPROVE DISAPPROVE OTHER _____ (SPECIFY)	1 2 → 1101 6
1036	Would you consider having such an operation at any time in the future?	WOULD CONSIDER WOULD NOT CONSIDER OTHER _____ (SPECIFY)	1 2 6

SECTION 12 HUSBAND

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
1101	Now I would like to ask you some questions about your husband Is your husband currently working?	YES NO	1 → 1104 2
1102	Why is he not currently working?	CANNOT FIND WORK SICK/INJURED OTHER _____ (SPECIFY)	1 2 6
1103	Has he done any work in the last 12 months?	YES NO	1 2 → 1107
1104	Has he been unemployed for a month or longer during the past 12 months?	YES NO	1 2
1105	In his current/most recent job does(did) your husband work for a member of his family for someone else or is he self-employed?	FOR FAMILY MEMBER FOR SOMEONE ELSE FOR HIMSELF	1 2 3 → 1107
1106	In his current/most recent job does(did) he earn a regular wage or salary?	YES NO	1 2
1107	Is your husband living with you now or is he travelling or does he live elsewhere?	LIVES WITH HER TRAVELLING LIVES ELSEWHERE	1 → 1109 2 3
1108	How many days has he been away this time?	DAYS WEEKS MONTHS YEARS	1 2 3 4
1109	Since we last visited you on how many nights has your husband been away from home?	NEVER NUMBER OF NIGHTS HUSBAND HAS BEEN AWAY	00 → 1111 <input type="text"/>
1110	When your husband is away how many nights is he gone on average?	DAYS WEEKS MONTHS YEARS	1 2 3 4
1111	Since we last visited you on how many nights have you been away from home?	NEVER NUMBER OF NIGHTS RESPONDENT HAS BEEN AWAY	00 → 1113 <input type="text"/>

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
1112	On average how many nights were you gone?	DAYS WEEKS MONTHS YEARS	1 2 3 4
1113	Some women have told us that they go to stay with their own family or someone else for some time because they are having a disagreement with their husbands Have you ever done this?	YES NO	1 2 → 1116
1114	Have you done this since we last visited you?	YES NO	1 2 → 1116
1115	When you last went did your husband send you away or did you yourself go away?	HUSBAND SENT RESPONDENT DECIDED TO GO OTHER	1 2 6
1116	RECORD WHETHER ANY OF THE FOLLOWING PERSONS WERE PRESENT DURING MOST OR PART OF THE INTERVIEW - Husband? - Other adult men? - Respondent's mother? - Respondent's mother-law? - Other adult women? - Children?	HUSBAND OTHER ADULT MEN RESP MOTHER RESP MOTHER-IN-LAW OTHER ADULT WOMEN CHILDREN	NOT MOST PART PRESENT 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3
1117	RECORD THE TIME	HOUR MINUTES	

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY COMPLETE QUESTIONS 1201-1202 AS APPROPRIATE
BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD

1201	DEGREE OF COOPERATION	POOR	1
		FAIR	2
		GOOD	3
		VERY GOOD	4

1202 INTERVIEWER'S COMMENTS

1203 FIELD EDITOR'S COMMENTS

1204 SUPERVISOR'S/ASSISTANT SUPERVISOR'S COMMENTS

1205 OFFICE EDITOR'S COMMENTS

ELIGIBLE WOMEN SCHEDULE

We would like to have some information about eligible women who were living in your household at the time of the last interview

NO	ELIGIBLE WOMEN	RESIDENCE FOR ELIGIBLE WOMEN		NEW ADDRESS FOR WOMEN	PERSON PROVIDING INFORMATION
		003	004		
001	002	003	004	005	006
	COPY THE NAMES OF ELIGIBLE WOMEN FROM THE LIST PROVIDED BY THE OFFICE RECORD THE LINE NUMBERS FOR EACH WOMAN FROM THE LIST	Is (NAME) still a usual resident in this household? IF YES GO TO 003 FOR NEXT ELIGIBLE WOMAN	Why is (NAME) no longer in this household? 1 MOVED TO NEW HOUSEHOLD 2 DIED 3 LIVES ABROAD 6 OTHER (SPECIFY) IF 2 3 OR 6 GO TO 003 FOR NEXT ELIGIBLE WOMAN	IF ELIGIBLE WOMAN MOVED ASK FOR HER COMPLETE ADDRESS INCLUDING THE LOCALITY AND TELEPHONE NUMBER	RECORD NAME AND ADDRESS OF PERSON WHO PROVIDED INFORMATION ON THE WOMAN'S NEW ADDRESS GO TO 003 FOR NEXT ELIGIBLE WOMAN OR TO 007 IF THERE IS NO OTHER ELIGIBLE WOMAN
		YES NO		STREET _____	NAME _____
01	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>	LOCALITY _____	ADDRESS _____
				TEL NO _____	
02	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>	STREET _____	NAME _____
				LOCALITY _____	ADDRESS _____
				TEL NO _____	
03	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>	STREET _____	NAME _____
				LOCALITY _____	ADDRESS _____
				TEL NO _____	
04	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>	STREET _____	NAME _____
				LOCALITY _____	ADDRESS _____
				TEL NO _____	
05	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>	STREET _____	NAME _____
				LOCALITY _____	ADDRESS _____
				TEL NO _____	
06	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/>	STREET _____	NAME _____
				LOCALITY _____	ADDRESS _____
				TEL NO _____	

007 CHECK 003-005 AND RECORD

TOTAL NUMBER OF ELIGIBLE WOMEN FOUND IN THE HOUSEHOLD

TOTAL NUMBER OF ELIGIBLE WOMEN LIVING ELSEWHERE

008 INTERVIEWER COMPLETE THE FOLLOWING INFORMATION ONLY FOR HOUSEHOLDS IN THE HUSBAND SUBSAMPLE IF THE HOUSEHOLD IS NOT IN THE HUSBAND SUBSAMPLE GO TO 015A

Now I would also like to know if the husbands of the women we need to interview are living here

NO	HUSBANDS OF ELIGIBLE WOMEN	RESIDENCE FOR HUSBANDS		NEW ADDRESS FOR HUSBANDS	PERSON PROVIDING INFORMATION
		011	012		
009	010			013	014
	COPY THE NAME OF THE HUSBAND FOR EACH ELIGIBLE WOMAN IN THE HOUSEHOLD FROM THE LIST PROVIDED BY THE OFFICE RECORD THE LINE NUMBER FOR EACH HUSBAND FROM THE LIST	Is (NAME) still a usual resident in this household? IF YES GO TO 011 FOR NEXT HUSBAND	Why is (NAME) no longer in this household? 1 MOVED TO NEW HOUSEHOLD 2 DIED 3 LIVES ABROAD 6 OTHER (SPECIFY) IF 2 3 OR 6 GO TO 011 FOR NEXT HUSBAND	IF THE HUSBAND IS USUALLY LIVING AT AN ADDRESS WHICH IS DIFFERENT FROM THAT OF THE ELIGIBLE WOMAN RECORD HIS ADDRESS BELOW INCLUDING THE LOCALITY AND TELEPHONE NUMBER	RECORD NAME AND ADDRESS OF PERSON WHO PROVIDED INFORMATION ON THE HUSBAND'S ADDRESS GO TO 011 FOR NEXT ELIGIBLE WOMAN OR TO 015 IF THERE IS NO OTHER ELIGIBLE HUSBAND
		YES NO		STREET _____	NAME _____
01	<input type="text"/>	1 2	<input type="checkbox"/>	LOCALITY _____	ADDRESS _____
				TEL NO _____	
02	<input type="text"/>	1 2	<input type="checkbox"/>	STREET _____	NAME _____
				LOCALITY _____	ADDRESS _____
				TEL NO _____	
03	<input type="text"/>	1 2	<input type="checkbox"/>	STREET _____	NAME _____
				LOCALITY _____	ADDRESS _____
				TEL NO _____	
04	<input type="text"/>	1 2	<input type="checkbox"/>	STREET _____	NAME _____
				LOCALITY _____	ADDRESS _____
				TEL NO _____	
05	<input type="text"/>	1 2	<input type="checkbox"/>	STREET _____	NAME _____
				LOCALITY _____	ADDRESS _____
				TEL NO _____	
06	<input type="text"/>	1 2	<input type="checkbox"/>	STREET _____	NAME _____
				LOCALITY _____	ADDRESS _____
				TEL NO _____	

015 CHECK 011-013 AND RECORD

TOTAL NUMBER OF HUSBANDS OF ELIGIBLE WOMEN FOUND IN THE HOUSEHOLD

TOTAL NUMBER OF HUSBANDS OF ELIGIBLE WOMEN LIVING ELSEWHERE

015A CHECK 007

IF THE TOTAL NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD IS SKIP TO 032

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
016	CHECK THE COVER PAGE OF THE QUESTIONNAIRE AND INDICATE BELOW WHETHER THE HOUSEHOLD HAS MOVED SINCE THE FIRST ROUND OF THE EGYPT INDEPTH SURVEY (EIS) MOVED SINCE FIRST EIS INTERVIEW <input type="checkbox"/> DID NOT MOVE <input type="checkbox"/>	032	
017	CHECK THE HOUSEHOLD'S CURRENT ADDRESS ON COVER PAGE AND CIRCLE THE APPROPRIATE CODE FOR THE LOCALITY	LIVING IN SAME SHIAKHA/VILLAGE AS AT TIME OF FIRST EIS INTERVIEW 1 LIVING IN OTHER SHIAKHA IN SAME CITY/TOWN 2 LIVING IN OTHER CITY/TOWN 3 LIVING IN OTHER VILLAGE 4 OTHER _____ 6 (SPECIFY)	
018	Now I would like to ask some questions about your household Can you tell me how many persons usually live in your household?	PERSONS <input type="text"/> <input type="text"/>	
019	What type of dwelling does your household live in?	APARTMENT 1 FREE STANDING HOUSE 2 OTHER _____ 6 (SPECIFY)	
020	Is your dwelling owned by your household or not? IF OWNED Is it owned solely by your household or jointly with someone else?	OWNED 1 OWNED JOINTLY 2 RENTED 3 OTHER _____ 6 (SPECIFY)	
021	MAIN MATERIAL OF THE FLOOR RECORD YOUR OBSERVATIONS	NATURAL FLOOR EARTH/SAND 11 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 CERAMIC/MARBLE TILES 32 CEMENT TILES 33 CEMENT 34 WALL-TO-WALL CARPET 35 OTHER _____ 96 (SPECIFY)	
022	How many rooms are there in your dwelling (excluding the bathrooms kitchens and stairway areas)?	ROOMS <input type="text"/> <input type="text"/>	
023	How many of the rooms are used for sleeping?	ROOMS <input type="text"/> <input type="text"/>	
024	Is there a special room used only for cooking inside or outside the dwelling?	YES 1 NO 2	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
025	What is the source of water your household uses for drinking?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT 11 PUBLIC TAP 12 WELL WATER WELL IN RESIDENCE/YARD/PLOT 21 PUBLIC WELL 22 SURFACE WATER NILE/CANALS 31 BOTTLED WATER 41 OTHER 96 (SPECIFY)	027 027 027
026	How long does it take to go there get water and come back?	MINUTES	<input type="text"/>
027	What kind of toilet facility does your household have?	MODERN FLUSH TOILET 11 TRADITIONAL WITH TANK FLUSH 12 TRADITIONAL WITH BUCKET FLUSH 13 PIT TOILET/LATRINE 21 NO FACILITY 31 OTHER 96 (SPECIFY)	
028	Are there electrical connections in all or only part of the dwelling unit?	YES IN ALL 1 YES IN PART 2 HAS NO ELECTRICAL CONNECTIONS 3	
029	Does your household have		YES NO
	An electric fan?	ELECTRIC FAN	1 2
	A gas/electric cooking stove?	GAS/ELECTRIC COOKING STOVE	1 2
	A water heater?	WATER HEATER	1 2
	A refrigerator?	REFRIGERATOR	1 2
	A sewing machine?	SEWING MACHINE	1 2
	An automatic washing machine?	AUTOMATIC WASHING MACHINE	1 2
	Any other washing machine?	OTHER WASHING MACHINE	1 2
030	Do you or any member of your household own		YES NO
	A bicycle?	BICYCLE	1 2
	A private car/motorcycle?	CAR/MOTORCYCLE	1 2
	Farm or other land?	FARM/OTHER LAND	1 2
	Livestock (donkeys horses cows sheep etc)/poultry?	LIVESTOCK/POULTRY	1 2
031	Does your household have		YES NO
	A radio?	RADIO	1 2
	A black and white television?	BLACK AND WHITE TELEVISION	1 2
	A color television?	COLOR TELEVISION	1 2

OBSERVATIONS

THANK THE RESPONDENT FOR PROVIDING THE INFORMATION FOR THE SURVEY COMPLETE QUESTIONS 032-034
AS APPROPRIATE BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD

032 DEGREE OF COOPERATION

POOR
FAIR
GOOD
VERY GOOD

1
2
3
4

033 ADVISE THE TEAM SUPERVISOR REGARDING IF THE HOUSEHOLD OR ANY OF THE ELIGIBLE WOMEN OR THEIR
HUSBANDS MOVED SINCE THE FIRST EIS INTERVIEW

034 INTERVIEWER'S COMMENTS

035 FIELD EDITOR'S COMMENTS

036 SUPERVISOR'S COMMENTS

037 OFFICE EDITOR'S COMMENTS

SECTION 1 RESPONDENT S BACKGROUND

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
101	RECORD THE TIME	HOUR MINUTES	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
102	COPY THE NAME OF THE WOMAN'S HUSBAND FROM B101 IN THE BACKGROUND INFORMATION FORM _____ (NAME OF HUSBAND) For the purpose of this study we would like to check on your marital status At the time of our last conversation with you you were married to (NAME OF HUSBAND) Are you still married to him?	MARRIED TO SAME HUSBAND MARRIED TO NEW HUSBAND WIDOWED DIVORCED	1 2 3 → 712 4						
103	CHECK B102 IN THE BACKGROUND INFORMATION FORM <table border="0"> <tr> <td data-bbox="342 674 558 768"> WORKING AT THE TIME OF FIRST EIS INTERVIEW </td> <td data-bbox="516 705 558 747"> <input type="checkbox"/> </td> <td data-bbox="699 674 915 768"> NOT WORKING AT THE TIME OF FIRST EIS INTERVIEW </td> <td data-bbox="873 705 915 747"> <input type="checkbox"/> </td> </tr> </table>	WORKING AT THE TIME OF FIRST EIS INTERVIEW	<input type="checkbox"/>	NOT WORKING AT THE TIME OF FIRST EIS INTERVIEW	<input type="checkbox"/>	→ 105			
WORKING AT THE TIME OF FIRST EIS INTERVIEW	<input type="checkbox"/>	NOT WORKING AT THE TIME OF FIRST EIS INTERVIEW	<input type="checkbox"/>						
104	You were working at the time that we last visited you Are you still working? IF YES At the same job?	YES SAME JOB YES DIFFERENT JOB NO	1 → 109 2 → 106 3 → 109						
105	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 a family business You were not working at the time that we last visited you Are you currently doing any of these things or any other work?	YES NO	1 2 → 109						
106	What is your occupation that is what kind of work do you mainly do now? RECORD ANSWER IN DETAIL	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					<table border="1"> <tr><td> </td><td> </td></tr> </table>		
107	Do you do this work for a member of your family for someone else or are you self-employed?	FOR FAMILY MEMBER FOR SOMEONE ELSE SELF-EMPLOYED	1 2 3 → 108A						
108	Are you paid in cash or kind both cash and kind or are you not paid at all?	ONLY CASH BOTH CASH AND KIND ONLY KIND NOT PAID	1 2 3 4						
108A	Do you receive cash or payment in kind for the work that you do?	NOT PAID	4						

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
109	Do you think that the economic condition of your household is better worse or the same as it was the last time we visited you?	BETTER WORSE SAME	1 2 3
110	Did you have any health problems or illnesses during the time since we last visited you?	YES NO	1 2 → 114
111	What health problems or illnesses did you have? RECORD ALL MENTIONED	GYNECOLOGICAL PROBLEMS ABORTION MISCARRIAGE/STILL BIRTH HEAVY/IRREGULAR BLEEDING INFLAMMATION/INFECTION OTHER PREGNANCY-RELATED OTHER NON-PREGNANCY RELATED HEART/BLOOD PRESSURE PROBLEMS COUGH/COLD OTHER RESPIRATORY ILLNESSES GASTROINTESTINAL ILLNESSES DIABETES ANEMIA FATIGUE HEADACHE FEVER WEAKNESS PSYCHOLOGICAL PROBLEMS INJURY FROM ACCIDENT/OTHER CAUSE OTHER _____ (SPECIFY)	A B C D E F G H I J K L M N O P Q R X
112	Were any of these problems or illnesses which you had serious?	YES NO	1 2
113	Did you go to the doctor or any health facility for treatment of any of the health problems or illnesses which you had since our last visit?	YES NO	1 2
114	Since our last visit have you gone to a doctor or health facility for a regular checkup or any (other) health services for yourself?	YES NO	1 2
115	Overall would you say that your health is better worse or about the same as it was the last time we visited you?	BETTER WORSE SAME	1 2 3
116	CHECK THE COVER PAGE OF THE QUESTIONNAIRE AND INDICATE BELOW WHETHER THE RESPONDENT HAS MOVED SINCE THE EIS INTERVIEW		
	MOVED SINCE FIRST EIS INTERVIEW <input type="checkbox"/> DID NOT MOVE <input type="checkbox"/>		→ 201
117	CHECK THE RESPONDENT S CURRENT ADDRESS ON COVER PAGE AND CIRCLE THE APPROPRIATE CODE FOR THE LOCALITY	LIVING IN SAME SHIAKHA/VILLAGE AS AT THE TIME OF FIRST EIS INTERVIEW LIVING IN OTHER SHIAKHA IN SAME CITY/TOWN LIVING IN OTHER CITY/TOWN LIVING IN OTHER VILLAGE OTHER _____ (SPECIFY)	1 2 3 4 6

