

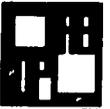
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Analyzing the Determinants of Fertility: A Suggested Approach for Data Collection



The International Program of Laboratories for Population Statistics (POPLAB) of the University of North Carolina at Chapel Hill is involved in a project entitled "Birth and Death Data Collection" sponsored by the United States Agency for International Development. The basic objective of this project is to assist developing countries in collecting and analyzing data on levels and trends in fertility and mortality through the use of sample surveys. These surveys are of three types: (1) adding fertility/mortality questions to existing household surveys, (2) initiating new fertility/mortality surveys, and (3) broad surveys, new or add-on, which include collection and analysis of data on variables such as socioeconomic status, labor force participation, migration, use of family planning, as well as basic fertility/mortality questions. POPLAB provides technical and financial assistance in the design, organization, implementation, and analysis of all three types of surveys.



Analyzing the Determinants of Fertility: A Suggested Approach for Data Collection

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FOREWORD

During the past two years, the Determinants of Fertility Survey Committee of POPLAB developed a set of survey questionnaires intended to stimulate in-depth analyses of the determinants of fertility in developing countries. It is the hope of this committee that these questionnaires will provide a useful data base for interested governments and research institutions, enabling them to gain a better understanding of the factors influencing fertility in their countries.

In preparing these questionnaires, the committee drew not only upon POPLAB survey experience but also that of the World Fertility Survey and others in designing and administering household surveys on fertility and related topics. The success of these efforts has encouraged governments of developing countries to collect a wider range of data through household surveys. The data collected through these surveys can enhance the basis for government policy decisions to promote social and economic development.

From a theoretical point of view it is now increasingly clear that to better understand the determinants of fertility, it is desirable to collect information on a wider set of variables than has been customary in household fertility surveys. This is especially evident when decisions about childbearing are recognized as made jointly by a woman and her companion, interrelated with a wide range of other household decisions.

The determinants of fertility survey package enclosed comprises five questionnaires, beginning with a Household Questionnaire, which includes the usual type of household roster and collects minimal information about household assets and characteristics of the dwelling unit. The heart of the set of questionnaires, the Woman's Questionnaire, collects not only the usual information on her fertility and marital history but also more information on her background, economic activity, so-called "intermediate variables" linked directly to recent birth intervals, and children's activities than is customary in fertility surveys. The committee also considers the Husband's Questionnaire to be a crucial part of the package inasmuch as males are also involved in fertility decisions. The collection of community-level data through the Community Questionnaire is considered integral to the survey, not only to permit the investigation (and ideally separation) of structural/community and individual/household influences on fertility, but also to facilitate the formulation of government policies. Finally, inclusion of the Enterprise Questionnaire reflects the committee's belief that the interrelationships between fertility and income have not been adequately investigated in the past due to failure to collect valid data on both in the same survey. Unfortunately the Enterprise Questionnaire is rather complicated, particularly on agricultural incomes, and must therefore be considered the most dispensable of the five questionnaires in practice.

Optional questions on related topics such as infant-feeding attitudes and practices, maternal and child health care, migration, the woman's economic activity history, and expanded coverage of family planning as well as certain economic topics in the Community Questionnaire have been developed but were considered of lower priority by the committee. We hope to be able to publish them in a later volume, along with a detailed discussion of the questions, their utility for analysis, and sample tabulation and analysis plans. In any case, these questionnaires should not be judged as final. Moreover, as they have not been tested in the field they are likely to require modification to accommodate the needs of individual countries.

The committee is grateful for valuable comments from James Abernathy, Richard Anker, Harold Banguero, James Brackett, Alan Johnston, Jack Lawson, Richard Lincoln, Ronald Rindfuss, T. Paul Schultz, Ingrid Swenson, Boone Turchi, J. Richard Udry, Joseph van den Boomen, Bradley Wells, Charles Westoff, and Oleh Wolowyna on earlier drafts of these questionnaires. We are also grateful to Cynthia Coates for editorial assistance, and owe our most heartfelt gratitude to Elva DeBoy for the arduous task of typing all the various drafts, including the final one reproduced here.

(3) What is the floor made of?

CEMENT, BRICK	1
TILE, LINOLEUM, WOOD	2
STONES	3
STRAW, CANE	4
DIRT	5
OTHER (SPECIFY: _____)	8

(4) What are the exterior walls made of?

CEMENT, BRICK, CINDER BLOCK	1
DIRT, CLAY, MUD	2
WOOD	3
STRAW, CANE	4
OTHER (SPECIFY: _____)	8



I would like to begin by asking you some questions about the people who live here.

MEMBERS OF HOUSEHOLD	RELATIONSHIP	RESIDENCE	SEX	AGE		PERSONS AGED 6 AND OVER				PERSONS AGED 12 AND OVER	CHECK (✓) PERSONS ELIGIBLE FOR INDIVIDUAL QUESTIONNAIRES
						EDUCATION:				MARITAL STATUS	
1. Please give me the names of everyone who lives in this household: both usual members and visitors (starting with the head of the household).	2. What is the relationship of this person to the head of household?	3. Does this person usually live here? YES 1 NO 2	4. What is the sex of this person? MALE 1 FEMALE 2	5. How old is he/she (age as of last birthday)?	6. In what month and year was he/she born?	7. Has he/she ever attended school? YES 1 NO 2 (IF NO SKIP TO 11.)	8. Is he/she currently attending school?	9. Highest level of school attended? PRIMARY 1 SECONDARY 2 UNIVERSITY 3 DON'T KNOW 8	10. Highest grade/year attended at that level?	11. Is he/she now...? NEVER MARRIED 1 WIDOWED 3 DIVORCED 4 SEPARATED 5	
tem											
Line No.											
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											

Check here if continuation sheet is used.

Now I would like to ask you a few questions about your dwelling.

12. Do you or your spouse own this dwelling?

YES 1

NO 2



13. How much do you pay in rent each month?
 (IF PAYMENT IN FOOD OR OTHER GOODS,
 INCLUDE ESTIMATE OF ITS VALUE.)
 \$ _____

14. How many rooms does your dwelling have, not counting bathrooms? _____

15. What is your usual source of drinking water?

- | | | | |
|--------------------------|---|----------------------------------|---|
| PIPED, IN HOUSE | 1 | PUMPED OR PIPED, PUBLIC FACILITY | 4 |
| PUMPED, IN HOUSE OR YARD | 2 | OPEN WELL | 5 |
| RAINWATER, ROOF STORAGE | 3 | SPRING, RIVER, LAKE | 6 |
| | | PURCHASED | 7 |
| | | OTHER (SPECIFY: _____) | 8 |

16. How long does it take you to go
 to this place where you get your
 water?
 MINUTES: _____

17. What kind of toilet facilities do you have?

- | | | | |
|----------------------|---|--------------------------|---|
| FLUSH, INSIDE HOUSE | 1 | OPEN PIT | 4 |
| FLUSH, OUTSIDE HOUSE | 2 | NONE (OPEN FIELDS, ETC.) | 5 |
| LATRINE | 3 | OTHER (SPECIFY: _____) | 6 |

18. Do you have electricity in your dwelling?

YES 1

NO 2

Do you have the following items in your
 house? (CIRCLE 1 IF YES, 2 IF NO.)