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
118	Now I would like to ask some questions about your household Can you tell me how many persons usually live in your household?	PERSONS	<input type="text"/>
119	What type of dwelling does your household live in?	APARTMENT 1 FREE STANDING HOUSE 2 OTHER _____ 6 (SPECIFY)	
120	Is your dwelling owned by your household or not? IF OWNED Is it owned solely by your household or jointly with someone else?	OWNED 1 OWNED JOINTLY 2 RENTED 3 OTHER _____ 6 (SPECIFY)	
121	MAIN MATERIAL OF THE FLOOR RECORD YOUR OBSERVATIONS	NATURAL FLOOR EARTH/SAND 11 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 CERAMIC/MARBLE TILES 32 CEMENT TILES 33 CEMENT 34 WALL-TO-WALL CARPET 35 OTHER _____ 96 (SPECIFY)	
122	How many rooms are there in your dwelling (excluding the bathrooms kitchens and stairway areas)?	ROOMS	<input type="text"/>
123	How many of the rooms are used for sleeping?	ROOMS	<input type="text"/>
124	Is there a special room used only for cooking inside or outside the dwelling?	YES 1 NO 2	
125	What is the source of water your household uses for drinking?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT 11 → 127 PUBLIC TAP 12 WELL WATER WELL IN RESIDENCE/YARD/PLOT 21 → 127 PUBLIC WELL 22 SURFACE WATER NILE/CANALS 31 BOTTLED WATER 41 → 127 OTHER _____ 96 (SPECIFY)	
126	How long does it take to go there get water and come back?	MINUTES	<input type="text"/>
127	What kind of toilet facility does your household have?	MODERN FLUSH TOILET 11 TRADITIONAL WITH TANK FLUSH 12 TRADITIONAL WITH BUCKET FLUSH 13 PIT TOILET/LATRINE 21 NO FACILITY 31 OTHER _____ 96 (SPECIFY)	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
128	Are there electrical connections in all or only part of the dwelling unit?	YES IN ALL YES IN PART HAS NO ELECTRICAL CONNECTIONS	1 2 3
129	Does your household have		YES NO
	An electric fan?	ELECTRIC FAN	1 2
	A gas/electric cooking stove?	GAS/ELECTRIC COOKING STOVE	1 2
	A water heater?	WATER HEATER	1 2
	A refrigerator?	REFRIGERATOR	1 2
	A sewing machine?	SEWING MACHINE	1 2
	An automatic washing machine?	AUTOMATIC WASHING MACHINE	1 2
	Any other washing machine?	OTHER WASHING MACHINE	1 2
130	Do you or any member of your household own		YES NO
	A bicycle?	BICYCLE	1 2
	A private car/motorcycle?	CAR/MOTORCYCLE	1 2
	Farm or other land?	FARM/OTHER LAND	1 2
	Livestock (donkeys horses cows sheep etc)/poultry?	LIVESTOCK/POULTRY	1 2
131	Does your household have		YES NO
	A radio?	RADIO	1 2
	A black and white television?	BLACK AND WHITE TELEVISION	1 2
	A color television?	COLOR TELEVISION	1 2

SECTION 2 REPRODUCTIVE HISTORY SINCE FIRST EIS INTERVIEW

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
201	CHECK B103 IN BACKGROUND INFORMATION FORM AND RECORD THE TOTAL NUMBER OF LIVE BIRTHS WHICH THE RESPONDENT HAD AT THE TIME OF THE FIRST EIS INTERVIEW	TOTAL NUMBER OF LIVE BIRTHS AT TIME OF FIRST EIS INTERVIEW	<input type="text"/>				
202	Now we would like to ask you some questions about any births or pregnancies that you have had since our last visit Have you had a live birth since the time of our last visit?	YES NO	1 2 → 214				
203	How many births have you had since our last visit?	NUMBER OF BIRTHS SINCE FIRST EIS INTERVIEW	<input type="text"/>				
204	I would like to collect some information about the birth(s) which you had since we visited you RECORD NAME(S) OF THE BIRTH(S) IN 205 RECORD TWINS AND TRIPLETS ON SEPARATE LINES AND MARK WITH A BRACKET COMPLETE 206-212 FOR THE BIRTH(S) AFTER RECORDING THE INFORMATION FOR THE BIRTH(S) GO TO 213						
205	206	207	208	209	210	211	212
What name was given to your baby?	RECORD SINGLE OR MULTIPLE STATUS	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE What is his/her birthday? OR In what season was he/she born?	Is (NAME) still alive?	IF ALIVE How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS	IF ALIVE Is (NAME) living with you?	IF DEAD How old was (NAME) when he/she died? IF '1 YR', PROBE How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH MONTHS OTHERWISE
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 212	AGE IN YEARS <input type="text"/>	YES 1 NO 2 (GO TO NEXT BIRTH OR 213 IF NO OTHER BIRTHS)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/>
(NAME)							
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 212	AGE IN YEARS <input type="text"/>	YES 1 NO 2 (GO TO NEXT BIRTH OR 213 IF NO OTHER BIRTHS)	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/>
(NAME)							
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	YES 1 NO 2 212	AGE IN YEARS <input type="text"/>	YES 1 NO 2 (GO TO 213) OR 213 IF	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/>
(NAME)							
213	FOR THE BIRTH(S) SINCE THE FIRST EIS INTERVIEW ENTER B IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND P IN EACH OF THE 8 PRECEDING MONTHS PROBE TO RECONCILE ANY DIFFERENCES BETWEEN THE DATES OF RECENT BIRTHS AND THE INFORMATION RECORDED IN THE CALENDAR FROM THE EDHS INTERVIEW-95 AND THE FIRST EIS INTERVIEW						

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
214	CHECK B104 IN BACKGROUND INFORMATION FORM AND RECORD THE TOTAL NUMBER OF LIVING CHILDREN WHICH THE RESPONDENT HAD AT THE TIME OF THE FIRST EIS INTERVIEW	NUMBER <input type="text"/>	223
	ONE OR MORE LIVING CHILDREN <input type="text"/>	NO LIVING CHILDREN <input type="text"/>	
215	Sometimes unfortunately a child dies. Because our study is about health matters we would like to know about any of your other children who may have died - may God forbid - since our last visit.	YES NO	1 2 → 223
	Have any of your other children died since then?		
216	INTERVIEWER GO TO 217 OFFICE STAFF CHECK 215 AND 217 AND RECORD THE NUMBER OF CHILDREN WHO HAVE DIED SINCE THE FIRST EIS INTERVIEW IF NO CHILDREN RECORD '0'	NUMBER OF CHILDREN WHO HAD DIED SINCE THE FIRST EIS INTERVIEW <input type="text"/>	
217	What was the name of the child who died?	218	219
	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?	220 How old was (NAME) when he/she died?
		PROBE What was his/her birthday? OR In what season was he/she born?	IF '1 YR' PROBE How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH MONTHS IF LESS THAN TWO YEARS
			221 FOR OFFICE EDITOR CHECK THE EDHS-95 AND THE FIRST EIS QUESTIONNAIRES FOR THE RESPONDENT AND ENTER THE LINE NUMBER FROM THE BIRTH HISTORY FOR THE CHILD WHO DIED
01	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>
	(NAME)		(GO TO NEXT BIRTH OR 222) ←
02	BOY 1 GIRL 2	MONTH <input type="text"/> YEAR <input type="text"/>	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/>
	(NAME)		(GO TO 222) ←
222	CHECK 219 FOR ALL CHILDREN BORN SINCE JANUARY 1993. CHECK THAT THE BIRTH WAS RECORDED IN THE CALENDAR AND THAT THE BIRTH DATES IN THE CALENDAR AND Q219 ARE CONSISTENT. PROBE TO RECONCILE ANY DIFFERENCES.		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
223	CHECK B105 IN THE BACKGROUND INFORMATION FORM	PREGNANT AT THE TIME OF FIRST EIS INTERVIEW <input type="checkbox"/> NOT PREGNANT/NOT SURE AT THE TIME OF FIRST EIS INTERVIEW <input type="checkbox"/>	226
224	CHECK 202 AND THE CALENDAR	PREGNANCY AT TIME OF FIRST EIS DIDN'T RECORD AS A LIVE BIRTH <input type="checkbox"/> PREGNANCY AT TIME OF EIS RECORDED AS A LIVE BIRTH <input type="checkbox"/>	226
225	At the time of our last visit you said that you were pregnant What was the outcome of that pregnancy? PROBE How did that pregnancy end?	DID NOT REPORT PREGNANCY 1 HAD "FALSE" PREGNANCY 2 MISCARRIAGE 3 ABORTION 4 STILL BIRTH 5	
226	Since our interviewer visited you the last time have you had any (other) pregnancy that did not end in a live birth?	YES 1 NO 2	
227	*ASK THE DATE THE DURATION AND THE OUTCOME FOR EACH EARLIER PREGNANCY UP TO THE MONTH OF THE FIRST EIS INTERVIEW PROBE FOR ALL PREGNANCIES THAT ENDED WITH MISCARRIAGE ABORTION OR STILL BIRTH IF THERE WAS NO PREGNANCY THAT ENDED WITH MISCARRIAGE ABORTION OR STILL BIRTH *IN THE CALENDAR ENTER THE APPROPRIATE CODE FOR THE OUTCOME OF THE PREGNANCY IN THE MONTH THAT EACH PREGNANCY ENDED 'M' FOR MISCARRIAGE 'A' FOR ABORTION OR 'S' FOR STILL BIRTH ENTER 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS PROBE TO RECONCILE ANY DIFFERENCES BETWEEN THE TIMING OF THE RECENT PREGNANCY AND INFORMATION ON EVENTS RECORDED IN THE CALENDAR AT THE TIME OF THE FIRST EIS INTERVIEW		228
228	Are you pregnant now?	YES 1 NO 2 UNSURE 8	231
229	How many months pregnant are you?	MONTHS <input type="text"/>	
230	ENTER "P" IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT PROBE TO RECONCILE ANY INCONSISTENCIES		
231	CHECK B106 AND RECORD WHETHER THE WOMAN HAD A BIRTH SINCE JANUARY 1995	HAD BIRTH SINCE JANUARY 1995 AND UP TO FIRST EIS INTERVIEW <input type="checkbox"/> NO BIRTH SINCE JANUARY 1995 AND UP TO FIRST EIS INTERVIEW <input type="checkbox"/>	241

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
232	<p>CHECK B107 AND RECORD WHETHER THE WOMAN WAS POSTPARTUM ABSTAINING AT THE TIME OF THE FIRST EIS INTERVIEW</p> <p>ABSTAINING FROM SEX AFTER THE BIRTH OF A CHILD AT THE TIME OF THE EIS INTERVIEW <input type="checkbox"/></p> <p>CHECK CALENDAR RECORD NAME(S) OF LAST BIRTH PRIOR TO THE FIRST EIS INTERVIEW</p> <p>NOT ABSTAINING FROM SEX AT THE TIME OF THE EIS INTERVIEW <input type="checkbox"/></p>	236	
233	<p>CHECK 224 226 228 AND CALENDAR</p> <p>NO PREGNANCIES SINCE LAST LIVE BIRTH <input type="checkbox"/></p> <p>CURRENTLY PREGNANT/HAD PREGNANCY SINCE LAST LIVE BIRTH <input type="checkbox"/></p>	235	
234	<p>At the time of our last visit you told us that you had not yet resumed sexual relations with your husband following the birth of (NAME OF LAST BIRTH PRIOR TO FIRST EIS INTERVIEW) Have you resumed sexual relations since our last visit?</p>	<p>YES NO</p>	<p>1 2 → 235A</p>
235	<p>For how many months after our last visit did you <u>not</u> have sexual relations with your husband?</p> <p>PROBES For how many months after the birth of (NAME OF THE CHILD BORN BEFORE THE THE FIRST EIS INTERVIEW) did you abstain from sexual relations?</p> <p>IF THE RESPONDENT ANSWERS IN TERMS OF THE NUMBER OF MONTHS AFTER THE BIRTH OF THE CHILD SHE HAD BEFORE THE EIS INTERVIEW USE THE INFORMATION ON THE BIRTH DATE OF THE CHILD IN THE CALENDAR WHICH IS PRINTED IN THE BACKGROUND INFORMATION FORM TO DETERMINE THE NUMBER OF MONTHS THE WOMAN ABSTAINED DURING THE PERIOD SINCE THE FIRST EIS INTERVIEW</p> <p>ENTER X IN COLUMN 3 OF THE CALENDAR FOR THE NUMBER OF MONTHS IN WHICH THE RESPONDENT DID NOT HAVE SEXUAL RELATIONS STARTING IN THE MONTH AFTER THE FIRST EIS INTERVIEW</p>		
235A	<p>ENTER 'X' IN COLUMN 3 OF THE CALENDAR STARTING IN THE MONTH FOLLOWING THE EIS INTERVIEW THROUGH THE MONTH OF THE CURRENT INTERVIEW</p>		
236	<p>CHECK B108 AND RECORD WHETHER THE WOMAN WAS POSTPARTUM AMENORRHEIC AT THE TIME OF FIRST EIS INTERVIEW</p> <p>AMENORRHEIC FOLLOWING THE BIRTH OF A CHILD AT THE TIME OF THE EIS INTERVIEW <input type="checkbox"/></p> <p>NOT AMENORRHEIC AT THE TIME OF THE EIS INTERVIEW <input type="checkbox"/></p>	239	
237	<p>At the time of our last visit you told us that your period had not yet returned following the birth of (NAME OF LAST BIRTH PRIOR TO EIS INTERVIEW) Did your period return at any time after our last visit?</p>	<p>YES NO</p>	<p>1 2 → 238A</p>
238	<p>For how many months after our last visit did you <u>not</u> have your period?</p> <p>PROBE For how many months after the birth of (NAME OF THE CHILD BORN BEFORE THE EIS INTERVIEW) did you <u>not</u> have your period?</p> <p>ENTER "X" IN COLUMN 4 OF THE CALENDAR FOR THE NUMBER OF MONTHS IN WHICH THE RESPONDENT DID NOT HAVE A PERIOD STARTING IN THE MONTH AFTER THE FIRST EIS INTERVIEW</p> <p>IF THE RESPONDENT ANSWERS IN TERMS OF THE NUMBER OF MONTHS AFTER THE BIRTH OF THE CHILD SHE HAD BEFORE THE EIS INTERVIEW USE THE INFORMATION ON THE BIRTH DATE OF THE CHILD IN THE CALENDAR WHICH IS PRINTED IN THE BACKGROUND INFORMATION FORM TO DETERMINE THE NUMBER OF MONTHS THE WOMAN DID NOT HAVE A PERIOD DURING THE FIRST EIS INTERVIEW</p>		
238A	<p>ENTER X IN COLUMN 4 OF THE CALENDAR STARTING IN THE MONTH FOLLOWING THE EIS INTERVIEW THROUGH THE MONTH OF THE CURRENT INTERVIEW OR UP TO THE PREGNANCY START IF SHE BECAME PREGNANT BEFORE HER PERIOD RETURNED</p>		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
239	CHECK B109 AND RECORD WHETHER THE WOMAN WAS BREASTFEEDING AT THE TIME OF THE FIRST EIS INTERVIEW	NOT BREASTFEEDING AT THE TIME OF THE FIRST EIS INTERVIEW	241
240	You were breastfeeding (NAME OF THE CHILD BORN BEFORE THE EIS INTERVIEW) Are you still breastfeeding that child? IF NO For how many months after we visited you did you continue to breastfeed the child? RECORD 00 IF LESS THAN ONE MONTH	MONTHS <input type="text"/> STILL BREASTFEEDING CHILD 95 DON'T KNOW 98	
241	CHECK CALENDAR AND RECORD IF WOMAN HAD BIRTH SINCE THE FIRST EIS INTERVIEW	NO BIRTH SINCE THE FIRST EIS INTERVIEW	248
242	CHECK 225 226 228 AND CALENDAR NO PREGNANCIES SINCE LAST LIVE BIRTH	CURRENTLY PREGNANT/HAD PREGNANCY SINCE LAST LIVE BIRTH	245
243	Have you resumed sexual relations with your husband since (NAME(S) OF LAST BIRTH) was (were) born?	YES NO	1 → 245 2
244	ENTER "X" IN COLUMN 3 OF THE CALENDAR IN MONTH AFTER LAST BIRTH AND IN EACH MONTH TO CURRENT MONTH THEN SKIP TO 246		
245	For how many months after the birth of (NAME(S) OF LAST BIRTH) did you <u>not</u> have sexual relations with your husband? ENTER "X" IN COLUMN 3 OF THE CALENDAR FOR THE NUMBER OF MONTHS IN WHICH THE RESPONDENT DID NOT HAVE SEXUAL RELATIONS STARTING IN THE MONTH AFTER BIRTH IF THE RESPONSE IS "40 DAYS" ENTER "X" IN COLUMN 3 OF THE CALENDAR IN THE FIRST TWO MONTHS AFTER THE MONTH OF BIRTH IF LESS THAN ONE MONTH WITHOUT SEXUAL RELATIONS ENTER '0' IN COLUMN 3 OF THE CALENDAR IN THE MONTH AFTER BIRTH		
246	Has your menstrual period returned since (NAME(S) OF LAST BIRTH) was (were) born? IF YES For how many months after the birth of (NAME(S)) did you <u>not</u> have a menstrual period? ENTER "X" IN COLUMN 4 OF THE CALENDAR FOR THE NUMBER OF MONTHS IN WHICH THE RESPONDENT DID NOT HAVE MENSTRUAL PERIOD AFTER THE BIRTH STARTING IN THE MONTH AFTER THE BIRTH IF THE RESPONDENT'S PERIOD HAS NOT YET RETURNED ENTER "X" THE CALENDAR IN THE MONTH AFTER THE BIRTH AND IN EACH MONTH TO THE CURRENT MONTH IF THE RESPONDENT BECAME PREGNANT BEFORE HER PERIOD RETURNED ENTER 'X' IN THE CALENDAR IN THE MONTH AFTER THE BIRTH AND IN EACH MONTH TO THE MONTH BEFORE THE PREGNANCY BEGAN IF LESS THAN ONE MONTH WITHOUT A PERIOD ENTER "0" IN COLUMN 3 OF THE CALENDAR IN THE MONTH AFTER BIRTH		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
247	For how many months did you breastfeed (NAME(S) OF LAST BIRTH) ? RECORD 00 IF LESS THAN ONE MONTH	MONTHS <input type="text"/> STILL BREASTFEEDING CHILD 95 NEVER BREASTFED CHILD 96 DON'T KNOW 98	
248	CHECK 228 NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		303
249	When did your last menstrual period start?	DAYS AGO 1 <input type="text"/> WEEKS AGO 2 <input type="text"/> MONTHS AGO 3 <input type="text"/> YEARS AGO 4 <input type="text"/> IN MENOPAUSE 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	712