- | | YES | NO |
|---------------|-----|----|
| ELECTRIC FAN | 1 | 2 |
| ELECTRIC IRON | 1 | 2 |
| TELEVISION | 1 | 2 |
| REFRIGERATOR | 1 | 2 |



19. Does your household have these items? (CIRCLE 1 IF YES, 2 IF NO.)

- | | YES | NO |
|----------------|-----|----|
| TABLE | 1 | 2 |
| CHAIR OR STOOL | 1 | 2 |
| RADIO | 1 | 2 |
| CLOCK OR WATCH | 1 | 2 |
| SEWING MACHINE | 1 | 2 |
| BICYCLE | 1 | 2 |
| CAR/JEEP/TRUCK | 1 | 2 |
| MOTORCYCLE | 1 | 2 |

20. Does anyone in this household have any savings on deposit at any kind of bank or credit union?

YES 1

NO 2

21. How far is it from this house to the place where you go most often to buy food?

KM. _____

22. What type of transportation do you usually use to get there?

- WALK 1
- WAGON, CART, ANIMAL 2
- BICYCLE 3
- BUS, OTHER PUBLIC TRANSPORT 4
- OTHER MOTOR VEHICLE 5
- OTHER (SPECIFY: _____) 8

23. How long does it take to get there? (INCLUDE TIME SPENT WAITING FOR BUS OR OTHER TRANSPORTATION.)

MINUTES _____

24. What would you estimate to be the average income of this household per month, from all sources combined?

\$ _____

(END OF HOUSEHOLD INTERVIEW)

WOMAN'S QUESTIONNAIRE

CONFIDENTIAL.
Information for
research purposes
only.

IDENTIFICATION	
Province: _____	District: _____
Sub-district: _____	Community name: _____
Cluster number: _____	Household number: _____
Name of respondent: _____	Line number of respondent: _____

Interviewer visits:	1	2	3	4
Date				
Result*				
<p>*Result codes 1 Completed satisfactorily 4 Deferred 2 Incomplete 5 Refused 3 Desired respondent not available 9 Other (SPECIFY _____)</p>				

NOTE: ADMINISTER WOMAN'S SCHEDULE BELOW ONLY TO WOMAN AGED 15 TO 49 WHO USUALLY LIVES IN THE HOUSEHOLD. IF NOT AVAILABLE, OR IF DEFERRED, ASCERTAIN WHEN EXPECTED TO BE AVAILABLE, AND RECORD HERE: DATE: _____
 HOUR: _____

What is your date of birth?

MONTH: _____ DON'T KNOW 98
 YEAR: _____

How old are you?

YEARS _____ DON'T KNOW 98

IF WOMAN'S AGE IS NOT 15 TO 49, TERMINATE INTERVIEW.

PREVIOUS PAGE BLANK

1.12. Did she have any live births who died before reaching their fifth birthday?

YES 1

NO 2 (SKIP TO 1.14.)

1.13. How many sons died before reaching the age of five?

NUMBER _____

How many daughters died before reaching the age of five?

NUMBER _____

1.14. Do you read a newspaper or magazine regularly?

YES 1

NO 2

W2. FERTILITY

Now I would like to ask you about your own children.

- 2.1. Have you ever given birth to any children?
 YES 1 (SKIP TO 2.5.) NO 2
 - 2.2. Have you ever given birth to any boy or girl who later died, even if the child lived for only a short time?
 YES 1 (SKIP TO 2.12.) NO 2
 - 2.3. Have you ever been pregnant?
 YES 1 (SKIP TO 2.23.) NO 2
 - 2.4. What I mean is, have you ever been pregnant even if that pregnancy lasted only a few weeks or months?
 YES 1 (SKIP TO 2.27.) NO 2 (SKIP TO W3.)
 - 2.5. Do you have any children you have given birth to who are now living with you?
 YES 1 NO 2 (SKIP TO 2.8.)
 - 2.6. How many sons live with you? _____
 - 2.7. How many daughters live with you? _____
 - 2.8. Do you have any children you have given birth to who do not live with you?
 YES 1 NO 2 (SKIP TO 2.11.)
 - 2.9. How many sons do not live with you? _____
 - 2.10. How many daughters do not live with you? _____
 - 2.11. Have you ever given birth to any children who later died, even if the child lived for only a short time?
 YES 1 NO 2 (SKIP TO 2.14.)
 - 2.12. How many of your sons have died? _____
 - 2.13. How many of your daughters have died? _____
 - 2.14. INTERVIEWER: SUM ANSWERS TO 2.6, 2.7, 2.9, 2.10, 2.12 AND 2.13 AND ENTER HERE: _____
 (SUM)
- NOW ASK:
- Just to make sure I have this right, you have had (SUM) live births. Is this correct?
- YES 1 NO 2 (PROBE AND CORRECT RESPONSES AS NECESSARY.)

(IF ONE CHILD)



Now I would like to ask you a few questions about your birth.

(IF MORE THAN ONE CHILD)



Now I would like to ask you a few questions about each of your births starting with the most recent birth.

ASK 2.15 TO 2.22 FOR EACH LIVE BIRTH, STARTING WITH THE MOST RECENT. IF MULTIPLE BIRTH, USE ONE LINE FOR EACH AND CONNECT WITH A BRACKET AT THE LEFT. RECORD THE ANSWERS IN CHART BELOW.

NOTE: OBTAIN INFORMATION FOR THE LAST BIRTH, THEN THE NEXT-TO-LAST, ETC., UNTIL OBTAINING ALL THE BIRTHS. WHEN FINISHED, PROBE TO VERIFY THAT THE BIRTH LISTED AT THE BOTTOM WAS THE WOMAN'S FIRST LIVE BIRTH.

FERTILITY HISTORY

Birth Order	2.15. What was the name of this child?	2.16. In what month/year was (NAME) born? (PROBE IF NOT SURE: In what season was (NAME) born?)	2.17. Was that a male or a female?	2.18. Did you breastfeed (NAME)?	2.19. How old was (NAME) when you first started giving him/her any kind of food besides breast-milk?	2.20. How old was (NAME) when you stopped breastfeeding (NAME) altogether?	2.21. Is he/she still alive?	2.22. (IF DEAD) How long did the child live? (IF LESS THAN ONE YEAR, ASK MONTHS. IF LESS THAN ONE MONTH, ASK DAYS.)
Last Live Birth	_____	MONTH _____ YEAR _____ (SEASON _____)	MALE 1 FEMALE 2	YES 1 NO 2 (SKIP TO 2.21)	MONTHS _____ STILL BREAST-FEEDING _____ (SKIP TO PREVIOUS BIRTH)	MONTHS _____ DON'T KNOW 98	YES 1 (SKIP TO PREVIOUS BIRTH) NO 2	YEARS _____ MONTHS _____ DAYS _____
Next to Last Live Birth	_____	MONTH _____ YEAR _____ (SEASON _____)	MALE 1 FEMALE 2	YES 1 NO 2 (SKIP TO 2.21)	MONTHS _____ DON'T KNOW 98	MONTHS _____ DON'T KNOW 98	YES 1 (SKIP TO PREVIOUS BIRTH) NO 2	YEARS _____ MONTHS _____ DAYS _____
Previous Live Birth	_____	MONTHS _____ YEAR _____ (SEASON _____)	MALE 1 FEMALE 2	YES 1 NO 2 (SKIP TO 2.21)	X	MONTHS _____ DON'T KNOW 98	YES 1 (SKIP TO PREVIOUS BIRTH); NO 2	YEARS _____ MONTHS _____ DAYS _____
Previous Live Birth	_____	MONTH _____ YEAR _____ (SEASON _____)	MALE 1 FEMALE 2	YES 1 NO 2 (SKIP TO 2.21)	X	MONTHS _____ DON'T KNOW 98	YES 1 (SKIP TO PREVIOUS BIRTH) NO 2	YEARS _____ MONTHS _____ DAYS _____
.								
.								
.								