SECTION 3 CONTRACEPTIVE HISTORY SINCE FIRST EIS INTERVIEW

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
301	<p>There are many ways in which women can delay or avoid pregnancy</p> <p>Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>YES</p> <p>NO</p>	<p>1</p> <p>2 → 303</p>
302	Which method are you using?	<p>PILL 01</p> <p>IUD 02</p> <p>INJECTABLES 03</p> <p>NORPLANT 04</p> <p>DIAPHRAGM/FOAM/JELLY 05</p> <p>CONDOM 06</p> <p>FEMALE STERILIZATION 07</p> <p>MALE STERILIZATION 08</p> <p>PERIODIC ABSTINENCE 09</p> <p>WITHDRAWAL 10</p> <p>PROLONGED BREASTFEEDING 11</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
303	<p>We would like to ask some questions about any time (in addition to this time) that you may have used something or done anything to avoid a pregnancy since our last visit</p> <p>Have you ever used any method since our last visit (in addition to the use of (CURRENT METHOD))? We are interested in hearing about all of the times you started to use a method and then stopped even if you used for a short time and the reasons that you had for stopping</p>		
303A	<p>PROBE FOR PERIODS OF USE AND NONUSE STARTING WITH THE MOST RECENT PERIOD OF USE AND GOING BACK TO THE TIME OF THE FIRST EIS INTERVIEW</p> <p>RECORD PERIODS OF USE AND NONUSE IN COLUMN 1 OF THE CALENDAR FOR EACH MONTH IN WHICH A METHOD WAS USED ENTER THE CODE FOR THIS METHOD ENTER "0" IN THOSE MONTHS WHEN NO METHOD WAS USED</p> <p>USE AS REFERENCE POINTS DATES OF BIRTH OR PERIODS OF PREGNANCY AS WELL AS RAMADAN AND THE INFORMATION ALREADY ENTERED IN THE CALENDAR AT THE TIME OF THE FIRST EIS AND THE EDHS-95 INTERVIEWS</p> <p>IF PROBING INDICATES THAT THE RESPONDENT USE STATUS AT THE TIME OF THE FIRST EIS INTERVIEW IS INCORRECT PROBE AND CORRECT THE RECORD FOR THE PERIODS OF USE OR NONUSE PRIOR TO THE FIRST EIS INTERVIEW AS NECESSARY</p> <p>AFTER RECORDING ALL PERIODS OF USE RECORD 0' IN COLUMN 1 EACH MONTH OF THE REMAINING MONTHS IN WHICH THE RESPONDENT WAS NEITHER USING NOR PREGNANT</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 1</p> <ul style="list-style-type: none"> - When did you start using (METHOD)? - How long did you use (METHOD)? - Did you stop using the method at any time even for a short time? 		
303B	<p>FOR EACH PERIOD OF USE ASK WHY THE RESPONDENT STOPPED USING THE METHOD IF A PREGNANCY FOLLOWED ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT</p> <p>FOR EACH PERIOD OF USE RECORD THE CODE FOR THE REASON FOR DISCONTINUATION IN COLUMN 2 OF THE CALENDAR NEXT TO LAST MONTH OF USE</p> <p>NUMBER OF CODES ENTERED IN COLUMN 2 MUST BE THE SAME AS THE NUMBER OF INTERRUPTIONS OF CONTRACEPTIVE USE IN COLUMN 1</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 2</p> <ul style="list-style-type: none"> -Why did you stop using the (METHOD)? -You said that you became pregnant Was this while you were still using (METHOD) or had you stopped already? 		

309	Right now do you think your husband would encourage or discourage you from using a family planning method?	ENCOURAGE DISCOURAGE NOT SURE	1 2 8 → 401
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310 Now I would like to ask some questions about the time(s) that you may have used family planning since our last visit to you

CHECK THE CALENDAR AND RECORD THE METHOD(S) WHICH THE RESPONDENT HAS USED IN EACH OF THE SEGMENTS OF USE AT OR SINCE THE EIS INTERVIEW BEGINNING WITH ANY METHOD THE RESPONDENT WAS USING AT THE TIME OF THE FIRST EIS INTERVIEW AND CONTINUING WITH ANY OTHER SEGMENT(S) OF USE SINCE THE EIS INTERVIEW IF THERE ARE MORE THAN THREE SEGMENTS OF USE RECORDED IN THE CALENDAR AT OR AFTER THE FIRST EIS INTERVIEW USE ANOTHER QUESTIONNAIRE TO RECORD INFORMATION ON THE OTHER SEGMENTS

311	RECORD METHOD	FIRST SEGMENT Method _____	SECOND SEGMENT Method _____	THIRD SEGMENT Method _____
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312	OFFICE RECORD CODE FOR METHOD	□ □	□ □	□ □
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313	CHECK CALENDAR AND RECORD IF RESPONDENT WAS USING THE METHOD AT THE TIME OF THE EIS INTERVIEW	USED AT TIME OF EIS INTERVIEW 1- (SKIP TO 321) ←		
		ADOPTED METHOD AFTER EIS INTERVIEW 2		

314	When you decided to begin using (METHOD) did you want to wait to have a (another) child or did you not want a (another) child at all?	WANTED ANOTHER CHILD IMMEDIATELY 1- (SKIP TO 316) ←	WANTED ANOTHER CHILD IMMEDIATELY 1- (SKIP TO 316) ←	WANTED ANOTHER CHILD IMMEDIATELY 1- (SKIP TO 316) ←
		WANTED TO WAIT BEFORE HAVING ANOTHER 2	WANTED TO WAIT BEFORE HAVING ANOTHER 2	WANTED TO WAIT BEFORE HAVING ANOTHER 2
		DID NOT WANT ANOTHER CHILD 3-	DID NOT WANT ANOTHER CHILD 3-	DID NOT WANT ANOTHER CHILD 3-
		NOT SURE ABOUT HAVING ANOTHER 8- (SKIP TO 315A) ←	NOT SURE ABOUT HAVING ANOTHER 8- (SKIP TO 315A) ←	NOT SURE ABOUT HAVING ANOTHER 8- (SKIP TO 315A) ←

315	What was the main reason that you wanted to wait to have a (another) child?	RESPONDENT S HEALTH NOT GOOD 1	RESPONDENT'S HEALTH NOT GOOD 1	RESPONDENT'S HEALTH NOT GOOD 1
		CHILDREN MUST BE SPACED TO BE HEALTHY 2	CHILDREN MUST BE SPACED TO BE HEALTHY 2	CHILDREN MUST BE SPACED TO BE HEALTHY 2
		WORRIED ABOUT RISKS OF PREGNANCY 3	WORRIED ABOUT RISKS OF PREGNANCY 3	WORRIED ABOUT RISKS OF PREGNANCY 3
		WORRIED ABOUT COSTS OF CHILDREN 4	WORRIED ABOUT COSTS OF CHILDREN 4	WORRIED ABOUT COSTS OF CHILDREN 4
		DIFFICULT TO REAR MANY CHILDREN WELL 5	DIFFICULT TO REAR MANY CHILDREN WELL 5	DIFFICULT TO REAR MANY CHILDREN WELL 5
		OTHER _____ 6 (SPECIFY)	OTHER _____ 6 (SPECIFY)	OTHER _____ 6 (SPECIFY)

316	When you began using (METHOD) was this mainly your husband's decision a joint decision or mainly your decision?	MAINLY HUSBAND S DECISION 1	MAINLY HUSBAND S DECISION 1	MAINLY HUSBAND S DECISION 1
		A JOINT DECISION 2- (SKIP TO 318) ←	A JOINT DECISION 2- (SKIP TO 318) ←	A JOINT DECISION 2- (SKIP TO 318) ←
		MAINLY RESPONDENT'S DECISION 3	MAINLY RESPONDENT'S DECISION 3	MAINLY RESPONDENT S DECISION 3
		OTHER _____ 6 (SPECIFY)	OTHER _____ 6 (SPECIFY)	OTHER _____ 6 (SPECIFY)
		NOT SURE 8- (SKIP TO 318) ←	NOT SURE 8- (SKIP TO 318) ←	NOT SURE 8- (SKIP TO 318) ←

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO
	RECORD METHOD	FIRST SEGMENT	SECOND SEGMENT	THIRD SEGMENT	
		Method	Method	Method	
317	When you began using (METHOD) did your husband agree or not?	HUSBAND AGREED 1 HUSBAND DID NOT AGREE 2	HUSBAND AGREED 1 HUSBAND DID NOT AGREE 2	HUSBAND AGREED 1 HUSBAND DID NOT AGREE 2	
318	At the time you began using (METHOD) would you say your husband wanted wait to before having a (another) child or did he not want to have a (another) child at all?	WANTED ANOTHER CHILD IMMEDIATELY 1- (SKIP TO 320) ← WANTED TO WAIT BEFORE HAVING ANOTHER 2 DID NOT WANT ANOTHER CHILD 3 NOT SURE ABOUT HAVING ANOTHER 8- (SKIP TO 319A) ←	WANTED ANOTHER CHILD IMMEDIATELY 1- (SKIP TO 320) ← WANTED TO WAIT BEFORE HAVING ANOTHER 2 DID NOT WANT ANOTHER CHILD 3 NOT SURE ABOUT HAVING ANOTHER 8- (SKIP TO 319A) ←	WANTED ANOTHER CHILD IMMEDIATELY 1- (SKIP TO 320) ← WANTED TO WAIT BEFORE HAVING ANOTHER 2 DID NOT WANT ANOTHER CHILD 3 NOT SURE ABOUT HAVING ANOTHER 8- (SKIP TO 319A) ←	
319	In your opinion what was the main reason your husband wanted to wait for the next birth?	RESPONDENT S HEALTH NOT GOOD 1 CHILDREN MUST BE SPACED TO BE HEALTHY 2 WORRIED ABOUT RISKS OF PREGNANCY 3	RESPONDENT'S HEALTH NOT GOOD 1 CHILDREN MUST BE SPACED TO BE HEALTHY 2 WORRIED ABOUT RISKS OF PREGNANCY 3	RESPONDENT S HEALTH NOT GOOD 1 CHILDREN MUST BE SPACED TO BE HEALTHY 2 WORRIED ABOUT RISKS OF PREGNANCY 3	
319A	In your opinion what was the main reason your husband did not want (was not sure he wanted) another child?	WORRIED ABOUT COSTS OF CHILDREN 4 DIFFICULT TO REAR MANY CHILDREN WELL 5 OTHER 6 (SPECIFY)	WORRIED ABOUT COSTS OF CHILDREN 4 DIFFICULT TO REAR MANY CHILDREN WELL 5 OTHER 6 (SPECIFY)	WORRIED ABOUT COSTS OF CHILDREN 4 DIFFICULT TO REAR MANY CHILDREN WELL 5 OTHER 6 (SPECIFY)	
320	Although a woman may want to delay or avoid a pregnancy she often can have some doubts or concerns about using family planning We are interested in doubts or concerns you may have had before you began using (METHOD) then--even if these concerns are no longer important What doubts or concerns did you have? PROBE Any other concerns?	AFRAID OF INSERTION (IUD) A AFRAID OF GETTING PREGNANT WHILE USING B AFRAID CANNOT GET PREGNANT AFTER USING METHOD C AFRAID OF OTHER SIDE EFFECTS OF METHOD D OTHER X (SPECIFY) NO DOUBTS/CONCERNS Y	AFRAID OF INSERTION (IUD) A AFRAID OF GETTING PREGNANT WHILE USING B AFRAID CANNOT GET PREGNANT AFTER USING METHOD C AFRAID OF OTHER SIDE EFFECTS OF METHOD D OTHER X (SPECIFY) NO DOUBTS/CONCERNS Y	AFRAID OF INSERTION (IUD) A AFRAID OF GETTING PREGNANT WHILE USING B AFRAID CANNOT GET PREGNANT AFTER USING METHOD C AFRAID OF OTHER SIDE EFFECTS OF METHOD D OTHER X (SPECIFY) NO DOUBTS/CONCERNS Y	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP TO
		FIRST SEGMENT	SECOND SEGMENT	THIRD SEGMENT		
RECORD METHOD	Method	Method	Method	Method	Method	Method
321	I would also like to know about the reasons you had for choosing (METHOD) rather than some other methods Can you tell me if any of the following were reasons that you had					
		YES NO	YES NO	YES NO	YES NO	YES NO
	Was it because you did not know about other methods?	DID NOT KNOW ABOUT OTHER METHODS 1 2	DID NOT KNOW ABOUT OTHER METHODS 1 2	DID NOT KNOW ABOUT OTHER METHODS 1 2	DID NOT KNOW ABOUT OTHER METHODS 1 2	DID NOT KNOW ABOUT OTHER METHODS 1 2
	Was it because (METHOD) was easier to get than other methods?	EASIER TO GET 1 2	EASIER TO GET 1 2	EASIER TO GET 1 2	EASIER TO GET 1 2	EASIER TO GET 1 2
	Was it because (METHOD) was less expensive than other methods?	LESS EXPENSIVE 1 2	LESS EXPENSIVE 1 2	LESS EXPENSIVE 1 2	LESS EXPENSIVE 1 2	LESS EXPENSIVE 1 2
	Was it because you were worried about the side effects of other methods?	SIDE EFFECTS OF OTHER METHODS 1 2	SIDE EFFECTS OF OTHER METHODS 1 2	SIDE EFFECTS OF OTHER METHODS 1 2	SIDE EFFECTS OF OTHER METHODS 1 2	SIDE EFFECTS OF OTHER METHODS 1 2
	Was it because you had previous experience with (METHOD)?	PREVIOUS EXPERIENCE 1 2	PREVIOUS EXPERIENCE 1 2	PREVIOUS EXPERIENCE 1 2	PREVIOUS EXPERIENCE 1 2	PREVIOUS EXPERIENCE 1 2
	Was it because other women you know were using it?	OTHERS USED IT 1 2	OTHERS USED IT 1 2	OTHERS USED IT 1 2	OTHERS USED IT 1 2	OTHERS USED IT 1 2
	Was it because a doctor recommended it?	DOCTOR RECOMMENDED 1 2	DOCTOR RECOMMENDED 1 2	DOCTOR RECOMMENDED 1 2	DOCTOR RECOMMENDED 1 2	DOCTOR RECOMMENDED 1 2
	Was there any other reason?	OTHER 1 2 (SPECIFY)	OTHER 1 2 (SPECIFY)	OTHER 1 2 (SPECIFY)	OTHER 1 2 (SPECIFY)	OTHER 1 2 (SPECIFY)
322	Would you say that your general health was better about the same or worse after you began using (METHOD) then?	BETTER 1 ABOUT THE SAME 2 WORSE 3	BETTER 1 ABOUT THE SAME 2 WORSE 3 (SKIP TO 324)	BETTER 1 ABOUT THE SAME 2 WORSE 3 (SKIP TO 324)	BETTER 1 ABOUT THE SAME 2 WORSE 3 (SKIP TO 324)	BETTER 1 ABOUT THE SAME 2 WORSE 3 (SKIP TO 324)
323	CHECK THE CALENDAR AND RECORD WHETHER THE RESPONDENT WAS USING THE METHOD AT THE TIME OF THE FIRST EIS INTERVIEW IF YES CHECK WHETHER THE RESPONDENTS CONTINUED TO USE THE METHOD WITHOUT ANY INTERRUPTION OR WHETHER THE RESPONDENTS STOPPED USING THE METHOD AT ANY TIME	USED METHOD WITHOUT INTERRUPTION SINCE THE FIRST EIS INTERVIEW 1 (SKIP TO 331) ←				
		USED METHOD AT THE TIME OF FIRST EIS INTERVIEW BUT STOPPED LATER 2 (SKIP TO 331) ←				
		BEGAN USE AFTER THE FIRST EIS INTERVIEW 3				