12

IF MORE THAN 36 MONTHS BETWEEN BIRTHS, PROBE TO SEE IF ANY BIRTH MISSED. MARK HERE NUMBER OF BIRTHS MISSED _____ AND CORRECT HISTORY ABOVE.

2.23. Are you pregnant now?

YES 1 NO 2 (SKIP TO 2.26.) DON'T KNOW 3 (SKIP TO 2.26.)

2.24. For how many months have you been pregnant?

MONTHS _____

2.25. Would you prefer to have a boy or a girl?

BOY 1 GIRL 2 EITHER 3 OTHER ANSWER (SPECIFY _____)

INTERVIEWER: CIRCLE NUMBER FOR APPROPRIATE BOX. SEE ANSWERS TO 2.14, 2.23 ABOVE.

NO BIRTHS IN TABLE
AND NOT CURRENTLY
PREGNANT

1

BIRTH(S) OR CURRENT PREGNANCY
REPORTED

2



2.26. In addition to the time(s) you have told me about, have there been any other times you were pregnant? (IF "NO" PROBE: I mean have you ever had a pregnancy that lasted for just a few weeks or a few months?)

YES 1 NO 2 (SKIP TO W3.)

2.27. How many times have you been pregnant?

NUMBER _____

2.27. How many pregnancies have you had that did not result in a live birth (ADD, IF CURRENTLY PREGNANT, excluding the present pregnancy)?

NUMBER _____

W3. FAMILY PLANNING/CONTRACEPTIVE USE

3.1. Nowadays some married couples do something to keep from getting pregnant too often or having more children than they want. Generally speaking, do you approve of their doing this?

YES 1 NO 2 DON'T KNOW 8

3.2. Have you heard of anything that people can use to prevent a woman from getting pregnant?

YES 1 NO 2

3.3. What methods have you heard of? (FOR EACH METHOD MENTIONED SPONTANEOUSLY, CIRCLE "0" AND ASK 3.5 IMMEDIATELY. THEN PROCEED DOWN LIST TO NEXT METHOD. AFTER FINISHING ALL METHODS MENTIONED SPONTANEOUSLY, ASK 3.4B.)	3.4A. I would like to read a list of methods people sometimes use. Let me know if you have ever heard of them? (READ ENTIRE LIST.)		3.5. Have you ever used this method?	
	YES	NO	YES	NO
1. Pill	0	1 2	1	2
2. IUD	0	1 2	1	2
3. Injection	0	1 2	1	2
4. Diaphragm	0	1 2	1	2
5. Condom	0	1 2	1	2
6. Suppository jelly, foam	0	1 2	1	2
7. Douche	0	1 2	1	2
8. Rhythm	0	1 2	1	2
9. Abstinence	0	1 2	1	2
10. Withdrawal	0	1 2	1	2
11. Female Sterilization	0	1 2	1	2
12. Male Sterilization	0	1 2	1	2
13. Other Method (SPECIFY)	0	1 2	1	2

IF RESPONDENT HAS KNOWLEDGE OF METHODS CODED 01-05 IN THE TABLE BELOW
(CHECK YES CODES CIRCLED IN QUESTIONS 3.3 OR 3.4), CIRCLE THE SAME METHOD
AT THE TOP OF THE TABLE BELOW.

FOR EACH METHOD CIRCLED, ASK QUESTIONS 3.6-3.10.

3.6. Suppose you or your spouse wanted to get (METHOD). Do you know where you could go to get it? (IF NO, SKIP TO NEXT METHOD CIRCLED.)	01	02	03	04	05
	PILL	CONDOM	IUD	FEMALE STERILIZE	MALE STERILIZE
	YES 1 NO 2 DK 8				
3.7. What kind of place is this?					
GOVERNMENT FAMILY PLANNING CLINIC 1	1	1	1	1	1
PRIVATE FAMILY PLANNING CLINIC 2	2	2	2	2	2
PHARMACY 3	3	3	3	3	3
PRIVATE DOCTOR 4	4	4	4	4	4
FAMILY PLANNING WORKER 5	5	5	5	5	5
HOSPITAL 6	6	6	6	6	6
MIDWIFE 7	7	7	7	7	7
RELATIVES, FRIENDS, ETC. 8	8	8	8	8	8
OTHER _____ 9 (SPECIFY)	9	9	9	9	9
3.8. How would you get to the (PLACE) you mentioned?					
WALK 1	1	1	1	1	1
WAGON, CART, ANIMAL 2	2	2	2	2	2
BICYCLE 3	3	3	3	3	3
BUS, OTHER PUBLIC TRANSPORT 4	4	4	4	4	4
OTHER MOTOR VEHICLE 5	5	5	5	5	5
OTHER _____ 6 (SPECIFY)	6	6	6	6	6
3.9. How long would it take you to get there? (WRITE ANSWER IN MINUTES.)	_____	_____	_____	_____	_____
3.10. Would you consider this place convenient or inconvenient?					
CONVENIENT 1	1	1	1	1	1
INCONVENIENT 2	2	2	2	2	2
DO NOT KNOW/NOT SURE 8	8	8	8	8	8

3.11. INTERVIEWER: CIRCLE APPROPRIATE CODE (W2, QUESTION 2.23).

CURRENTLY PREGNANT	1	NOT CURRENTLY PREGNANT OR DON'T KNOW	2
	↓		↓

<p>3.12. INTERVIEWER: CIRCLE APPROPRIATE CODE (SEE QUESTION 3.5).</p> <table border="0"> <tr> <td style="text-align: center;">HAS EVER USED A CONTRA- CEPTIVE METHOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">HAS NEVER USED A CONTRACE- PTIVE METHOD</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="2">(SKIP TO 3.19)</td> <td colspan="2">(SKIP TO 3.17)</td> </tr> </table>	HAS EVER USED A CONTRA- CEPTIVE METHOD	1	HAS NEVER USED A CONTRACE- PTIVE METHOD	2	(SKIP TO 3.19)		(SKIP TO 3.17)		<p>3.13. INTERVIEWER: CIRCLE APPROPRIATE CODE (SEE QUESTION 3.5).</p> <table border="0"> <tr> <td style="text-align: center;">HAS EVER USED A CONTRA- CEPTIVE METHOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">HAS NEVER USED A CONTRACE- PTIVE METHOD</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="2">(SKIP TO 3.14)</td> <td colspan="2">(SKIP TO 3.16.)</td> </tr> </table>	HAS EVER USED A CONTRA- CEPTIVE METHOD	1	HAS NEVER USED A CONTRACE- PTIVE METHOD	2	(SKIP TO 3.14)		(SKIP TO 3.16.)	
HAS EVER USED A CONTRA- CEPTIVE METHOD	1	HAS NEVER USED A CONTRACE- PTIVE METHOD	2														
(SKIP TO 3.19)		(SKIP TO 3.17)															
HAS EVER USED A CONTRA- CEPTIVE METHOD	1	HAS NEVER USED A CONTRACE- PTIVE METHOD	2														
(SKIP TO 3.14)		(SKIP TO 3.16.)															

3.14. Are you (or your husband) currently using a method to keep you from getting pregnant?

YES 1 NO 2

↓

3.15. What method are you using?

(SKIP TO 3.23.)

3.16. As far as you know, is it physically possible for you (and your husband) to have a child, supposing you wanted one?