<p>324</p> <p>Now I would like to ask some questions about where did you go to get (METHOD)</p> <p>CHECK THE METHOD AND ASK THE QUESTION OR FOLLOW THE INSTRUCTION</p> <p>INJECTABLES <input type="checkbox"/> → Where did you go to have the shot when you began using the last time?</p> <p>IUD/NORPLANT <input type="checkbox"/> → Where did you have the (IUD/NORPLANT) inserted?</p> <p>STERILIZATION <input type="checkbox"/> → Where did the sterilization take place?</p> <p>ALL OTHER MODERN METHODS From where did you obtain the (METHOD) last time? <input type="checkbox"/> →</p> <p>TRADITIONAL METHODS <input type="checkbox"/> →</p> <p>WRITE THE NAME AND ADDRESS OF THE SOURCE THEN CIRCLE THE APPROPRIATE CODE PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE</p>	<p>NAME _____</p> <p>ADDRESS _____</p> <p>LOCALITY _____</p> <p>MINISTRY OF HEALTH UNIT</p> <p>URBAN HOSPITAL 11</p> <p>URBAN HEALTH UNIT 12</p> <p>RURAL HOSPITAL 13</p> <p>RURAL HEALTH UNIT 14</p> <p>OTHER MOH UNIT 15</p> <p>OTHER GOVERNMENTAL UNIT</p> <p>TEACHING HOSPITAL 16</p> <p>HEALTH INSURANCE ORG 17</p> <p>CURATIVE CARE ORG 18</p> <p>OTHER GOVERNMENTAL 19</p> <p>PRIVATE VOLUNTARY ORG</p> <p>EGYPT FAMILY PLANNING ASSOCIATION 21</p> <p>CSI PROJECT 22</p> <p>OTHER PVO 23</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSP/CLINIC 24</p> <p>PRIVATE DOCTOR 25</p> <p>PHARMACY 26</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT 31</p> <p>CHURCH HEALTH UNIT 32</p> <p>OTHER VENDOR (SHOP KIOSK ETC) 36</p> <p>FRIENDS/RELATIVES 41</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>NAME _____</p> <p>ADDRESS _____</p> <p>LOCALITY _____</p> <p>MINISTRY OF HEALTH UNIT</p> <p>URBAN HOSPITAL 11</p> <p>URBAN HEALTH UNIT 12</p> <p>RURAL HOSPITAL 13</p> <p>RURAL HEALTH UNIT 14</p> <p>OTHER MOH UNIT 15</p> <p>OTHER GOVERNMENTAL UNIT</p> <p>TEACHING HOSPITAL 16</p> <p>HEALTH INSURANCE ORG 17</p> <p>CURATIVE CARE ORG 18</p> <p>OTHER GOVERNMENTAL 19</p> <p>PRIVATE VOLUNTARY ORG</p> <p>EGYPT FAMILY PLANNING ASSOCIATION 21</p> <p>CSI PROJECT 22</p> <p>OTHER PVO 23</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSP/CLINIC 24</p> <p>PRIVATE DOCTOR 25</p> <p>PHARMACY 26</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT 31</p> <p>CHURCH HEALTH UNIT 32</p> <p>OTHER VENDOR (SHOP KIOSK ETC) 36</p> <p>FRIENDS/RELATIVES 41</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>NAME _____</p> <p>ADDRESS _____</p> <p>LOCALITY _____</p> <p>MINISTRY OF HEALTH UNIT</p> <p>URBAN HOSPITAL 11</p> <p>URBAN HEALTH UNIT 12</p> <p>RURAL HOSPITAL 13</p> <p>RURAL HEALTH UNIT 14</p> <p>OTHER MOH UNIT 15</p> <p>OTHER GOVERNMENTAL UNIT</p> <p>TEACHING HOSPITAL 16</p> <p>HEALTH INSURANCE ORG 17</p> <p>CURATIVE CARE ORG 18</p> <p>OTHER GOVERNMENTAL 19</p> <p>PRIVATE VOLUNTARY ORG</p> <p>EGYPT FAMILY PLANNING ASSOCIATION 21</p> <p>CSI PROJECT 22</p> <p>OTHER PVO 23</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSP/CLINIC 24</p> <p>PRIVATE DOCTOR 25</p> <p>PHARMACY 26</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT 31</p> <p>CHURCH HEALTH UNIT 32</p> <p>OTHER VENDOR (SHOP KIOSK ETC) 36</p> <p>FRIENDS/RELATIVES 41</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>NAME _____</p> <p>ADDRESS _____</p> <p>LOCALITY _____</p> <p>MINISTRY OF HEALTH UNIT</p> <p>URBAN HOSPITAL 11</p> <p>URBAN HEALTH UNIT 12</p> <p>RURAL HOSPITAL 13</p> <p>RURAL HEALTH UNIT 14</p> <p>OTHER MOH UNIT 15</p> <p>OTHER GOVERNMENTAL UNIT</p> <p>TEACHING HOSPITAL 16</p> <p>HEALTH INSURANCE ORG 17</p> <p>CURATIVE CARE ORG 18</p> <p>OTHER GOVERNMENTAL 19</p> <p>PRIVATE VOLUNTARY ORG</p> <p>EGYPT FAMILY PLANNING ASSOCIATION 21</p> <p>CSI PROJECT 22</p> <p>OTHER PVO 23</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSP/CLINIC 24</p> <p>PRIVATE DOCTOR 25</p> <p>PHARMACY 26</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT 31</p> <p>CHURCH HEALTH UNIT 32</p> <p>OTHER VENDOR (SHOP KIOSK ETC) 36</p> <p>FRIENDS/RELATIVES 41</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>
<p>325</p> <p>CHECK 324 AND RECORD IF METHOD OBTAINED AT PHARMACY OTHER VENDOR OR FROM FRIENDS/RELATIVES</p>	<p>OBTAINED AT PHARMACY OTHER VENDOR OR FROM FRIENDS/RELATIVES 1</p> <p>OBTAINED FROM MEDICAL SOURCE 2</p> <p>(SKIP TO 329) ←</p>	<p>OBTAINED AT PHARMACY OTHER VENDOR OR FROM FRIENDS/RELATIVES 1</p> <p>OBTAINED FROM MEDICAL SOURCE 2</p> <p>(SKIP TO 329) ←</p>	<p>OBTAINED AT PHARMACY OTHER VENDOR OR FROM FRIENDS/RELATIVES 1</p> <p>OBTAINED FROM MEDICAL SOURCE 2</p> <p>(SKIP TO 329) ←</p>	<p>OBTAINED AT PHARMACY OTHER VENDOR OR FROM FRIENDS/RELATIVES 1</p> <p>OBTAINED FROM MEDICAL SOURCE 2</p> <p>(SKIP TO 329) ←</p>

RECORD METHOD	FIRST SEGMENT Method	SECOND SEGMENT Method	THIRD SEGMENT Method
<p>326 CHECK METHOD AND ASK</p> <p>PILL <input type="checkbox"/> → How much does (did) one cycle of pills cost you?</p> <p>CONDOM/FOAM/JELLY <input type="checkbox"/> → How much does (did) one (package/tube) cost you?</p>	<p>COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 9995</p> <p>NOT SURE 9998</p>	<p>COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 9995</p> <p>NOT SURE 9998</p>	<p>COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>FREE 9995</p> <p>NOT SURE 9998</p>
<p>327 When you began using (METHOD) did you consult a doctor or anyone at a health facility?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 331A) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 331A) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 331A) ←</p>
<p>328 Where did you go for the consultation?</p> <p>WRITE THE NAME AND ADDRESS OF THE SOURCE THEN CIRCLE THE APPROPRIATE CODE PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE</p>	<p>NAME _____</p> <p>ADDRESS _____</p> <p>LOCALITY _____</p> <p>MINISTRY OF HEALTH UNIT</p> <p>URBAN HOSPITAL 11</p> <p>URBAN HEALTH UNIT 12</p> <p>RURAL HOSPITAL 13</p> <p>RURAL HEALTH UNIT 14</p> <p>OTHER MOH UNIT 15</p> <p>OTHER GOVERNMENTAL UNIT</p> <p>TEACHING HOSPITAL 16</p> <p>HEALTH INSURANCE ORG 17</p> <p>CURATIVE CARE ORG 18</p> <p>OTHER GOVERNMENTAL 19</p> <p>PRIVATE VOLUNTARY ORG</p> <p>EGYPT FAMILY PLANNING ASSOCIATION 21</p> <p>CSI PROJECT 22</p> <p>OTHER PVO 23</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSP/CLINIC 24</p> <p>PRIVATE DOCTOR 25</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT 31</p> <p>CHURCH HEALTH UNIT 32</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>NAME _____</p> <p>ADDRESS _____</p> <p>LOCALITY _____</p> <p>MINISTRY OF HEALTH UNIT</p> <p>URBAN HOSPITAL 11</p> <p>URBAN HEALTH UNIT 12</p> <p>RURAL HOSPITAL 13</p> <p>RURAL HEALTH UNIT 14</p> <p>OTHER MOH UNIT 15</p> <p>OTHER GOVERNMENTAL UNIT</p> <p>TEACHING HOSPITAL 16</p> <p>HEALTH INSURANCE ORG 17</p> <p>CURATIVE CARE ORG 18</p> <p>OTHER GOVERNMENTAL 19</p> <p>PRIVATE VOLUNTARY ORG</p> <p>EGYPT FAMILY PLANNING ASSOCIATION 21</p> <p>CSI PROJECT 22</p> <p>OTHER PVO 23</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSP/CLINIC 24</p> <p>PRIVATE DOCTOR 25</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT 31</p> <p>CHURCH HEALTH UNIT 32</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>NAME _____</p> <p>ADDRESS _____</p> <p>LOCALITY _____</p> <p>MINISTRY OF HEALTH UNIT</p> <p>URBAN HOSPITAL 11</p> <p>URBAN HEALTH UNIT 12</p> <p>RURAL HOSPITAL 13</p> <p>RURAL HEALTH UNIT 14</p> <p>OTHER MOH UNIT 15</p> <p>OTHER GOVERNMENTAL UNIT</p> <p>TEACHING HOSPITAL 16</p> <p>HEALTH INSURANCE ORG 17</p> <p>CURATIVE CARE ORG 18</p> <p>OTHER GOVERNMENTAL 19</p> <p>PRIVATE VOLUNTARY ORG</p> <p>EGYPT FAMILY PLANNING ASSOCIATION 21</p> <p>CSI PROJECT 22</p> <p>OTHER PVO 23</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSP/CLINIC 24</p> <p>PRIVATE DOCTOR 25</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT 31</p> <p>CHURCH HEALTH UNIT 32</p> <p>OTHER 96</p> <p>(SPECIFY)</p>

RECORD METHOD	FIRST SEGMENT Method	SECOND SEGMENT Method	THIRD SEGMENT Method
329 How much did it cost for transportation to and from your home when you went to (get your method/consult (SOURCE))?	COST [][] [][] FREE/WALKED 9995 NOT SURE 9998	COST [][] [][] FREE/WALKED 9995 NOT SURE 9998	COST [][] [][] FREE/WALKED 9995 NOT SURE 9998
330 I would also like to know about how much you spent on (getting your method/consulting about using) including charges for the method any physical examination or other services How much did you pay for all the services you received at (SOURCE)?	COST [][][][] [][] FREE 99995 NOT SURE 99998	COST [][][][] [][] FREE 99995 NOT SURE 99998	COST [][][][] [][] FREE 99995 NOT SURE 99998
331 Did you go for a followup visit about using (METHOD) at any time since our last visit for you?	YES 1 NO 2 (SKIP TO 333) ←	YES 1 NO 2 (SKIP TO 333) ←	YES 1 NO 2 (SKIP TO 333) ←
331A Since our last visit, have you consulted a doctor or anyone at a health facility at any time about (METHOD)?			
332 Did you go because of specific problems you were having with (METHOD) or for a regular checkup?	PROBLEM WITH METHOD 1 REGULAR CHECKUP 2 BOTH FOR PROBLEM AND CHECKUP 3 (SKIP TO 334) ←	PROBLEM WITH METHOD 1 REGULAR CHECKUP 2 BOTH FOR PROBLEM AND CHECKUP 3 (SKIP TO 334) ←	PROBLEM WITH METHOD 1 REGULAR CHECKUP 2 BOTH FOR PROBLEM AND CHECKUP 3 (SKIP TO 334) ←
333 MODERN METHODS <input type="checkbox"/> What was the reason you did not go for a follow-up visit during this time? PROBE Any other reason? TRADITIONAL METHODS <input type="checkbox"/> What is the reason that you did not consult a doctor or anyone at a health facility about using (METHOD) this time? PROBE Any other reasons?	NOT NECESSARY A COSTS TOO MUCH B DOCTOR/FACILITY LOCATION INCONVENIENT OR NOT ACCESSIBLE C UNSATISFACTORY EXPERIENCE D HUSBAND WOULD NOT PERMIT E OTHER X (SPECIFY)	NOT NECESSARY A COSTS TOO MUCH B DOCTOR/FACILITY LOCATION INCONVENIENT OR NOT ACCESSIBLE C UNSATISFACTORY EXPERIENCE D HUSBAND WOULD NOT PERMIT E OTHER X (SPECIFY)	NOT NECESSARY A COSTS TOO MUCH B DOCTOR/FACILITY LOCATION INCONVENIENT OR NOT ACCESSIBLE C UNSATISFACTORY EXPERIENCE D HUSBAND WOULD NOT PERMIT E OTHER X (SPECIFY)
334 CHECK THE CALENDAR AND RECORD WHETHER THE RESPONDENT IS CURRENTLY USING THE METHOD	CURRENTLY USING THE METHOD 1 NOT CURRENTLY USING THE METHOD 2 (SKIP TO 336) ←	CURRENTLY USING THE METHOD 1 NOT CURRENTLY USING THE METHOD 2 (SKIP TO 336) ←	CURRENTLY USING THE METHOD 1 NOT CURRENTLY USING THE METHOD 2 (SKIP TO 336) ←