YES 1 NO 2 DK 8

(SKIP TO 3.20)

↓ ↓

3.17. Do you think you (or your husband) may use a family planning method at some time in the future so that you will not become pregnant?

YES 1 NO 2 UNDECIDED 3

(SKIP TO 3.23.) ↓ ↓

3.18. Would you mind telling me why you (and your husband) do not want to use a family planning method?

WANT TO HAVE AS MANY CHILDREN AS POSSIBLE	1
IT'S UP TO GOD, NOT FOR ME TO CHOOSE	2
FAMILY PLANNING CAUSES HEALTH PROBLEMS, SIDE EFFECTS	3
FAMILY PLANNING IS INCONVENIENT, DIFFICULT TO GET TO CLINIC	4
FAMILY PLANNING IS TOO EXPENSIVE, CAN'T AFFORD	5
HUSBAND IS AGAINST	6
OTHER (EXPLAIN IN DETAIL) _____	7

3.19. You told me that you had used some family planning methods in the past. Can you please tell me why you stopped using them?

- WANTED TO GET PREGNANT 1
- HAD SIDE EFFECTS (EXPLAIN) _____ 2

- _____ 3
- WAS TOO INCONVENIENT TO OBTAIN 3
- WAS TOO EXPENSIVE 4
- HUSBAND WAS AGAINST 5
- OTHER (EXPLAIN) _____ 6

- _____

3.20. Why is it that you think it is not possible for you to have any(more) children?

- HAD OPERATION (TUBES 1 MENOPAUSE, CHANGE OF LIFE 3
- TIED, ETC.) AM NO LONGER FERTILE 4
- HUSBAND HAD OPERATION, 2 OTHER (SPECIFY _____) 5
- IS NOT FECUND DON'T KNOW 8

(SKIP TO W4.)

3.21. Did you (or your husband) have that operation so that you would not have any (more) children, or for some other reason?

- TO NOT HAVE MORE CHILDREN 1
- FOR SOME OTHER REASON 2
- DON'T KNOW 8

3.22. What was the date of that operation?

- MONTH _____
- YEAR _____
- DON'T KNOW 98

(SKIP TO W4.)

3.23. Do you want to have any (more) children some day? (IF PREGNANT, ADD: after the present pregnancy?)

- YES 1
- NO 2 (SKIP TO W4)

3.24. How many (more)?

W4. MARRIAGE/UNION HISTORY

4.1. Now I would like to ask you some questions about your married life. Have you ever been married or lived in a consensual union?

YES 1

NO 2 (SKIP TO W5)

4.2. Are you currently married, in consensual union, widowed, divorced or separated?

MARRIED 1 } (SKIP TO 4.4)
IN CONSENSUAL UNION 2 }
WIDOWED 3
DIVORCED 4
SEPARATED 5

4.3. Have you been married or in a consensual union only once or more than once?

ONLY ONCE 1 (SKIP TO 4.7.)
MORE THAN ONCE 2 (SKIP TO 4.6.)

4.4. In what month and year did your present marriage or union begin?

MONTH _____
YEAR _____

4.5. Have you been married or in consensual union only once or more than once?

ONLY ONCE 1 → (SKIP TO W5.)
MORE THAN ONCE 2



4.6. How many times have you been married or in consensual union altogether?

TIMES _____

INTERVIEWER: FOR EACH PAST MARRIAGE AND UNION ASK 4.7-4.9. (IF CURRENTLY MARRIED OR IN CONSENSUAL UNION, THE NUMBER OF ENTRIES WILL BE ONE LESS THAN THE ANSWER TO QUESTION 4.6.)

W5. CURRENT WORK AND EARNINGS

WORK IS DEFINED TO INCLUDE NOT ONLY WORK CARRIED OUT FOR OTHERS AWAY FROM HOME (FOR BUSINESS ESTABLISHMENTS, OTHER INDIVIDUALS, GOVERNMENT), BUT ALSO SELF-EMPLOYMENT AND WORK CARRIED OUT FOR NON-FAMILY MEMBERS AT HOME (SUCH AS SEWING, REPAIRING CLOTHES, MAKING POTS TO SELL, OPERATING A STORE, ETC.).

WORK THAT THE WOMAN DOES ON THE FAMILY FARM OR IN THE FAMILY BUSINESS IS CONSIDERED WORK.

OTHER WORK THAT THE WOMAN DOES FOR HER OWN FAMILY, SUCH AS COOKING, WASHING CLOTHES, CLEANING HOUSE, GETTING WATER OR FIREWOOD, BUYING FOOD, IS NOT CONSIDERED WORK FOR PURPOSES OF THIS SURVEY.

EARNINGS OF THE WOMAN INCLUDES NOT ONLY WHAT SHE RECEIVES FROM WORK IN THE FORM OF SALARY OR WAGES (MONEY) BUT ALSO PAYMENTS RECEIVED IN KIND (FOOD, GOODS, SERVICES).

5.1. Do you think a married woman should ever work for pay away from home?

YES 1 } (SKIP TO 5.3.) IT DEPENDS 3
 NO 2 } DON'T KNOW 8

5.2. Under what circumstances, if any, should a woman work away from home?

WHEN FAMILY NEEDS THE MONEY 1 WHEN HUSBAND WANTS HER TO 3
 WHEN HUSBAND IS SICK, AWAY, 2 OTHER (SPECIFY _____) 4
 OR DEAD DON'T KNOW 8

5.3. Are you yourself currently engaged in some kind of work, whether working for someone else or for yourself, or in a family farm or business?

YES 1 (SKIP TO 5.8.) NO 2



5.4. Just to be sure, are you doing any kind of work, like selling something, making something to sell, sewing or washing clothes for people outside your family, working in a family farm or business, even if this work is at home, or you don't get paid, or even if it's only for a few hours a week?

YES 1 (SKIP TO 5.8) NO 2

5.5. Have you done any work like this for at least two weeks in the past year?

YES 1 (SKIP TO 5.8.) NO 2



5.6. Have you ever worked, that is, done anything like the things I've mentioned whether at home or away from home, even if it was only for a few hours per week?

YES 1 NO 2 (SKIP TO W6.)

5.7. What was your occupation? (IF NECESSARY, PROBE: What kind of work did you do?)

(SKIP TO 5.38.)

5.20. What are these (fringe) benefits? (CIRCLE NUMBER 1 IF MENTIONED, 2 IF NOT MENTIONED.)

HEALTH INSURANCE, MEDICAL CARE 1 2
RETIREMENT PENSION 1 2
UNEMPLOYMENT INSURANCE 1 2
HOUSING 1 2
OTHER (SPECIFY _____) 1 2

5.21. How long have you been doing this kind of work, even if you were working some place else? (WRITE IN 00 IF LESS THAN ONE YEAR.)

YEAR: _____

5.22. Do you currently do any other work, whether at home or away from home?

YES 1

NO 2

5.23. In the past year did you have any other job besides the work you have told me about?

YES 1

NO 2 (SKIP TO 5.37.)

5.24. What is (was) this other work, is (was) it working for yourself, for someone else, or in some kind of family business, like a farm or store?

FOR SOMEONE ELSE 1

FOR SELF

2

IN FAMILY BUSINESS 3

} (SKIP TO 5.27.)

5.25. How many months did you work in this job in the past 12 months?

MONTHS _____

5.26. And about how much were you paid per month for this work?

\$ _____ (SKIP TO 5.37.)

5.27. What kind of business is this? _____

5.28. What kind of work do you yourself do in this business?

5.29. Is this business at home or away from home?

AT HOME 1 (SKIP TO 5.33.)