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO
	RECORD METHOD	FIRST SEGMENT	SECOND SEGMENT	THIRD SEGMENT	
		Method	Method	Method	
335	Have you had any health problems or side effects which you think were caused by (METHOD) at any time since our last visit? PROBE Any side effects even if they were minor?	HAD SIDE EFFECTS 1 (SKIP TO 338) ← NO SIDE EFFECTS 2 (GO TO 401) ←	HAD SIDE EFFECTS 1 (SKIP TO 338) ← NO SIDE EFFECTS 2 (GO TO 401) ←	HAD SIDE EFFECTS 1 (SKIP TO 338) ← NO SIDE EFFECTS 2 (GO TO 401) ←	
336	CHECK THE CALENDAR AND RECORD WHETHER THE RESPONDENT STOPPED USING THE METHOD BECAUSE OF SIDE EFFECTS OR FOR OTHER REASONS	STOPPED DUE TO SIDE EFFECTS 1 (SKIP TO 338) ← STOPPED FOR OTHER REASONS 2	STOPPED DUE TO SIDE EFFECTS 1 (SKIP TO 338) ← STOPPED FOR OTHER REASONS 2	STOPPED DUE TO SIDE EFFECTS 1 (SKIP TO 338) ← STOPPED FOR OTHER REASONS 2	
337	Did you have any health problems or side effects which you think were caused by (METHOD) at the time when you were using (METHOD) then? PROBE Any side effects even if they were minor?	HAD SIDE EFFECTS 1 NO SIDE EFFECTS 2 (GO TO NEXT SEGMENT OF USE OR TO 401 IF NO OTHER SEGMENTS)	HAD SIDE EFFECTS 1 NO SIDE EFFECTS 2 (GO TO NEXT SEGMENT OF USE OR TO 401 IF NO OTHER SEGMENTS)	HAD SIDE EFFECTS 1 NO SIDE EFFECTS 2 (GO TO NEXT SEGMENT OF USE OR TO 401 IF NO OTHER SEGMENTS)	
338	How would you describe the side effects or health problems overall--would you describe them as serious or not so serious?	SERIOUS 1 NOT SO SERIOUS 2	SERIOUS 1 NOT SO SERIOUS 2	SERIOUS 1 NOT SO SERIOUS 2	
339	Did you consult a doctor or anyone else at a health facility at the time you were having the side effects or other problems?	YES 1 NO 2 (SKIP TO 341) ←	YES 1 NO 2 (SKIP TO 341) ←	YES 1 NO 2 (SKIP TO 341) ←	
340	What did the doctor or other health worker advise you to do? at the time you were having the side effects or other problems?	ADVISED STOPPING USE 1 ADVISED CONTINUING 2 USE OF METHOD 2 ADVISED SWITCHING TO ANOTHER METHOD 3 OTHER 6 (SPECIFY) (GO TO NEXT SEGMENT OF USE OR TO 401 IF NO OTHER SEGMENTS)	ADVISED STOPPING USE 1 ADVISED CONTINUING 2 USE OF METHOD 2 ADVISED SWITCHING TO ANOTHER METHOD 3 OTHER 6 (SPECIFY) (GO TO NEXT SEGMENT OF USE OR TO 401 IF NO OTHER SEGMENTS)	ADVISED STOPPING USE 1 ADVISED CONTINUING 2 USE OF METHOD 2 ADVISED SWITCHING TO ANOTHER METHOD 3 OTHER 6 (SPECIFY) (GO TO NEXT SEGMENT OF USE OR TO 401 IF NO OTHER SEGMENTS)	
341	What was the reason you did not consult anyone about the side effects or other problems?	SIDE EFFECTS NOT SERIOUS 01 PROVIDER TOO FAR 02 COST TOO MUCH 03 THOUGHT PROVIDER UNABLE/UNWILLING TO HELP 04 DID NOT KNOW WHERE TO GO 05 NO FEMALE PROVIDER 06 OTHER 96 (SPECIFY) (GO TO NEXT SEGMENT OF USE OR TO 401 IF NO OTHER SEGMENTS)	SIDE EFFECTS NOT SERIOUS 01 PROVIDER TOO FAR 02 COST TOO MUCH 03 THOUGHT PROVIDER UNABLE/UNWILLING TO HELP 04 DID NOT KNOW WHERE TO GO 05 NO FEMALE PROVIDER 06 OTHER 96 (SPECIFY) (GO TO NEXT SEGMENT OF USE OR TO 401 IF NO OTHER SEGMENTS)	SIDE EFFECTS NOT SERIOUS 01 PROVIDER TOO FAR 02 COST TOO MUCH 03 THOUGHT PROVIDER UNABLE/UNWILLING TO HELP 04 DID NOT KNOW WHERE TO GO 05 NO FEMALE PROVIDER 06 OTHER 96 (SPECIFY) (GO TO NEXT SEGMENT OF USE OR TO 401 IF NO OTHER SEGMENTS)	

SECTION 4 FERTILITY PREFERENCES

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO	
401	CHECK 202	ONE OR MORE BIRTHS SINCE FIRST EIS INTERVIEW <input type="checkbox"/>	NO BIRTHS SINCE FIRST EIS INTERVIEW <input type="checkbox"/>	(SKIP TO 407)
402	ENTER THE LINE NUMBER AND NAME OF ANY BIRTH(S) SINCE THE FIRST EIS INTERVIEW BEGIN WITH THE LAST BIRTH AND RECORD TWINS OR TRIPLETS IN SEPARATE COLUMNS THEN ASK THE QUESTIONS ABOUT ALL OF THE BIRTHS			
403	LINE NUMBER FROM 205	<input type="text"/>	<input type="text"/>	<input type="text"/>
404	NAME FROM 205	NAME LAST BIRTH <input type="text"/>	NAME NEXT-TO-LAST BIRTH <input type="text"/>	NAME SECOND-TO-LAST BIRTH <input type="text"/>
405	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 no (more) children at all?	THEN <input type="checkbox"/> 1 (GO TO NEXT BIRTH OR Q407) ← LATER <input type="checkbox"/> 2 NO MORE <input type="checkbox"/> 3 (GO TO NEXT BIRTH OR Q407) ←	THEN <input type="checkbox"/> 1 (GO TO NEXT BIRTH OR Q407) ← LATER <input type="checkbox"/> 2 NO MORE <input type="checkbox"/> 3 (GO TO NEXT BIRTH OR Q407) ←	THEN <input type="checkbox"/> 1 (GO TO Q407) ← LATER <input type="checkbox"/> 2 NO MORE <input type="checkbox"/> 3 (GO TO Q407) ←
406	How much longer would you like to have waited?	MONTHS <input type="text"/> 1 YEARS <input type="text"/> 2 DON'T KNOW <input type="checkbox"/> 998 (GO TO NEXT BIRTH OR Q407) ←	MONTHS <input type="text"/> 1 YEARS <input type="text"/> 2 DON'T KNOW <input type="checkbox"/> 998 (GO TO NEXT BIRTH OR Q407) ←	MONTHS <input type="text"/> 1 YEARS <input type="text"/> 2 DON'T KNOW <input type="checkbox"/> 998 (GO TO Q407) ←
407	CHECK 228	PREGNANT <input type="checkbox"/>	NOT PREGNANT/ NOT SURE <input type="checkbox"/>	→409
408	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 <input type="checkbox"/> 1 LATER <input type="checkbox"/> 2 NOT AT ALL <input type="checkbox"/> 3		
409	CHECK 228	NOT PREGNANT OR UNSURE <input type="checkbox"/> v 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?	PREGNANT <input type="checkbox"/> v Now I have some questions about the future After the child you are expecting would you like to have another child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD <input type="checkbox"/> 1 →411 NO MORE/NONE <input type="checkbox"/> 2 →412 SAYS SHE CAN'T GET PREGNANT <input type="checkbox"/> 3 UNDECIDED OR DON'T KNOW <input type="checkbox"/> 8 →412
410	What is the reason that you cannot get pregnant?	MENOPAUSAL <input type="checkbox"/> 1 HAD HYSTERECTOMY <input type="checkbox"/> 2 →712 INFREQUENT SEX <input type="checkbox"/> 3 HAS DIFFICULTY BECOMING PREGNANT <input type="checkbox"/> 4 →417		

411 | CHECK 228

NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	MONTHS	1	<input type="text"/>	
v		YEARS	2	<input type="text"/>	
How long would you like to wait from now before the birth of (a/another) child?	How long would you like to wait after the birth of the child you are expecting before the birth of another child?	SOON/NOW			994
		OTHER _____		(SPECIFY)	996
		DON'T KNOW			998

412 | CHECK 409

WANTS NO MORE <input type="checkbox"/>	WANTS (ANOTHER) CHILD <input type="checkbox"/>	UNDECIDED <input type="checkbox"/>			
					→ 415
					→ 415

413 | CHECK B110 IN THE BACKGROUND INFORMATION FORM AND RECORD THE RESPONDENT'S FERTILITY PREFERENCE AT THE TIME OF THE FIRST EIS INTERVIEW

HAVE A (ANOTHER) CHILD	1	→ 417
NO MORE/NONE	2	
SAYS SHE CAN'T GET PREGNANT	3	→ 417
UNDECIDED OR DON T KNOW	8	

414 | Going back to the time we last visited you you told my colleague that you (DID NOT WANT/WERE NOT SURE THAT YOU WANTED) another child Now you have told me you would like to have another child

Can you tell me about what caused you to change your mind? PROBE Were there any other reasons?

(RECORD ANSWER IN WOMAN'S EXACT WORDS)

HUSBAND WANTED CHILD	A	} → 417
CHILD DIED	B	
IMPROVEMENT IN WOMAN'S HEALTH	C	
WANTED TO FRATERNIZE OTHER CHILDREN	D	
IMPROVEMENT IN HOUSEHOLD ECONOMIC SITUATION	E	
SAYS ANSWER IN FIRST EIS NOT CORRECT	F	
OTHER _____	X	
	(SPECIFY)	

415 | CHECK B110 IN THE BACKGROUND INFORMATION FORM AND RECORD THE RESPONDENT'S FERTILITY PREFERENCE AT THE TIME OF THE FIRST EIS INTERVIEW

HAVE A (ANOTHER) CHILD	1	} → 417
NO MORE/NONE	2	
SAYS SHE CAN'T GET PREGNANT	3	
UNDECIDED OR DON'T KNOW	8	

416 | Going back to the time we last visited you you told my colleague that you wanted to have another child Now you have told me (YOU DO NOT WANT/ARE NOT SURE YOU WANT) another child

Can you tell me about what caused you to change your mind? PROBE Were there any other reasons?

(RECORD ANSWER IN WOMAN'S EXACT WORDS)

PREGNANT WITH CHILD SHE WANTED/HAD CHILD SHE WANTED	A
FINANCIAL SITUATION WORSE	B
DETERIORATING HEALTH/FEAR OF PREGNANCY	C
SAYS ANSWER IN FIRST EIS NOT CORRECT	D
OTHER _____	X
	(SPECIFY)

SECTION 5 REASONS FOR NONUSE AND INTENTION TO USE

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	CHECK 301		
	NOT CURRENTLY USING <input type="checkbox"/>	CURRENTLY USING <input type="checkbox"/>	601
502	Do you think you will do anything or use any method to delay or avoid a pregnancy in the future?	YES NO DON'T KNOW	1 2 8 → 505
503	Which method would you prefer to use?	PILL 01 IUD 02 INJECTIONS 03 NORPLANT 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 PROLONGED BREASTFEEDING 11 OTHER _____ 96 (SPECIFY) UNSURE _____ 98	
504	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES NO DON T KNOW	1 2 8 → 507
505	What are the reasons that you have for not intending to use family planning in the future? PROBE Any other reasons?	HUSBAND OPPOSED A HARD TO FIND SOURCE B DON T KNOW FEMALE DOCTOR C CONCERNED ABOUT HAVING A VAGINAL EXAM D DIFFICULTY IN FINDING MONEY TO GET METHOD E CONCERNED ABOUT SIDE EFFECTS/ HEALTH PROBLEMS F RELIGION FORBIDS G HAS TROUBLE GETTING PREGNANT H NOT SEXUALLY ACTIVE/HUSBAND AWAY I BELIEVE TOO OLD TO GET PREGNANT J OTHER _____ X (SPECIFY)	
506	What is your main reason for not intending to use in the future?	HUSBAND OPPOSED 01 HARD TO FIND SOURCE 02 DON'T KNOE FEMALE DOCTOR 03 CONCERNED ABOUT HAVING A VAGINAL EXAM 04 DIFFICULTY IN FINDING MONEY TO GET METHOD 05 CONCERNED ABOUT SIDE EFFECTS/ HEALTH PROBLEMS 06 RELIGION FORBIDS 07 HAS TROUBLE GETTING PREGNANT 08 NOT SEXUALLY ACTIVE/HUSBAND AWAY 09 BELIEVE TOO OLD TO GET PREGNANT 10 OTHER _____ 96 (SPECIFY)	601

NO	QUESTIONS AND FILTERS	SKIP TO
507	CHECK 228	601
	NOT PREGNANT OR UNSURE <input type="checkbox"/>	
	PREGNANT <input type="checkbox"/>	
508	What are the reasons that you have for not using a family planning method right now? PROBE Any other reasons?	A B C D E F G H I J K X
		(SPECIFY)
509	What is the main reason for not using now?	01 02 03 04 05 06 07 08 09 10 11 12 96
		(SPECIFY)
510	Do you plan to adopt a method before you stop breastfeeding or will you wait to start using until you have weaned your baby?	1 2 8
511	CHECK 236 246 AND CALENDAR	513
	PERIOD HAS NOT RETURNED SINCE LAST BIRTH <input type="checkbox"/>	
	PERIOD HAS RETURNED <input type="checkbox"/>	
512	Do you plan to adopt a method before your period returns or will you wait to start using until you have had a period?	1 2 8
513	Do you think that you are at risk of getting pregnant right now? IF YES Would you say that it is fairly likely that you can become pregnant now or is your risk of coming pregnant not very great?	1 2 3 8
		YES PREGNANCY FAIRLY LIKELY YES BUT NOT MUCH RISK NOW NO DON T KNOW

SECTION 6 ATTITUDES ABOUT CHILDBEARING AND FAMILY PLANNING

NO	QUESTIONS AND FILTERS		SKIP TO
601	Now I would like to ask you about any conversations about family planning you may have had since we last visited you Since our last visit have you talked about family planning with your husband? IF YES How often?	NO	1
		ONCE OR TWICE	2
		MORE OFTEN	3
602	Have you talked about family planning with any of your (other) relatives or friends or neighbors at any time since our last visit?	YES	1
		NO	2
		DON'T KNOW	8
603	I am interested in other ways you may have heard about family planning recently Have you listened to any radio shows or spots about family planning since our last visit? IF YES How often?	NO	1
		ONCE OR TWICE	2
		MORE OFTEN	3
		DON'T KNOW	8
604	Have you seen any television shows or spots about family planning on the television since our last visit? IF YES How often?	NO	1
		ONCE OR TWICE	2
		MORE OFTEN	3
		DON'T KNOW	8
605	Now I want to ask your opinion about some matters relating to the number of children you have Please tell me if you agree disagree or have no opinion about the statement It is up to your husband to decide how many children you will have you don't have any say in this decision Your economic situation is keeping you from having more children if you had more resources you would have another child Your health situation is keeping you from having more children if you were in better health you would have another child You are satisfied with the number of children you have even if your situation changed you would not want to have another child Your husband is satisfied with the number of children you have even if your situation changed he would not want to have another child		N O D I O S P A A I G G N R R I E E O E E N
		NUMBER OF CHILDREN IS HUSBAND'S DECISION	1 2 8
		ECONOMIC SITUATION KEEPING COUPLE FROM HAVING CHILD	1 2 8
		RESPONDENT'S HEALTH SITUATION KEEPING COUPLE FROM HAVING ANOTHER CHILD	1 2 8
		WOMAN SATISFIED WITH NUMBER OF CHILDREN	1 2 8
		HUSBAND SATISFIED WITH NUMBER OF CHILDREN	1 2 8

NO	QUESTIONS AND FILTERS	SKIP TO
606	Now I want to ask your opinion about some matters relating to family planning. Please tell me if you agree, disagree, or have no opinion about the statement.	N O D I O S P A A I G G N R R I E E O E E N
	If your husband disagreed with the use of family planning, there would be nothing that you could do to change his mind.	NO WAY TO CHANGE HUSBAND'S MIND ABOUT FP USE 1 2 8
	Most of your friends and relatives approve of using family planning.	FRIENDS/RELATIVES APPROVE OF FP USE 1 2 8
	In your community, religious leaders often talk to the people about not using family planning.	RELIGIOUS LEADERS TALK ABOUT NOT USING FP 1 2 8

SECTION 7 HUSBAND

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	Now I would like to ask you some questions about your husband Is your husband currently working? IF YES Is this the same job he had the last time we visited you?	YES SAME JOB YES DIFFERENT JOB NO	1 → 708 2 → 704 3
702	Why is he not currently working?	CANNOT FIND WORK SICK/INJURED OTHER _____ (SPECIFY)	1 2 6
703	Has he done any work since we last visited you?	YES NO	1 2 → 709
704	In his current (most recent) job what kind of work do (did) he mainly do? WRITE THE ANSWER EXACTLY AS GIVEN	_____	<input type="text"/> <input type="text"/>
705	CHECK 704 WORKS (WORKED) <input type="checkbox"/> IN AGRICULTURE DOES (DID) <input type="checkbox"/> NOT WORK IN AGRICULTURE		→ 707
706	Does (did) he work mainly on your own land or family land or does (did) he rent land or does (did) he work on someone else's land?	HIS/FAMILY LAND RENTED LAND SOMEONE ELSE'S LAND	1 2 → 709 3
707	In his current/most recent job does (did) your husband work for a member of his family for someone else or is he self-employed?	FOR FAMILY MEMBER FOR SOMEONE ELSE FOR HIMSELF	1 2 3 → 708A
708	In his current/most recent job does (did) he get paid in cash or in kind?	ONLY CASH BOTH CASH AND KIND ONLY KIND	1 2 3
708A	In his current/most recent job does (did) receive payment in cash or kind?	NOT PAID AT ALL NOT SURE	4 5
709	In the last month has your husband been away from home without you for at least one night? IF NEVER AWAY CIRCLE 00 IF NEVER AT HOME CIRCLE 95	NEVER NUMBER OF NIGHTS AWAY AWAY ENTIRE TIME/NEVER AT HOME DON T KNOW	00 → 711 <input type="text"/> <input type="text"/> 95 98 → 711
710	Has your husband been home at any time since we last visited you?	YES NO	1 2

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																
711	<p>Now I need to ask a question about sexual activity in order to better understand your risk of pregnancy and your need for family planning</p> <p>When was the last time you had sexual intercourse?</p>	<p>DAYS</p> <p>WEEKS</p> <p>MONTHS</p> <p>YEARS</p>	<table border="1"> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> </table>	1			2			3			4																						
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712	<p>RECORD WHETHER ANY OF THE FOLLOWING PERSONS WERE PRESENT DURING MOST OR PART OF THE INTERVIEW</p> <ul style="list-style-type: none"> - Husband? - Other adult men? - Respondent's mother? - Respondent's mother-law? - Other adult women? - Children? 	<table border="1"> <thead> <tr> <th></th> <th colspan="3">NOT</th> </tr> <tr> <th></th> <th>MOST</th> <th>PART</th> <th>PRESENT</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER ADULT MEN</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>RESP MOTHER</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>RESP MOTHER-IN-LAW</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER ADULT WOMEN</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>CHILDREN</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		NOT				MOST	PART	PRESENT	HUSBAND	1	2	3	OTHER ADULT MEN	1	2	3	RESP MOTHER	1	2	3	RESP MOTHER-IN-LAW	1	2	3	OTHER ADULT WOMEN	1	2	3	CHILDREN	1	2	3	
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713	<p>RECORD THE TIME</p>	<p>HOUR</p> <p>MINUTES</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																																

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY COMPLETE QUESTIONS 801-802 AS APPROPRIATE
BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD

801 DEGREE OF COOPERATION

POOR
FAIR
GOOD
VERY GOOD

1
2
3
4

802 INTERVIEWER'S COMMENTS

803 FIELD EDITOR'S COMMENTS

804 SUPERVISOR'S/ASSISTANT SUPERVISOR'S COMMENTS

805 OFFICE EDITOR'S COMMENTS

SECTION 1 RESPONDENT'S BACKGROUND

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME	HOUR MINUTES	<input type="text"/> <input type="text"/>
102	In what month and year were you born?	MONTH DON'T KNOW MONTH YEAR DON'T KNOW YEAR	<input type="text"/> 98 <input type="text"/> 98
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT	AGE IN COMPLETED YEARS	<input type="text"/>
104	Have you ever attended school?	YES NO	1 2 → 109
105	What is the highest level of school you attended?	PRIMARY PREPARATORY SECONDARY UPPER INTERMEDIATE UNIVERSITY MORE THAN UNIVERSITY	1 2 3 4 5 6
106	What is the highest grade which you successfully completed at that level?	GRADE	<input type="text"/>
107	Are you currently attending school?	YES NO	1 2
108	CHECK 105 PRIMARY <input type="checkbox"/> PREPARATORY OR HIGHER <input type="checkbox"/>		→ 110
109	Can you read and understand a letter or newspaper easily with difficulty or not at all?	EASILY WITH DIFFICULTY NOT AT ALL	1 2 3 → 111
110	Do you usually read a newspaper or magazine at least once a week?	YES NO	1 2
111	How many hours on average do you listen to the radio each day? IF LISTENS LESS THAN 1 HOUR WRITE "00"	NUMBER OF HOURS PER DAY ALL OF THE TIME NEVER NOT SURE/DON'T KNOW	<input type="text"/> 94 95 98
112	How many hours on average do you watch television each day? IF WATCHES LESS THAN 1 HOUR WRITE '00'	NUMBER OF HOURS PER DAY ALL OF THE TIME NEVER NOT SURE/DON T KNOW	<input type="text"/> 96 95 98

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
113	What is your religion?	MOSLEM CHRISTIAN OTHER (SPECIFY) _____	1 2 3
114	How many times have you been married?	NUMBER	<input type="text"/>
115	RECORD NAME OF WIFE FROM IDENTIFICATION FORM _____ In what month and year did you enter into a marriage contract with (NAME OF WIFE)?	MONTH DON'T KNOW MONTH YEAR DON'T KNOW YEAR	<input type="text"/> <input type="text"/> 98 <input type="text"/> <input type="text"/> 98
116	How old were you when you entered into the marriage contract with (NAME OF WIFE)?	AGE	<input type="text"/> <input type="text"/>
117	In what month and year did you begin to live together (consummate your marriage)?	MONTH DON'T KNOW MONTH YEAR DON'T KNOW YEAR	<input type="text"/> <input type="text"/> 98 <input type="text"/> <input type="text"/> 98
118	How old were you when you began to live together (consummate your marriage)?	AGE (COMPLETE YEARS)	<input type="text"/> <input type="text"/>
119	In addition to (NAME OF WIFE) do you currently have any other wife? IF YES PROBE TO DETERMINE IF THE HUSBAND HAS MORE THAN ONE WIFE WITH WHOM HE IS LIVING AT THE TIME OF THIS INTERVIEW	YES TWO OR MORE WIVES NO ONE WIFE	1 2
120	Now I would like to ask some questions about how you met your (NAME OF WIFE) Before you got married did you yourself know your wife well a little or not at all?	KNEW WELL KNEW A LITTLE DID NOT KNOW	1 2 3
121	Now we would like you to think about children's education Which of the following factors do you think is the most important in deciding how many years of schooling a daughter should have the daughter's marriage prospects afterwards? the daughter's intelligence? the daughter's interest in schooling? What is the least important factor?	MARRIAGE PROSPECTS INTELLIGENCE INTEREST	NOT MOST/NOT LEAST MOST LEAST LEAST 1 2 3 1 2 3 1 2 3

NO	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO
122	And in deciding how many years of schooling a son should have which of the same factors is the most important		NOT MOST/ NOT		
		MOST	LEAST	LEAST	
	the son's marriage prospects afterwards?	MARRIAGE PROSPECTS	1	2	3
	the son's intelligence?	INTELLIGENCE	1	2	3
	the son's interest in schooling?	INTEREST	1	2	3
	What is the least important factor?				

SECTION 2 FERTILITY BEHAVIOR AND ATTITUDES

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
201	Now I would like to ask you about all your children Do you have any children?	YES NO	1 2 → 203				
202	How many sons do you have? And how many daughters do you have? IF NONE ENTER '00'	SONS DAUGHTERS	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
203	Did you ever have a child who died even if it was only a small baby?	YES NO	1 2 → 205				
204	How many of your sons have died? And how many of your daughters have died? IF NONE ENTER '00'	SONS DIED DAUGHTERS DIED	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
205	Is your wife pregnant now?	YES NO NOT SURE	1 2 8				
206	CHECK 205 WIFE PREGNANT <input type="checkbox"/> WIFE NOT PREGNANT/ NOT SURE <input type="checkbox"/>		→ 208				
207	At the time your wife became pregnant did you want to have a child <u>then</u> or did you want to wait until <u>later</u> or did you <u>not</u> want to have a child at all?	THEN LATER NOT AT ALL	1 2 3				
208	CHECK 205 WIFE NOT PREGNANT/ NOT SURE <input type="checkbox"/> v 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? WIFE PREGNANT <input type="checkbox"/> v Now I have some questions about the future After the child you and your wife are expecting would you like to have another child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD NO MORE/NONE SAYS CAN'T HAVE A CHILD UNDECIDED OR DON T KNOW	1 → 211 2 3 → 210 8 → 213				
209	Sometimes people change their minds about not wanting to have a child Do you think that it is possible that you might change your mind at any time in the future?	RESPONDENT MAY CHANGE MIND RESPONDENT WILL NOT CHANGE MIND DON'T KNOW	1 2 8 → 213				
210	What is the main reason you and your wife cannot have a child?	WIFE MENOPAUSAL WIFE HAD HYSTERECTOMY HUSBAND IMPOTENT WIFE/HUSBAND HAD STERILIZATION INFREQUENT SEX WIFE HAS DIFFICULTY BECOMING PREGNANT	1 2 → 708 3 4 → 301 5 6 → 213				

NO | QUESTIONS AND FILTERS |

211	<p>CHECK 205</p> <p>WIFE NOT PERGNANT/ NOT SURE <input type="checkbox"/></p> <p>WIFE PREGNANT <input type="checkbox"/></p> <p>v How long would you like to wait from now before the birth of (a/another) child?</p> <p>V How long would you like to wait after the birth of the child your wife is expecting before the birth of another child?</p>	<p>MONTHS 1 <input type="checkbox"/></p> <p>YEARS 2 <input type="checkbox"/></p> <p>SOON/NOW 994</p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DON'T KNOW 998</p>	
212	<p>Sometimes people change their minds about wanting to have a child Do you think that it is possible you might change your mind at any time in the future?</p>	<p>RESPONDENT MAY CHANGE MIND 1</p> <p>RESPONDENT IS VERY SURE 2</p> <p>DON'T KNOW 8</p>	
213	<p>I am going to ask some questions about concerns that men may feel when they think about having a child Please let me know if you yourself have any of these concerns when you think about having a child now</p> <p>Are you concerned that you do not have enough room in your house for a (another) child?</p> <p>Are you concerned about the health problems your wife might face from (another) pregnancy?</p> <p>Are you concerned about the high costs of raising children?</p> <p>Are you concerned that if you have too many children you will not be able to rear them properly?</p> <p>Do you think that the youngest child will be healthier if you wait before you have another child?</p>	<p>YES NO</p> <p>NO ROOM FOR ANOTHER CHILD 1 2</p> <p>RISK TO WIFE'S HEALTH 1 2</p> <p>HIGH COSTS OF CHILDREN 1 2</p> <p>DIFFICULT TO REAR PROPERLY 1 2</p> <p>HEALTH OF CHILD 1 2</p>	
214	<p>What would you say is your greatest concern about having a (another) child now?</p> <p>_____</p> <p>_____</p> <p>(RECORD ANSWER IN RESPONDENT S EXACT WORDS)</p>	<p>NO ROOM FOR ANOTHER CHILD 01</p> <p>RISK TO WIFE'S HEALTH 02</p> <p>HIGH COSTS OF CHILDREN 03</p> <p>DIFFICULT TO REAR PROPERLY 04</p> <p>HEALTH OF CHILD 05</p> <p>HAS NO CONCERNS 95</p> <p>OTHER 96</p>	
215	<p>Now I am going to ask some questions about reasons men may have for wanting to have a (another) child Please let me know if you have ever thought about having a (another) child for any of these reasons</p> <p>Do you ever think that a (another) child would be a help to you or your wife in your work?</p> <p>Do you ever think that you would like a (another) child so that the child can help to support you in your old age?</p> <p>Do you ever think that you would like to "brother" your son or daughter?</p> <p>Do you ever think that you want a (another) child because a baby brings a special joy to the house?</p>	<p>YES NO</p> <p>CHILD A HELP WITH WORK 1 2</p> <p>CHILD PROVIDE SUPPORT IN OLD AGE 1 2</p> <p>BROTHER SON OR DAUGHTER 1 2</p> <p>BABY BRINGS SPECIAL JOY 1 2</p>	

NO	QUESTIONS AND FILTERS		SKIP TO
216	What would you say is the greatest benefit for you in having a (another) child now? _____ _____ (RECORD ANSWER IN RESPONDENT'S EXACT WORDS)	CHILD HELP WITH WORK 01 CHILD PROVIDE OLD AGE SUPPORT 02 BROTHER SON/DAUGHTER 03 BABY BRINGS SPECIAL JOY 04 HAS NO BENEFITS 95 OTHER _____ 96 (SPECIFY)	
217	CHECK 205 WIFE NOT PREGNANT/ NOT SURE <input type="checkbox"/> WIFE PREGNANT <input type="checkbox"/> v Now I have some questions about your wife v After the child you and your wife are expecting would she like to have another child or would she prefer not to have any (more) children?	HAVE A (ANOTHER) CHILD 1 NO MORE/NONE 2 UNDECIDED OR DON'T KNOW 8	
218	Have you talked with your wife about having (a) another child in the past year?	YES NO	1 → 220 2
219	Have you ever talked with your wife about having a (another) child?	YES NO	1 2 → 223
220	When you and your wife last talked about this did you bring up the subject first or did your wife raise it?	RESPONDENT WIFE	1 2
221	At that time did you and your wife agree about having a (another) child or did you have different opinions?	AGREED HAD DIFFERENT OPINIONS	1 → 223 2
222	How did you settle your difference of opinion—did your wife accept your opinion or did you accept your wife's?	RESPONDENT'S VIEW ACCEPTED WIFE S VIEW ACCEPTED STILL DISCUSSING	1 2 3
223	If (you could go back to the time you did not have any children and) you could choose exactly the number of children to have in your whole life how many children would that be? RECORD SINGLE NUMBER OR ANY OTHER ANSWER	NUMBER <input type="text"/> OTHER ANSWER _____ 96 (SPECIFY) DON'T KNOW 98	
224	How many children do you think your wife would want? RECORD SINGLE NUMBER OR ANY OTHER ANSWER	NUMBER <input type="text"/> SAME NUMBER AS RESPONDENT 95 OTHER ANSWER _____ 96 (SPECIFY) DON'T KNOW 98	

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

METHOD	302 Have you ever heard of (METHOD)?		303 Have you ever used (METHOD)?		304 Do you know where a person could go to get (METHOD)?	
	READ DESCRIPTION OF EACH METHOD					
01 PILL A woman can take a pill every day	YES/SPONT	1	YES	1	YES	1
	YES/PROBED	2				
	NO	3	NO	2	NO	2
v						
02 IUD A woman can have a loop or coil placed inside her by a doctor or a nurse	YES/SPONT	1	YES	1	YES	1
	YES/PROBED	2				
	NO	3	NO	2	NO	2
v						
03 INJECTIONS A woman can have an injection by a doctor or nurse which stops her from becoming pregnant for several months	YES/SPONT	1	YES	1	YES	1
	YES/PROBED	2				
	NO	3	NO	2	NO	2
v						
04 NORPLANT A woman can have a small rod placed in her arm by a doctor which stops her from becoming pregnant for several years	YES/SPONT	1	YES	1	YES	1
	YES/PROBED	2				
	NO	3	NO	2	NO	2
v						
05 DIAPHRAGM FOAM JELLY A woman can place a sponge suppository diaphragm jelly or cream inside her before intercourse	YES/SPONT	1	YES	1	YES	1
	YES/PROBED	2				
	NO	3	NO	2	NO	2
v						
06 CONDOM A man can use a rubber covering during sexual intercourse	YES/SPONT	1	YES	1	YES	1
	YES/PROBED	2				
	NO	3	NO	2	NO	2
v						
07 FEMALE STERILIZATION A woman can have an operation to avoid having any more children	YES/SPONT	1	Has your wife ever had an operation to avoid having any more children?		Do you know a place where a woman can get such an operation?	
	YES/PROBED	2				
	NO	3				
v						
08 MALE STERILIZATION A man can have an operation to avoid having any more children	YES/SPONT	1	Have you ever had an operation to avoid having any more children?		Do you know a place where a man can get such an operation?	
	YES/PROBED	2				
	NO	3				
v						
v						

CONTRACEPTIVE METHOD TABLE CONTINUED

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD		303 Have you ever used (METHOD)?		304 Do you know where a person could go to get (METHOD)?
09 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 YES/PROBED NO	1 2 3	YES NO	1 2	Do you know where a person can obtain advice on how to use the periodic abstinence? YES 1 NO 2
10 WITHDRAWAL A man can be careful and pull out before ejaculation	YES/SPONT YES/PROBED NO	1 2 3	YES NO	1 2	
11 PROLONGED BREASTFEEDING — A woman can prolong the time that she breastfeeds her babies to delay the next pregnancy	YES/SPONT YES/PROBED NO	1 2 3	YES NO	1 2	
12 Have you heard of any other ways or methods that women or men can use to avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES/SPONT NO	1 3	YES NO YES NO YES NO	1 2 1 2 1 2	

305 | CHECK 302 AT LEAST ONE "YES" (KNOWS ANY METHOD) NOT A SINGLE 'YES' (DOES NOT KNOW ANY METHOD) → SKIP TO 401

306 | CHECK 303 NOT A SINGLE 'YES' (NEVER USED ANY METHOD) AT LEAST ONE 'YES' (EVER USED ANY METHOD) → SKIP TO 309

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
307	Have you and your wife ever used anything or tried any way to delay or avoid getting pregnant?	YES NO	1 2 → 336
308	What have you ever used or done? CORRECT 303-306 (AND 302 IF NECESSARY)	(SPECIFY)	
309	Are you or your wife currently doing something or using any method to delay or avoid getting pregnant?	YES NO	1 2 → 311
310	Which method are you using now?	PILL IUD INJECTABLES NORPLANT DIAPHRAGM/FOAM/JELLY CONDOM FEMALE STERILIZATION MALE STERILIZATION PERIODIC ABSTINENCE WITHDRAWAL PROLONGED BREASTFEEDING OTHER _____ (SPECIFY)	01 02 03 04 05 06 → 312 07 08 09 10 11 96
311	What method have you and your wife used most recently to delay or avoid getting pregnant? IF NEVER USED A METHOD WITH CURRENT WIFE CIRCLE 00	NEVER USED METHOD WITH WIFE PILL IUD INJECTABLES NORPLANT DIAPHRAGM/FOAM/JELLY CONDOM FEMALE STERILIZATION MALE STERILIZATION PERIODIC ABSTINENCE WITHDRAWAL PROLONGED BREASTFEEDING OTHER _____ (SPECIFY)	00 → 336 01 02 03 04 05 06 07 08 09 10 11 96
312	We are interested in knowing about your childbearing intentions when you and your wife began to use (METHOD IN 310/311) this (the last) time When you began using (METHOD) did you want to wait before having another child or did you not want another child at all?	WANTED CHILD IMMEDIATELY WANTED TO WAIT BEFORE HAVING CHILD DID NOT WANT AT ALL NOT SURE ABOUT HAVING ANOTHER	1 → 314 2 → 313A 3 8
313	What was the main reason that you felt that (you did not want/you were not sure you wanted) another child then? _____ _____ (RECORD ANSWER IN RESPONDENT S EXACT WORDS)	RESPONDENT'S HEALTH NOT GOOD WIFE'S HEALTH NOT GOOD CHILDREN MUST BE SPACED TO SURVIVE AND BE HEALTHY COULD NOT AFFORD TO HAVE ANOTHER CHILD AT THE TIME WORRIED ABOUT FUTURE COSTS OF REARING AND EDUCATING CHILDREN DIFFICULT TO PROPERLY REAR MANY CHILDREN NO SPACE FOR ANOTHER CHILD IN HOUSE OTHER _____ (SPECIFY)	01 02 03 04 05 06 07 96
313A	What was the main reason that you felt that you wanted to wait before having another child? _____ _____ (RECORD ANSWER IN RESPONDENT S EXACT WORDS)		