AWAY FROM HOME 2

5.30. How far away is it? KM. _____

5.31. How long does it take you to get there?

MINUTES _____

IF SHE HAS NO CHILDREN UNDER AGE 10, S' P TO 5.33.

5.32. Do you normally take any of your younger children to work with you?

YES 1

NO 2

5.33. How long have you been doing this kind of work? (IF LESS THAN ONE YEAR, WRITE IN 00.)

YEARS _____

5.34. Who is the owner of this business?

RESPONDENT 1

HUSBAND

2

OTHER MEMBER OF THIS HOUSEHOLD

3

OTHER RELATIVE

4

NON-RELATIVE

5

↓



COMPLETE HOUSEHOLD ENTER-
PRISE QUESTIONNAIRE AFTER
COMPLETING REST OF WIFE'S
QUESTIONNAIRE.

5.35. How many months did you work in this business in the past 12 months?

MONTHS _____

5.36. And about how much were you paid per month on the average?

\$ _____

5.37. Before this current work (or work in the past year), did you ever have any other work?

YES 1

NO 2 (SKIP TO w6.)



5.38. How old were you when you first worked?

YEARS: _____

W6. BIRTH INTERVAL INFORMATION

THE PURPOSE OF THIS SECTION IS TO OBTAIN INFORMATION ON FETAL LOSSES, USE OF FAMILY PLANNING, WORK, ETC., BY THE WOMAN DURING HER RECENT BIRTH INTERVALS. THEREFORE FIRST COPY THE NAMES OF BIRTHS RECORDED IN THE FERTILITY HISTORY IN SECTION 2 IN THE LEFT PORTION OF CHART WC.1 UNDER "INTERVAL" TO DEFINE THE BIRTH INTERVALS FOR WHICH INFORMATION WILL BE SOUGHT.

OBTAIN THE INFORMATION FOR AS MANY BIRTH INTERVALS AS POSSIBLE (UP TO FOUR), IN THE SPACE INDICATED. WHENEVER THE RESPONDENT HAS DIFFICULTY ANSWERING OR MAKING REFERENCE TO "THIS INTERVAL" IN THE QUESTIONS AT THE TOP OF THE CHARTS, ASSIST BY REPEATING THE DEFINITION OF THE INTERVAL TO THE LEFT.

SINGLE WOMEN WHO HAVE HAD NO LIVE BIRTHS, SKIP TO W7.

MARRIED WOMEN WHO HAVE HAD NO LIVE BIRTHS, COMPLETE LINE INDICATED AT BOTTOM OF TABLE AND PROCEED TO W7.

PREVIOUS PAGE BLANK

CHART W6.1. BIRTH INTERVAL

INTERVAL (MOST RECENT AT TOP.)	Interval Designation	6.1. How long was it after the birth of (NAME) before your period came back?	6.2. For how long after the birth did you go without sexual relations? (RECORD "0" IF LESS THAN ONE MONTH)	6.3. During the interval (SPECIFY INTERVAL) was there any time when you and your husband were temporarily apart from each other for three (3) months or more?	6.4. How many months altogether were you apart during this interval?	6.5. Did you have any pregnancies in this interval that did not result in a live birth?
Since birth of _____ (NAME OF LAST BIRTH) to present	OPEN	MONTHS _____ STILL HASN'T RESUMED 98	MONTHS _____ STILL HASN'T RESUMED 98	YES 1 NO 2 (SKIP TO 6.5.)	MONTHS _____ DON'T KNOW 98	YES 1 NO 2 (SKIP TO 6.7.) HOW MANY? ___
From birth of _____ (NAME OF NEXT-TO-LAST BIRTH) to birth of _____ (NAME OF LAST BIRTH)	LAST CLOSED	MONTHS _____	MONTHS _____	YES 1 NO 2 (SKIP TO 6.5.)	MONTHS _____ DON'T KNOW 98	YES 1 NO 2 (SKIP TO 6.7.) HOW MANY? ___
From birth of _____ (NAME OF PREVIOUS BIRTH) to birth of _____ (NAME OF NEXT-TO-LAST BIRTH)	P1	MONTHS _____	MONTHS _____	YES 1 NO 2 (SKIP TO 6.5.)	MONTHS _____ DON'T KNOW 98	YES 1 NO 2 (SKIP TO 6.7.) HOW MANY? ___
From birth of _____ (NAME OF PREVIOUS BIRTH) to birth of _____ (NAME OF BIRTH IN SECTION ABOVE)	P2	MONTHS _____	MONTHS _____	YES 1 NO 2 (SKIP TO 6.5.)	MONTHS _____ DON'T KNOW 98	YES 1 NO 2 (SKIP TO 6.7.) HOW MANY? ___
FOR MARRIED WOMEN WITH NO LIVE BIRTHS ONLY	SINCE MARRIAGE	X	X	YES 1 NO 2 (SKIP TO 6.5.)	MONTHS _____ DON'T KNOW 98	YES 1 NO 2 (SKIP TO 6.7.)

SUMMARY INFORMATION

6.6. How did this pregnancy (these pregnancies) end? (PUT NUMBER OF EACH IN THE APPLICABLE COLUMN.)			6.7. Was there any time in the interval when you and your husband were trying to avoid your getting pregnant?	6.8. What method did you use in this interval longest to avoid getting pregnant?	6.9. How many months altogether did you use this method or any other method during that interval?	6.10. We have talked earlier about what I mean by work. Was there any time in this interval when you were engaged in any kind of work, whether at home or away, whether full-time or part-time?
Mis-carriage	Still-birth	Abortion				
			YES 1 NO 2 (SKIP TO 6.10.)		MONTHS _____	YES 1 (COMPLETE CHART ON NEXT PAGE.) NO 2 (SKIP TO PREVIOUS BIRTH.)
			YES 1 NO 2 (SKIP TO 6.10.)		MONTHS _____	YES 1 (COMPLETE CHART ON NEXT PAGE.) NO 2 (SKIP TO PREVIOUS BIRTH.)
			YES 1 NO 2 (SKIP TO 6.10.)		MONTHS _____	YES 1 (COMPLETE CHART ON NEXT PAGE.) NO 2 (SKIP TO PREVIOUS BIRTH.)
			YES 1 NO 2 (SKIP TO 6.10.)		MONTHS _____	YES 1 (COMPLETE CHART ON NEXT PAGE.) NO 2 (SKIP TO PREVIOUS BIRTH.)
			YES 1 NO 2 (SKIP TO 6.10.)		MONTHS _____	X

CHART W6.2. WORK DURING RECENT BIRTH INTERVAL

Interval in which worked (IDENTIFY USING CODES IN CHART W6.1.)	6.11. How soon after the birth of (NAME) did you begin working: (IF NECESSARY, PROBE: How old was (NAME) when you went back to work?)	6.12. I would like to ask you about the work. Was that job at home or away from home? (CIRCLE CODE.)	6.13. How long altogether did you work during this interval?	6.14. How much were you paid for your work? (WRITE BOTH AMOUNT AND TIME PERIOD USED: IF RECEIVES PAYMENT IN GOODS INCLUDE ESTIMATE OF ITS VALUE.)
SINCE LAST BIRTH (NOTE: ASK ONLY 6.11 IF CURRENTLY WORKING.)	MONTHS <input type="text"/> <input type="text"/>	AT HOME 1 AWAY FROM HOME 2	MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/>	PER HOUR 1 _____ PER DAY 2 _____ PER WEEK 3 _____ PER MONTH 4 _____ WORKED IN FAMILY BUSINESS WITHOUT PAY 5 _____ DON'T KNOW 8 _____
BETWEEN NEXT-TO-LAST BIRTH AND LAST BIRTH	MONTHS <input type="text"/> <input type="text"/>	AT HOME 1 AWAY FROM HOME 2	MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/>	PER HOUR 1 _____ PER DAY 2 _____ PER WEEK 3 _____ PER MONTH 4 _____ WORKED IN FAMILY BUSINESS WITHOUT PAY 5 _____ DON'T KNOW 98 _____
BETWEEN NEXT-TO-LAST BIRTH AND PREVIOUS BIRTH	MONTHS <input type="text"/> <input type="text"/>	AT HOME 1 AWAY FROM HOME 2	MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/>	PER HOUR 1 _____ PER DAY 2 _____ PER WEEK 3 _____ PER MONTH 4 _____ WORKED IN FAMILY BUSINESS WITHOUT PAY 5 _____ DON'T KNOW 98 _____
BETWEEN THAT PREVIOUS BIRTH AND THE ONE BEFORE THAT	MONTHS <input type="text"/> <input type="text"/>	AT HOME 1 AWAY FROM HOME 2	MONTHS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/>	PER HOUR 1 _____ PER DAY 2 _____ PER WEEK 3 _____ PER MONTH 4 _____ WORKED IN FAMILY BUSINESS WITHOUT PAY 5 _____ DON'T KNOW 98 _____

W7. ACTIVITIES OF CHILDREN

7.1. How important do you think it is for your children to go to school?

- VERY IMPORTANT 1
- FAIRLY IMPORTANT 2
- NOT VERY IMPORTANT 3
- NOT IMPORTANT 4

7.2. How much education do you think a daughter should get?

- YEARS _____
- DON'T KNOW 98

7.3. How much education do you think a son should get?

- YEARS _____
- DON'T KNOW 98

*CHECK HOUSEHOLD ROSTER.
FOR WOMEN WITH NO CHILDREN LIVING AT HOME, END OF INTERVIEW.*

7.4. Are there any schools around here that you know of?

- YES 1
- NO 2 (SKIP TO 7.8.)

7.5. What means of transportation would your children use to get to the nearest primary school?

- WALK 1
- WAGON, CART, ANIMAL 2
- BUS, OTHER PUBLIC TRANSPORT 3
- OTHER MOTOR VEHICLE 4
- OTHER (SPECIFY _____) 6

7.6. How long does it take (would it take) to get there?

MINUTES _____

7.7. How long does it take (would it take) to get to the closest secondary school?

MINUTES _____

7.8. Do you think you will live with your children when you are old and they are grown up and have their own children?

- VERY LIKELY 1
- UNCERTAIN 2
- NOT VERY LIKELY 3
- DON'T KNOW 8

7.9. How likely is it that your children will help support you in your old age?

- VERY LIKELY 1
- UNCERTAIN 2
- NOT VERY LIKELY 3
- DON'T KNOW 8

CHECK HOUSEHOLD ROSTER.
FOR WOMEN WITH NO CHILD OVER AGE SIX (6) LIVING IN THE HOUSEHOLD, SKIP
TO 7.21. FOR OTHERS, CONTINUE TO 7.10.

7.10. Are any of your children over age 6 who live at home currently engaged in any kind of work, whether working for someone else or in the family farm or business, even if only for a few hours per week?

YES 1



NO 2



7.11. Did any of your children work at least two weeks in the past 12 months?

YES 1



NO 2 (SKIP TO 7.21.)

FOR EACH CHILD WHO HAS ANY WORK, COMPLETE CHART BELOW.

WORK ACTIVITIES OF CHILDREN OVER AGE 6

31

7.12. What is the name of this child who is working? (START WITH OLDEST CHILD WHO IS CURRENTLY WORKING.)	7.13. Does (NAME) work at your home or elsewhere?	7.14. How many months did (NAME) work in the past year?	7.15. How many hours per day does (did) (NAME) usually work?	7.16. Is (NAME) paid for this work, whether in money or goods like food?	7.17. How much is (was) (NAME) paid? (CIRCLE CODE NUMBER AND WRITE IN AMOUNT GIVEN NEXT TO CODE.)	7.18. Did (NAME) ever have a job before this work?	7.19. At what age did (NAME) first do any kind of work?	7.20. Was this work in a family business or for someone else?
(NAME OF OLDEST CHILD)	AT THIS HOME 1 ELSEWHERE 2	_____ DON'T KNOW 98	_____ DON'T KNOW 98	YES 1 NO 2 (SKIP TO 7.18.)	PER HOUR 1 PER DAY 2 PER WEEK 3 PER MONTH 4 DON'T KNOW 98	YES 1 NO 2 (RETURN TO 7.12.)	_____ _____ _____	FAMILY BUSINESS 1 SOMEONE ELSE 2
(NAME)	AT THIS HOME 1 ELSEWHERE 2	_____ DON'T KNOW 98	_____ DON'T KNOW 98	YES 1 NO 2 (SKIP TO 7.18.)	PER HOUR 1 PER DAY 2 PER WEEK 3 PER MONTH 4 DON'T KNOW 98	YES 1 NO 2 (RETURN TO 7.12.)	_____ _____ _____	FAMILY BUSINESS 1 SOMEONE ELSE 2
(NAME)	AT THIS HOME 1 ELSEWHERE 2	_____ DON'T KNOW 98	_____ DON'T KNOW 98	YES 1 NO 2 (SKIP TO 7.18.)	PER HOUR 1 PER DAY 2 PER WEEK 3 PER MONTH 4 DON'T KNOW 98	YES 1 NO 2 (RETURN TO 7.12.)	_____ _____ _____	FAMILY BUSINESS 1 SOMEONE ELSE 2
(NAME)	AT THIS HOME 1 ELSEWHERE 2	_____ DON'T KNOW 98	_____ DON'T KNOW 98	YES 1 NO 2 (SKIP TO 7.18.)	PER HOUR 1 PER DAY 2 PER WEEK 3 PER MONTH 4 DON'T KNOW 98	YES 1 NO 2 (RETURN TO 7.12.)	_____ _____ _____	FAMILY BUSINESS 1 SOMEONE ELSE 2

RETURN TO 7.12 UNTIL WORK INFORMATION COMPLETED FOR ALL CHILDREN LIVING AT HOME WHO ARE CURRENTLY WORKING.

7.21. Do you have someone outside your family who helps you in your household, such as a maid, gardener, etc.?

YES 1

NO 2 (SKIP TO 7.23.)

7.22. Does your household helper ever take care of your children for you?

YES 1

NO 2

7.23. ASK ONLY IF WOMAN HAS AT LEAST ONE CHILD UNDER AGE 6 LIVING WITH HER. FOR OTHERS, END OF INTERVIEW.

Who takes care of your young children most of the time?

SHE HERSELF	1
HER OLDER CHILDREN	2
OTHER RELATIVE	3
HOUSEHOLD HELPER, SERVANT	4
FRIENDS, NEIGHBORS	5
CHILD-CARE CENTER	6
OTHER (SPECIFY _____)	8

(END OF WOMAN'S INTERVIEW)

H1. BACKGROUND

We would like to know something about your background: your education, the area where you grew up, your parents, and so on.

1.1. Have you ever attended school?

YES 1 NO 2 (SKIP TO 1.5.)