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
314	At the time you began using (METHOD IN 310/311) would you say your wife wanted another child or did she want no more children?	WANTED CHILD IMMEDIATELY WANTED TO WAIT BEFORE HAVING CHILD DID NOT WANT AT ALL WIFE NOT SURE ABOUT HAVING CHILD RESPONDENT DOES NOT KNOW ABOUT WIFE'S ATTITUDE	1 → 316 2 → 315A 3 4 8 → 316
315	In your opinion what is the main reason your wife (did not want/was not sure she wanted another child then? (RECORD ANSWER IN RESPONDENT'S EXACT WORDS)	RESPONDENT S HEALTH NOT GOOD WIFE S HEALTH NOT GOOD CHILDREN MUST BE SPACED TO SURVIVE AND BE HEALTHY COULD NOT AFFORD TO HAVE ANOTHER CHILD AT THE TIME WORRIED ABOUT FUTURE COSTS OF REARING AND EDUCATING CHILDREN	01 02 03 04 05
315A	In your opinion what is the main reason your wife wanted to wait before having another child? (RECORD ANSWER IN RESPONDENT'S EXACT WORDS)	DIFFICULT TO PROPERLY REAR MANY CHILDREN NO SPACE FOR ANOTHER CHILD IN HOUSE OTHER (SPECIFY)	06 07 96
316	Now I would like to ask some questions about how you and your wife made the decision to use (METHOD IN 310/311) this (the last) time Who was the first person to bring up the idea of using?	WIFE FIRST PERSON HUSBAND FIRST PERSON OTHER _____ (SPECIFY) NOT SURE	1 2 → 318 6 8 → 319
317	At the time when your wife brought up the idea of using did you agree immediately or were you opposed at first?	RESPONDENT AGREED RESPONDENT WAS OPPOSED HAD NO OPINION	1 2 → 319 3
318	At the time when you brought up the idea of using did your wife agree immediately or was she opposed at first?	WIFE AGREED WIFE WAS OPPOSED HAD NO OPINION	1 2 3
319	When you began using (METHOD IN 310/311) was this mainly your wife's decision a joint decision or mainly your decision?	MAINLY WIFE'S DECISION JOINT DECISION MAINLY RESPONDENT S DECISION OTHER _____ (SPECIFY)	1 2 3 6
320	Although a couple may want to delay or avoid a pregnancy they often can have some doubts or concerns about using family planning We are interested in any doubts or concerns that you may have had before you and your wife began using (METHOD IN 310/311) this (the last) time—even if these concerns are no longer important What concerns or doubts did you have? PROBE Were there any other concerns? (RECORD ANSWER IN RESPONDENT'S EXACT WORDS)	FEAR FROM INSERTING (IUD) AFRAID TO BECOME PREGNANT WHILE USING METHOD AFRAID NOT TO BE PREGNANT AFTER STOP USING AFRAID OF SIDE EFFECTS FROM USING THE METHOD OTHER _____ (SPECIFY) NO DOUBTS OR CONCERNS	A B C D X Y

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
321	CHECK 310/311	USING(ED) IUD INJECTABLE PILL CONDOM NORPLANT OR STERILIZATION <input type="checkbox"/> → 324 DIAPHRAGM FOAM OR <input type="checkbox"/> USING(ED) TRADITIONAL JELLY METHODS <input type="checkbox"/> → 332	
322	Who usually obtains(ed) (METHOD IN 310/311) you or your wife?	RESPONDENT 1 WIFE 2 OTHER _____ 6 (SPECIFY)	
323	When you began using (METHOD IN 310/311) this (the last) time did your wife consult a doctor or anyone at a health facility?	YES 1 NO 2 → 325	
324	When your wife went to get (consult about) (METHOD IN 310/311) did she go alone or did you or someone else go with her? IF ACCOMPANIED BY SOMEONE ELSE Who went with her? RECORD ALL MENTIONED	WENT ALONE A ACCOMPANIED BY CHILDREN B ACCOMPANIED BY AN ADULT RESPONDENT C MOTHER/MOTHER-IN-LAW D SISTER/SISTER-IN-LAW E OTHER RELATIVE F FRIENDS/NEIGHBORS G OTHER _____ X (SPECIFY)	
325	Who paid for (METHOD IN 310/311) this (the last) time (including the consultation(s))? PROBE How did you (your wife) get the money to pay for the method? RECORD ALL MENTIONED	RESPONDENT INCOME/EARNINGS A SOLD ARTICLES B BORROWED C GOT FROM RELATIVES/FRIENDS WITHOUT BORROWING D OTHER/DK E WIFE INCOME/EARNINGS F MONEY FROM HOUSEHOLD ACCOUNTS G SOLD ARTICLES H BORROWED I GOT FROM RELATIVES/FRIENDS WITHOUT BORROWING J FREE SERVICE/NO CHARGE FOR SERVICE K → 327 OTHER _____ X (SPECIFY)	
326	Would you say that it was easy or difficult to get the money to pay for (METHOD IN 310/311) this (the last) time?	EASY 1 DIFFICULT 2	
327	Has (did) your wife experience any side effects or health problems which you think were caused by (METHOD IN 310/311) at any time after beginning to use it this (the last) time?	YES 1 NO 2 NOT SURE 8 → 330	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
328	How would you describe the side effects or health problems your wife had--would you describe them as serious or not so serious?	SERIOUS NOT SERIOUS NOT SURE	1 2 8
329	What did you advise your wife to do about the side effects?	ADVISED STOPPING USE ADVISED CONTINUING ADVISED SWITCHING METHODS ADVISED SEEING A DOCTOR GAVE NO ADVICE OTHER _____ (SPECIFY)	1 2 3 4 5 6
330	Are (were) there any other problems you or your wife (have) had while using (METHOD IN 310/311)? PROBE Anything else? _____ _____ (RECORD ANSWER IN RESPONDENT'S EXACT WORDS)		
331	When you began using (METHOD IN 310/311) this (the last) time did you yourself talk with a doctor or anyone at a health facility about using family planning?	YES NO	1 → 333 2
332	Have you yourself ever discussed using family planning with a doctor or anyone at a health facility?	YES NO	1 2
333	CHECK 309 NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 501
334	What was the main reason for stopping use of (METHOD IN 311) the last time?	FERTILITY-RELATED REASONS WIFE BECAME PREGNANT INFREQUENT SEX WIFE HAD MENOPAUSAL/HYSTERECTOMY SUBFECUND/INFECUND DECIDED WANTED ANOTHER CHILD OPPOSITION TO USE WIFE OPPOSED OTHERS OPPOSED RELIGIOUS PROHIBITION METHOD-RELATED REASONS HEALTH CONCERNS SIDE EFFECTS INCONVENIENT TO USE PROVIDER-RELATED REASONS LACK OF ACCESS/TOO FAR COST TOO MUCH METHOD NOT AVAILABLE AT PROVIDER ADVISED STOP USE BY PROVIDER NO FEMALE PROVIDER NO PROVIDER AVAILABLE DISSATISFIED WITH SERVICES OTHER _____ (SPECIFY) DON'T KNOW	11 12 13 14 15 21 22 23 31 32 33 41 42 43 44 45 46 47 96 98

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
335	<p>Were there any other reasons for stopping use of (METHOD IN 311) the last time?</p> <p>PROBE Any other reasons?</p> <p>RECORD ALL MENTIONED</p>	<p>FERTILITY-RELATED REASONS</p> <p>WIFE BECAME PREGNANT A</p> <p>INFREQUENT SEX B</p> <p>WIFE MENOPAUSAL/HYSTERECTOMY C</p> <p>SUBFECUND/INFECUND D</p> <p>DECIDED WANTED ANOTHER CHILD E</p> <p>OPPOSITION TO USE</p> <p>WIFE OPPOSED F</p> <p>OTHERS OPPOSED G</p> <p>RELIGIOUS PROHIBITION H</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS I</p> <p>SIDE EFFECTS J → 401</p> <p>INCONVENIENT TO USE K</p> <p>PROVIDER-RELATED REASONS</p> <p>LACK OF ACCESS/TOO FAR L</p> <p>COST TOO MUCH M</p> <p>METHOD NOT AVAILABLE</p> <p>AT PROVIDER N</p> <p>ADVISED STOP USE BY PROVIDER O</p> <p>NO FEMALE PROVIDER P</p> <p>NO PROVIDER AVAILABLE Q</p> <p>DISSATISFIED WITH SERVICES R</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
336	<p>Have you yourself ever discussed using family planning with a doctor or anyone at a health facility?</p>	<p>YES</p> <p>NO</p>	<p>1</p> <p>2</p>

SECTION 4 REASONS FOR NONUSE AND INTENTION TO USE

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
401	Do you think you and your wife will do anything or use any method to delay or avoid a pregnancy in the future?	YES NO DON'T KNOW	1 2 8 → 404
402	Which method would you prefer to use?	PILL IUD INJECTIONS NORPLANT DIAPHRAGM/FOAM/JELLY CONDOM FEMALE STERILIZATION MALE STERILIZATION PERIODIC ABSTINENCE WITHDRAWAL PROLONGED BREASTFEEDING OTHER _____ (SPECIFY) UNSURE	01 02 03 04 05 06 07 08 09 10 11 96 98
403	Do you think you and your wife will use a method to delay or avoid pregnancy within the next 12 months?	YES NO DON T KNOW	1 2 8 → 407
404	CHECK 208 AND 211 WANTS NO MORE (NONE) <input type="checkbox"/> UNDECIDED <input type="checkbox"/> WANTS TO WAIT TWO OR MORE YEARS BEFORE BIRTH <input type="checkbox"/> OTHER ANSWER <input type="checkbox"/>		→ 501
405	Are any of the following among the reasons that you have for saying that you will never use family planning Do you think it would be difficult to find a source where you or your wife can get good family planning services? Are you concerned about your wife having to be examined by a male doctor? Do you think that your wife is against using family planning? Are you concerned about the health problems or side effects your wife may have from using family planning? Are you concerned about the health problems or side effects that you may have from using family planning? Would you have any difficulty in finding the money to get a method? Is it because you think that religion forbids using family planning? Is it because you feel you are not in need of family planning because your wife has difficulty getting pregnant? Are there any other reasons that you do not plan to use? OTHER _____ (SPECIFY)	YES NO HARD TO FIND SOURCE CONCERNED ABOUT EXAM BY MALE DOCTOR WIFE OPPOSED HEALTH PROBLEMS/SIDE EFFECTS WIFE MAY HAVE FROM USE HEALTH PROBLEMS/SIDE EFFECTS RESPONDENT MAY HAVE FROM USE DIFFICULTY IN FINDING MONEY RELIGION FORBIDS WIFE HAS DIFFICULTY GETTING PREGNANT OTHER DIFFICULTY	1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2

406	What is the main reason that you do not plan to use a family planning method in the future?	<table style="width:100%; border-collapse: collapse;"> <tr><td>HARD TO FIND SOURCE</td><td style="text-align: right;">01</td></tr> <tr><td>CONCERNED ABOUT EXAM BY MALE DOCTOR</td><td style="text-align: right;">02</td></tr> <tr><td>WIFE OPPOSED</td><td style="text-align: right;">03</td></tr> <tr><td>HEALTH PROBLEMS/SIDE EFFECTS WIFE MAY HAVE FROM USE</td><td style="text-align: right;">04</td></tr> <tr><td>HEALTH PROBLEMS/SIDE EFFECTS RESPONDENT MAY HAVE FROM USE</td><td style="text-align: right;">05</td></tr> <tr><td>DIFFICULTY IN FINDING MONEY</td><td style="text-align: right;">06</td></tr> <tr><td>RELIGION FORBIDS</td><td style="text-align: right;">07</td></tr> <tr><td>DIFFICULT FOR WIFE TO GET PREGNANT</td><td style="text-align: right;">08</td></tr> <tr><td>OTHER REASON FOR NOT USING</td><td style="text-align: right;">96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> </table>	HARD TO FIND SOURCE	01	CONCERNED ABOUT EXAM BY MALE DOCTOR	02	WIFE OPPOSED	03	HEALTH PROBLEMS/SIDE EFFECTS WIFE MAY HAVE FROM USE	04	HEALTH PROBLEMS/SIDE EFFECTS RESPONDENT MAY HAVE FROM USE	05	DIFFICULTY IN FINDING MONEY	06	RELIGION FORBIDS	07	DIFFICULT FOR WIFE TO GET PREGNANT	08	OTHER REASON FOR NOT USING	96	(SPECIFY)	
HARD TO FIND SOURCE	01																					
CONCERNED ABOUT EXAM BY MALE DOCTOR	02																					
WIFE OPPOSED	03																					
HEALTH PROBLEMS/SIDE EFFECTS WIFE MAY HAVE FROM USE	04																					
HEALTH PROBLEMS/SIDE EFFECTS RESPONDENT MAY HAVE FROM USE	05																					
DIFFICULTY IN FINDING MONEY	06																					
RELIGION FORBIDS	07																					
DIFFICULT FOR WIFE TO GET PREGNANT	08																					
OTHER REASON FOR NOT USING	96																					
(SPECIFY)																						

407	CHECK 205 WIFE NOT PREGNANT/NOT SURE <input type="checkbox"/> WIFE PREGNANT <input type="checkbox"/>	→501
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408	CHECK 208 AND 211 WANTS NO MORE (NONE) <input type="checkbox"/> UNDECIDED <input type="checkbox"/> WANTS TO WAIT TWO OR MORE YEARS BEFORE BIRTH <input type="checkbox"/> OTHER ANSWER <input type="checkbox"/>	→501
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409	Are any of the following among the reasons that you and your wife are not using family planning right now	
	YES NO	
Is it difficult for you to find a source where you (your wife) can get good family planning services	HARD TO FIND SOURCE	1 2
Are you concerned about your wife having to be examined by a male doctor?	CONCERNED ABOUT EXAM BY MALE DOCTOR	1 2
Do you think that your wife is against using family planning?	WIFE OPPOSED	1 2
Are you concerned about the health problems or side effects your wife may have from using family planning?	HEALTH PROBLEMS/SIDE EFFECTS WIFE MAY HAVE FROM USE	1 2
Are you concerned about the health problems or side effects that you may have from using family planning?	HEALTH PROBLEMS/SIDE EFFECTS RESPONDENT MAY HAVE FROM USE	1 2
Is it because it is difficult to find the money to get a method?	DIFFICULTY IN FINDING MONEY	1 2
Is it because you think that religion forbids you to use family planning?	RELIGION FORBIDS	1 2
Is it because you feel you are not in need of family planning because your wife is waiting for her period to return?	WIFE WAITING FOR HER PERIOD TO RETURN	1 2
Is it because you feel you are not in need or do not want to use because your wife is still breastfeeding?	WIFE STILL BREASTFEEDING	1 2
Is it because you feel you are not in need of family planning because your wife has difficulty getting pregnant?	WIFE HAS DIFFICULTY GETTING PREGNANT	1 2
Are there any other reasons that you are not using now? OTHER	OTHER REASON FOR NOT USING	1 2
(SPECIFY)	(SPECIFY)	

SECTION 5 OPINIONS ABOUT FAMILY PLANNING USE

NO	QUESTIONS AND FILTERS		SKIP TO		
501	<p>Now I would like to ask you about any conversations about family planning you may have had in the past month</p> <p>In the past month have you talked about family planning with your wife? IF YES How often?</p>	<p>NO NOT IN PAST MONTH ONCE OR TWICE MORE OFTEN</p>	<p>1 2 3 → 503</p>		
502	<p>Have you talked about family planning with your wife at any time in the past?</p>	<p>YES NO DON'T KNOW</p>	<p>1 2 8</p>		
503	<p>In the past month have you talked about family planning with any of your (other) relatives or your friends or neighbors? IF YES How often?</p>	<p>NO NOT IN PAST MONTH ONCE OR TWICE MORE OFTEN</p>	<p>1 2 3 → 505</p>		
504	<p>Have you talked about family planning with any of your (other) relatives or friends or neighbors at any time in the past?</p>	<p>YES NO DON'T KNOW</p>	<p>1 2 8</p>		
505	<p>I am interested in other ways you may have heard about family planning recently Have you listened to any radio shows or spots about family planning in the past month? IF YES How often?</p>	<p>NO NOT IN PAST MONTH ONCE OR TWICE MORE OFTEN DON'T KNOW</p>	<p>1 2 3 8</p>		
506	<p>Have you seen any television shows or spots about family planning on the television in the past month? IF YES How often?</p>	<p>NO NOT IN PAST MONTH ONCE OR TWICE MORE OFTEN DON'T KNOW</p>	<p>1 2 3 8</p>		
507	<p>CHECK 205</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>WIFE NOT PREGNANT/ NOT SURE <input type="checkbox"/></p> <p>↓</p> <p>Do you think having another pregnancy would pose any health risks for your wife?</p> </td> <td style="width: 50%; vertical-align: top;"> <p>WIFE PREGNANT <input type="checkbox"/></p> <p>↓</p> <p>Do you think that this pregnancy poses any health risks for your wife?</p> </td> </tr> </table>	<p>WIFE NOT PREGNANT/ NOT SURE <input type="checkbox"/></p> <p>↓</p> <p>Do you think having another pregnancy would pose any health risks for your wife?</p>	<p>WIFE PREGNANT <input type="checkbox"/></p> <p>↓</p> <p>Do you think that this pregnancy poses any health risks for your wife?</p>	<p>YES NO DON T KNOW</p>	<p>1 2 8</p>
<p>WIFE NOT PREGNANT/ NOT SURE <input type="checkbox"/></p> <p>↓</p> <p>Do you think having another pregnancy would pose any health risks for your wife?</p>	<p>WIFE PREGNANT <input type="checkbox"/></p> <p>↓</p> <p>Do you think that this pregnancy poses any health risks for your wife?</p>				
508	<p>CHECK 309</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>Do you think using family planning poses any health risks for your wife?</p> </td> <td style="width: 50%; vertical-align: top;"> <p>NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>Do you think that using family planning would pose any health risks for your wife?</p> </td> </tr> </table>	<p>CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>Do you think using family planning poses any health risks for your wife?</p>	<p>NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>Do you think that using family planning would pose any health risks for your wife?</p>	<p>YES NO DON'T KNOW</p>	<p>1 2 8</p>
<p>CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>Do you think using family planning poses any health risks for your wife?</p>	<p>NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>Do you think that using family planning would pose any health risks for your wife?</p>				
509	<p>In general which do you think poses the greatest health risk for your wife--having a pregnancy or using a family planning method?</p>	<p>HAVING A PREGNANCY USING FAMILY PLANNING OTHER</p>	<p>1 2 6</p>		

NO	QUESTIONS AND FILTERS			SKIP TO
510	Now we would like to ask your opinion about some things Do you think that a breastfeeding mother is less likely to become pregnant even after her period returns?	YES	1	
		NO	2	
		NOT SURE	8	
511	When a mother is breastfeeding do you think that using a method like the pill or injectables can affect the breastfeeding?	YES	1	
		NO	2	
		NOT SURE	8	
512 I would like to collect some information about various contraceptive methods				
ASK QUESTIONS 513-518 FOR EACH METHOD				
		IUD	PILL	INJECTABLES
513	In your opinion is (METHOD) suitable for your wife to use?	SUITABLE 1 NOT SUITABLE 2 UNSURE IF SUITABLE 3 DON'T KNOW METHOD 8 (GO TO NEXT METHOD) ←	SUITABLE 1 NOT SUITABLE 2 UNSURE IF SUITABLE 3 DON'T KNOW METHOD 8 (GO TO NEXT METHOD) ←	SUITABLE 1 NOT SUITABLE 2 UNSURE IF SUITABLE 3 DON'T KNOW METHOD 8 (GO TO 519) ←
514	Is (METHOD) more likely less likely or about as likely as other methods to cause side effects or health problems?	MORE LIKELY 1 ABOUT AS LIKELY 2 LESS LIKELY 3 NOT SURE 8	MORE LIKELY 1 ABOUT AS LIKELY 2 LESS LIKELY 3 NOT SURE 8	MORE LIKELY 1 ABOUT AS LIKELY 2 LESS LIKELY 3 NOT SURE 8
515	Have you heard about anyone in your community who recently experienced any side effects or health problems from using (METHOD)?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON T KNOW 8	YES 1 NO 2 DON'T KNOW 8
516	What are some of the side effects or health problems from (METHOD)? RECORD ALL MENTIONED	EXCESSIVE BLEEDING A IRREGULAR PERIODS/ NO PERIOD B SWELLING/BLOATING C WEIGHT GAIN D HEADACHES E DIZZINESS F FATIGUE G WEIGHT LOSS H OTHER X (SPECIFY) DON'T KNOW Z	EXCESSIVE BLEEDING A IRREGULAR PERIODS/ NO PERIOD B SWELLING/BLOATING C WEIGHT GAIN D HEADACHES E DIZZINESS F FATIGUE G WEIGHT LOSS H OTHER X (SPECIFY) DON'T KNOW Z	EXCESSIVE BLEEDING A IRREGULAR PERIODS/ NO PERIOD B SWELLING/BLOATING C WEIGHT GAIN D HEADACHES E DIZZINESS F FATIGUE G WEIGHT LOSS H OTHER X (SPECIFY) DON'T KNOW Z
517	In your opinion must women who use (METHOD) have a good diet?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
518	Do you think your wife approves or disapproves of (METHOD)?	APPROVES 1- DISAPPROVES 2- NOT SURE 8- (GO TO NEXT METHOD) ←	APPROVES 1- DISAPPROVES 2- NOT SURE 8- (GO TO NEXT METHOD) ←	APPROVES 1- DISAPPROVES 2- NOT SURE 8- (GO TO 519) ←

NO	QUESTIONS AND FILTERS	SKIP TO
519	<p>Check 309</p> <p>Now I want to ask your opinion about some other matters relating to family planning</p> <p>CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/></p> <p>v v</p> <p>Is your wife permitted to go alone to a doctor or health facility to get a method or does she have to be accompanied? If you decided to use family planning would your wife be permitted to go alone to a doctor or health facility to get a method or would she have to be accompanied?</p> <p>IF NOT PERMITTED TO GO ALONE PROBE Would you have to go with her or could she go if she was accompanied by another adult?</p>	<p>PERMITTED TO GO ALONE 1</p> <p>PERMITTED TO GO ONLY IF ACCOMPANIED BY HUSBAND 2</p> <p>PERMITTED TO GO ONLY IF ACCOMPANIED BY ANOTHER ADULT 3</p> <p>PERMITTED TO GO IF ACCOMPANIED BY CHILDREN 4</p> <p>NOT PERMITTED AT ALL 5</p>
520	<p>What about going to a pharmacy to get a family planning method--would your wife be permitted to go alone?</p> <p>IF NOT PERMITTED TO GO ALONE PROBE Would you have to go with her or could she go if she was accompanied by another adult?</p>	<p>PERMITTED TO GO ALONE 1</p> <p>PERMITTED TO GO ONLY IF ACCOMPANIED BY HUSBAND 2</p> <p>PERMITTED TO GO ONLY IF ACCOMPANIED BY ANOTHER ADULT 3</p> <p>PERMITTED TO GO IF ACCOMPANIED BY CHILDREN 4</p> <p>NOT PERMITTED AT ALL 5</p>
521	<p>When a woman goes to get family planning methods she often must have a vaginal examination In general are you opposed to your wife having a vaginal examination by a male doctor?</p>	<p>YES 1 → 523</p> <p>NO 2</p>
522	<p>Would you prefer her to be examined by a female doctor?</p>	<p>YES 1</p> <p>NO 2 → 524</p> <p>DON'T KNOW 8</p>
523	<p>Are you willing for your wife to have a vaginal examination if it is done by a female doctor?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
524	<p>Now I want to ask your opinion about some matters relating to family planning Please tell me if you agree disagree or have no opinion about the statement</p> <p>If your wife disagreed with the use of family planning there would be nothing you could do to change her mind</p> <p>Most of your friends and relatives approve of using family planning</p> <p>In your community religious leaders often talk to the people about not using family planning</p>	<p>N O</p> <p>D I O</p> <p>S P</p> <p>A A I</p> <p>G G N</p> <p>R R I</p> <p>E E O</p> <p>E E N</p> <p>NO WAY TO CHANGE WIFE'S MIND ABOUT FP USE 1 2 8</p> <p>FRIENDS/RELATIVES APPROVE OF FP USE 1 2 8</p> <p>RELIGIOUS LEADERS TALK ABOUT NOT USING FP 1 2 8</p>

NO	QUESTIONS AND FILTERS		SKIP TO
525	If a woman wants to use family planning but her husband does not approve would you agree with her using without her husband's knowledge if another pregnancy would be dangerous for her health?	YES NO NOT SURE	1 2 8
526	CHECK 309 NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		528
527	What would you do if you discovered that your wife doing something to delay or avoid pregnancy without your knowledge? RECORD ALL MENTIONED	WOULD FORCE HER TO LEAVE WOULD LEAVE HER WOULD TALK WITH RELATIVES WOULD MAKE HER STOP WOULD GET ANOTHER WIFE WOULD BEAT HER WOULD QUARREL WITH HER WOULD NOT DO ANYTHING OTHER _____ (SPECIFY) DON'T KNOW	A B C D E F G H X Z
528	A woman can have an operation that will prevent her from becoming pregnant ever again Do you approve or disapprove of a woman using this method?	APPROVE DISAPPROVE OTHER _____ (SPECIFY)	1 2 → 530 6
529	Would you consider having your wife having such an operation at any time in the future?	WOULD CONSIDER WOULD NOT CONSIDER OTHER _____ (SPECIFY)	1 2 6
530	Sometimes a woman will have an abortion if she becomes pregnant when she does not want more children Is having an abortion acceptable under some circumstances or is it always wrong? IF ALWAYS WRONG PROBE Even when another pregnancy will cause health problems for the woman?	ALWAYS WRONG SOMETIMES ACCEPTABLE OTHER _____ (SPECIFY)	1 → 601 2 6
531	Are there any circumstances under which you think that you and your wife might consider having an abortion?	YES NO NOT SURE	1 2 8 → 601
532	Have you and your wife ever used abortion to end a pregnancy?	YES NO NOT SURE	1 2 8

SECTION 6 EMPLOYMENT AND HOUSEHOLD FINANCES

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	Now I would like to ask you some questions about your work Are you currently working?	YES NO	1 → 604 2
602	What is the reason that you are not currently working?	CANNOT FIND WORK SICK/INJURED RETIRED OTHER _____ (SPECIFY)	1 2 3 6
603	Have you done any work in the last 12 months?	YES NO	1 2 → 605
604	Have you been unemployed for a month or longer during the past 12 months?	YES NO	1 2
605	In your current (most recent) job what kind of work do (did) you mainly do? WRITE THE ANSWER EXACTLY AS GIVEN	_____ <input type="checkbox"/> _____ <input type="checkbox"/>	
606	CHECK 605 WORKS (WORKED) <input type="checkbox"/> IN AGRICULTURE DOES (DID) <input type="checkbox"/> NOT WORK IN AGRICULTURE		→ 608
607	Do (did) you work mainly on your own land or family land or do (did) you rent land or do you work on someone else s land?	HIS/FAMILY LAND RENTED LAND SOMEONE ELSE S LAND	1 2 } → 609 3
608	Do (did) you work for a member of your family for someone else or for yourself?	FOR FAMILY MEMBER FOR SOMEONE ELSE FOR HIMSELF	1 2 3 → 609A
609	Are you paid in cash or payment in kind?	CASH KIND	1 2
609A	Do you receive cash or payment in kind for the work that you do?	CASH AND KIND NOT PAID AT ALL	3 4
610	What is the main source of income from which you and your household meet most of your financial needs?	OWN EARNINGS OWN AND WIFE'S EARNINGS WIFE'S EARNINGS OWN FAMILY INCOME WIFE'S FAMILY INCOME OWN PENSION WIFE'S PENSION BORROW MONEY OTHER _____ (SPECIFY)	01 02 03 04 05 06 07 08 96

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
611	Who mainly decides how your household's income is spent?	RESPONDENT ONLY WIFE ONLY BOTH RESPONDENT AND WIFE PARENTS/SISTER IN LAWS PARENTS OTHER _____ (SPECIFY)	1 2 3 4 5 6						
612	Do you think that the economic condition of your household is better worse or the same as it was three years ago?	BETTER WORSE SAME	1 2 3						
613	Now I would like to ask you some questions about how much income your household had last <u>year</u> Approximately how much on average is the income of your household during the last year?	INCOME DURING PAST YEAR	L E <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
614	Now I would like to ask you some questions about how much your household spends each <u>month</u> Approximately how much does your household spend on average each month?	MONTHLY EXPENDITURE	L E <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
615	When you are old what do you expect to be your major sources of financial support? RECORD ALL MENTIONED	OWN EARNINGS WIFE'S EARNINGS PENSIONS/SAVINGS INCOME FROM LAND/INVESTMENTS GOV'T AID SUPPORT FROM SON(S) SUPPORT FROM DAUGHTER(S) SUPPORT FROM OTHER RELATIVE(S) OTHER _____ (SPECIFY)	A B C D E F G H X						
616	In your old age do you expect to live with a son a daughter with both at some time or with neither?	SON(S) DAUGHTER(S) BOTH NEITHER DOES NOT HAVE SONS OR DAUG	1 2 3 4 5 } → 701						
617	With whom do you expect to live then?	ON HIS OWN/WITH WIFE WITH OTHER FAMILY OTHER _____ (SPECIFY)	1 2 6						

SECTION 7 ATTITUDES ABOUT FAMILY LIFE

NO	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP TO
701	Now I would like to get your opinion on some aspects of family life. Please tell me if you agree or disagree with each statement.					
	There is some work only for men and some work only for women and they should not be doing each other's work.	MEN AND WOMEN SHOULD NOT DO SAME WORK	1	2	8	DIS-AGREE AGREE DK
	A woman's place is not only in the household but she should be allowed to work.	WOMEN'S PLACE NOT ONLY AT HOME	1	2	8	
	If the wife has a job outside the home then the husband should help her with the children and household chores.	HUSBAND SHOULD HELP WORKING WIFE	1	2	8	
	If girls are educated it should be to prepare them for jobs not just to make them better mothers and wives.	GIRLS EDUCATED FOR JOBS	1	2	8	
	A woman who has a full-time job cannot be a good mother.	WORKING WOMAN A POOR MOTHER	1	2	8	
	If a wife disagrees with her husband she should express her opinion and not keep quiet.	WIFE SHOULD SPEAK UP	1	2	8	
702	Do you discuss any of the following topics with your wife regularly only sometimes or never?		REGULAR- LY	SOME- TIMES	NEVER	NA
	Events at work?	EVENTS AT WORK	1	2	3	5
	Plans for the future?	FUTURE PLANS	1	2	3	5
	Your children's activities?	CHILDREN'S ACTIVITIES	1	2	3	5
	Money/financial matters?	MONEY MATTERS	1	2	3	5
	Community gossip/news?	GOSSIP/NEWS	1	2	3	5
703	Who has the final say in your family on the following--you or your wife both you and your wife or someone else?					
	IF SOMEONE ELSE Who? (SPECIFY)		RESP WIFE	BOTH	ELSE	Who? NA
	Visits to friends and family?	VISITS	1 2	3	4 ()	5
	Household budget?	BUDGET	1 2	3	4 ()	5
	Having another child?	HAVE CHILD	1 2	3	4 ()	5
	Children's education?	EDUCATION	1 2	3	4 ()	5
	Medical attention for children?	MEDICAL ATTENTION	1 2	3	4 ()	5
	Use of family planning methods?	CONTRACEPT	1 2	3	4 ()	5

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																
704	At any time since you married have you ever beaten your wife?	YES NO	1 2 → 707																																
705	Have you beaten your wife within the past year?	YES NO	1 2																																
706	What is the main reason that you had for beating your wife the last time it happened?		<table border="1"> <tr> <td></td> <td></td> </tr> </table>																																
707	Are there any situations in which you feel a husband would be justified in beating his wife?	YES NO	1 2																																
708	RECORD WHETHER ANY OF THE FOLLOWING PERSONS WERE PRESENT DURING MOST OR PART OF THE INTERVIEW	<table border="1"> <thead> <tr> <th></th> <th colspan="3">NOT</th> </tr> <tr> <th></th> <th>MOST</th> <th>PART</th> <th>PRESENT</th> </tr> </thead> <tbody> <tr> <td>- Wife?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>- Other adult men?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>- Respondent's mother?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>- Respondent's mother-law?</td> <td>1</td> <td></td> <td></td> </tr> <tr> <td>- Other adult women?</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>- Children?</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		NOT				MOST	PART	PRESENT	- Wife?	1	2	3	- Other adult men?	1	2	3	- Respondent's mother?	1	2	3	- Respondent's mother-law?	1			- Other adult women?	1	2	3	- Children?	1	2	3	
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THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY COMPLETE QUESTIONS 801-802 AS APPROPRIATE
BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD

801 DEGREE OF COOPERATION

POOR
FAIR
GOOD
VERY GOOD

1
2
3
4

802 INTERVIEWER'S COMMENTS

803 FIELD EDITOR'S COMMENTS

804 SUPERVISOR'S COMMENTS

805 OFFICE EDITOR'S COMMENTS