1.2. What was the highest level of school you attended - primary, secondary, or university?

PRIMARY 1 COLLEGE, UNIVERSITY 3
SECONDARY 2 OTHER (SPECIFY _____) 4

1.3. What was the highest grade/year you completed at that level?

YEAR/GRADE _____

1.4. And how old were you at that time?

YEARS _____ DON'T KNOW 98

1.5. How long have you lived in this community?

ALWAYS 97 (SKIP TO 1.9.)
YEARS _____ (IF LESS THAN ONE YEAR WRITE IN 00)
DON'T KNOW 98

1.6. What kind of community were you living in before you came here -- a rural area or small village, a town or a city?

RURAL AREA/VILLAGE 1 TOWN 2 CITY 3

1.7. Was this the community you grew up in?

YES 1 (SKIP TO 1.9.) NO 2

1.8. How would you describe the area you were living in when you were growing up, say when you were about 10 years old?

RURAL AREA/VILLAGE 1 TOWN 2 CITY 3

1.9. What was the highest level of school your father completed?

NONE 0 COLLEGE/UNIVERSITY 3
PRIMARY 1 DON'T KNOW 8
SECONDARY 2

1.10. What was the highest level of school your mother completed?

NONE 0 COLLEGE/UNIVERSITY 3
PRIMARY 1 DON'T KNOW 8
SECONDARY 2

1.11. How many live births did your mother have including you and any children that have died?

How many sons? _____ How many daughters? _____

1.12. Did she have any live births who died before reaching their fifth birthday?

YES 1

NO 2 (SKIP TO 1.14.)



1.13. How many sons died before reaching the age of five?

NUMBER _____

How many daughters died before reaching the age of five?

NUMBER _____

1.14. Do you read a newspaper or magazine regularly?

YES 1

NO 2

H2. MARRIAGES AND CHILDREN

2.1. Have you been married or in a consensual union prior to the present one?

YES 1 NO 2 (SKIP TO 2.5.)

2.2. How many times have you been married or in a consensual union prior to the present one?

2.3. In what month and year did your first marriage or union begin?

MONTH _____

YEAR _____

2.4. How many children from your previous marriage(s)/union(s) do you have who are living now?

--	--

2.5. How important do you think it is for children to go to school?

VERY IMPORTANT 1 NOT VERY IMPORTANT 3
FAIRLY IMPORTANT 2 NOT IMPORTANT 4

2.6. How much education do you think a daughter should get?

YEARS _____

DON'T KNOW 98

--	--

2.7. How much education do you think a son should get?

YEARS _____

DON'T KNOW 98

--	--

2.8. Do you think you will live with your children when you are old and they are grown up and have their own children?

YES 1 UNCERTAIN, NOT SURE 3
NO 2 DON'T KNOW 8

2.9. How likely is it that your children will help support you in your old age?

VERY LIKELY 1 NOT VERY LIKELY 3
UNCERTAIN, NOT SURE 2 DON'T KNOW 8

H3. FAMILY PLANNING

3.1. Nowadays some married couples do something to keep from getting pregnant too often or having more children than they want. Generally speaking, do you approve of their doing this?

YES 1 NO 2 DON'T KNOW 8

3.2. Have you heard of anything that people can use so the woman does not get pregnant?

YES 1 NO 2



3.3. What methods have you heard of? (FOR EACH METHOD MENTIONED SPONTANEOUSLY, CIRCLE "0" AND ASK 3.5 IMMEDIATELY. THEN PROCEED DOWN LIST TO NEXT METHOD. AFTER FINISHING ALL METHODS MENTIONED SPONTANEOUSLY, ASK 3.4B.)			3.4A. I would like to read a list of methods people sometimes use. Let me know if you have ever heard of them? (READ ENTIRE LIST.)		3.5. Have you or your wife ever used this method?	
			YES	NO		
1.	Pill	0	1	2	1	2
2.	IUD	0	1	2	1	2
3.	Injection	0	1	2	1	2
4.	Diaphragm	0	1	2	1	2
5.	Condom	0	1	2	1	2
6.	Suppository jelly, foam	0	1	2	1	2
7.	Douche	0	1	2	1	2
8.	Rhythm	0	1	2	1	2
9.	Abstinence	0	1	2	1	2
10.	Withdrawal	0	1	2	1	2
11.	Female Sterilization	0	1	2	1	2
12.	Male Sterilization	0	1	2	1	2
13.	Other Method (SPECIFY)	0	1	2	1	2

3.6. Are you and your wife currently doing anything to keep her from becoming pregnant?

YES 1
↓

NO 2
↓

3.7. Do you think that you will use something in the future?

YES 1
↓

NO 2

3.8. Why not?

- WANT TO HAVE (MANY) MORE CHILDREN 1
- METHODS TOO EXPENSIVE 2
- METHODS NOT AVAILABLE, NOT CONVENIENT TO GET 3
- METHODS HAVE SIDE EFFECTS, HEALTH OR OTHER PROBLEMS 4
- DON'T THINK USING METHODS IS RIGHT THING TO DO; RELIGIOUS OR PHILOSOPHICAL OBJECTION 5
- OTHER (SPECIFY _____) 6
- DON'T KNOW 8

3.9. Do you want to have any(more) children some day? (IF WIFE IS PREGNANT, ADD: after the present pregnancy?)

YES 1
↓

NO 2 (SKIP TO H4.)

3.10. How many (more)?

H4. HUSBAND'S WOPK; OTHER HOUSEHOLD INCOME

4.1. Are you currently engaged in some kind of work, whether working for someone else or for yourself or in a family farm or business?

YES 1 (SKIP TO 4.4.)

NO 2



4.2. Have you done any work like this for at least two weeks in the past year?

YES 1 (SKIP TO 4.4.) NO 2



4.3. Have you ever worked, that is, done anything like the things I've mentioned whether at home or away from home, even if it was only for a few hours per week?

YES 1

NO 2 (SKIP TO 4.27.)



I would like to ask you some things about your most recent job.

INTERVIEWER: CHANGE VERB TENSE OF QUESTIONS BELOW AND CONTINUE.

4.4. What is your main work, is it working for yourself, for someone else, or in some kind of family business, like a farm or store?

FOR SOMEONE ELSE 1

FOR SELF

IN FAMILY BUSINESS 2 } SKIP TO 4.19.

3 }



4.5. Please tell me about your work. What is the major activity of the place where you work?

4.6. What is your occupation? (IF NECESSARY PROBE: What kind of work do you do?)

4.7. How many weeks have you worked in the past 12 months?

4.8. And how many days did you usually work per week?

4.9. How many hours per day did you usually work on the average?

4.10. How much are you paid for this work? (NOTE BOTH AMOUNT AND TIME PERIOD: IF RECEIVES PAYMENT IN FOOD, ETC., INCLUDE ESTIMATE OF ITS VALUE.)

PER HOUR 1 \$ _____
 PER DAY 2 \$ _____
 PER WEEK 3 \$ _____
 PER MONTH 4 \$ _____

4.11. Some employers provide their employees with benefits, such as contributions to a retirement program, health insurance, housing, etc. Do you receive any benefits like these from your employer?

YES 1 NO 2 (SKIP TO 4.13)

4.12. What are these (fringe) benefits? (CIRCLE NUMBER 1 IF MENTIONED, 2 IF NOT MENTIONED.)

HEALTH INSURANCE, MEDICAL CARE 1 2
 RETIREMENT PENSION 1 2
 UNEMPLOYMENT INSURANCE 1 2
 HOUSING 1 2
 OTHER (SPECIFY _____) 1 2

4.13. How long have you been doing this kind of work, even if you were working someplace else? (WRITE IN 00 IF LESS THAN ONE YEAR.)

YEARS _____

4.14. Do you currently do any other work, whether at home or away from home?

YES 1 NO 2

4.15. In the past year did you have any other job besides the work you have told me about?

YES 1 NO 2 (SKIP TO 4.25)

4.16. What is this other work, is it working for yourself, for someone else, or in some kind of family business, like a farm or store?

FOR SOMEONE ELSE 1 FOR SELF 2
 IN FAMILY BUSINESS 3 } (SKIP TO 4.19)

4.17. How many months did you work in this job in the past 12 months?

MONTHS _____

4.18. And about how much were you paid per month for this work?

_____ (SKIP TO 4.25)

4.19. What kind of business is this?

4.20. What kind of work do you yourself do in this business?

4.21. How long have you been doing this kind of work? (IF LESS THAN ONE YEAR, WRITE IN 00.)

YEARS _____

4.22. Who is the owner of this business?

RESPONDENT 1
↓

WIFE 2
OTHER MEMBER OF THIS HOUSEHOLD 3
OTHER RELATIVE 4
NON-RELATIVE 5
↓

COMPLETE HOUSEHOLD ENTERPRISE QUESTIONNAIRE AFTER COMPLETING REST OF HUSBAND'S QUESTIONNAIRE.

4.23. How many months did you work in this business in the past 12 months?

MONTHS _____

4.24. And about how much were you paid per month on the average?

\$ _____

4.25. Before this current (recent) work, did you ever have any other work?

YES 1
↓

NO 2
↓

4.26. How old were you when you first worked?

YEARS _____

4.27. Apart from you and any work by your wife and your children, is there anyone else who usually lives in this household who has worked for pay in the past 12 months?

YES 1 (COMPLETE 4.28) NO 2 (SKIP TO 4.29)

4.28. What is the name of this person? About how much did he/she earn in the past 12 months?

_____	_____
_____	_____
_____	_____
_____	_____

--	--	--	--	--	--	--	--	--	--

4.29. Now I am going to read to you a list of other kinds of income that some people receive. Please let me know if you or anyone in your household received income from any of these in the past 12 months.

Did you or anyone else in your household receive any income from. . .	CIRCLE 1 FOR ANY SOURCE OF INCOME RECEIVED AND ASK THE AMOUNT →		What is the total amount you received from (NAME OF SOURCE) in the last 12 months? \$ _____ (IF NOT SURE, ASK: How much did you receive per month? WRITE IN "PER MONTH".)
	YES	NO	
a. renting buildings, houses, or rooms to people or businesses	1	2	_____
b. renting out machinery, farm equipment or animals, or vehicles?	1	2	_____
c. interest, such as from a savings deposit in a bank?	1	2	_____
d. pensions, retirement income?	1	2	_____
e. other sources? (SPECIFY: _____)	1	2	_____ _____

4.30. Do you or any other member of this household receive money, food, or other goods regularly from members of your family who live elsewhere?

YES 1 NO 2 (SKIP TO 4.32)

4.31. How much have you received in the past 12 months altogether? (IF RECEIVED FOOD OR OTHER GOODS, CONVERT TO MONEY EQUIVALENT.)

\$ _____

4.32. Do you or any other member of this household regularly send food or other goods to members of your family who live elsewhere?

YES 1 NO 2 (SKIP TO 4.34)

4.33. How much have you sent in the past 12 months altogether? (IF SENT FOOD OR GOODS, CONVERT TO MONEY EQUIVALENT.)

\$ _____

While almost all men work who are not retired or sick, not all married women work. And some that do, work only around the home, in the family business or farm.

4.34. Do you think a married woman should be able to work for pay away from home?

YES 1 } + END OF INTERVIEW
NO 2 }
IT DEPENDS 3
DON'T KNOW 4

4.35. Under what circumstances should a woman work away from home?

WHEN FAMILY NEEDS MONEY 1
WHEN HUSBAND IS SICK, AWAY, OR DEAD 2
WHEN HUSBAND WANTS HER TO 3
OTHER (SPECIFY _____) 4
DON'T KNOW 8

(END OF HUSBAND'S INTERVIEW)

HOUSEHOLD ENTERPRISE QUESTIONNAIRE

CONFIDENTIAL.
Information for
research purposes
only.

IDENTIFICATION	
Province: _____	District: _____
Sub-district: _____	Community name: _____
Cluster number: _____	Household number: _____
Name of respondent: _____	Line number of respondent: _____

Interviewer visits:	1	2	3	4
Date				
Result*				
<p>*Result codes 1 Completed satisfactorily 4 Deferred 2 Incomplete 5 Refused 3 Desired respondent not available 9 Other (SPECIFY _____)</p>				

DOES NOT APPLY IF PERSON WORKS ONLY FOR SOMEONE ELSE FOR A WAGE OR SALARY. DOES APPLY TO EMPLOYERS AND SELF-EMPLOYED.

Are you or anyone else in this household engaged in farming or raising animals?

YES 1 (GO TO SECTION 1) NO 2

Are you or anyone else in this household involved in forestry (selling lumber)?

YES 1 (GO TO SECTION 1) NO 2

Do you or anyone else in this household have some kind of a business where you manufacture something, sell something, or provide a service to people?

YES 1 (GO TO SECTION 2) NO 2

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E1. INCOME FROM AGRICULTURE AND FORESTRY

THIS SECTION COVERS HOUSEHOLD INCOME FROM AGRICULTURAL ACTIVITIES AND FORESTRY. THE COMPONENTS OF THIS SECTION ARE:

- FARM LAND
- FARM CAPITAL
- CROP PRODUCTION
- ANIMAL RAISING
- FARM EXPENSES

FARM LAND

1.1. Do you or any other member of your household own any farm land?

YES 1 NO 2 (SKIP TO 1.6.)
 ↓

1.2. How much land altogether?

HECTARES _____

--	--	--	--

1.3. Is any part of this farm land rented out for income?

YES 1 NO 2 (SKIP TO 1.6.)
 ↓

1.4. How much is rented out?

HECTARES _____

--	--	--	--

1.5. How much income from rent did you receive in the past 12 months?
 (IF RECEIPT IS PARTLY IN THE FORM OF GOODS, INCLUDE ESTIMATE OF ITS MONETARY VALUE.)

\$ _____

--	--	--	--	--	--

1.6. Did you rent any farm land from others in the past 12 months?

YES 1 NO 2 (SKIP TO 1.9.)
 ↓

1.7. How much land did you rent?

HECTARES _____

--	--	--	--	--	--

1.8. How much did you pay for the rent of this land in the past 12 months?
 (IF PAYMENT PARTLY IN THE FORM OF GOODS, INCLUDE ESTIMATE OF ITS MONETARY VALUE.)

\$ _____

--	--	--	--	--	--

FARM CAPITAL (ASSETS)

1.9. Do you use the following in your farm work?	1.10. How many?	1.11. Are these owned or rented? (IF SOME OWNED AND SOME RENTED, WRITE IN NUMBER OF EACH IN SPACE.)	1.12. (IF RENTED) How much did you pay in the past 12 months for the rental of _____? (IF PART IN GOODS, INCLUDE ESTIMATE OF ITS MONETARY VALUE.)	1.13. (IF OWNED) Did you receive anything from renting out your _____ in the past 12 months?
Farm building <input type="checkbox"/>	<input type="text"/>	Owned <input type="checkbox"/> (SKIP TO 1.13.) Rented <input type="checkbox"/> →	\$ <input type="text"/>	YES 1→ How much? \$ <input type="text"/> NO 2
Truck <input type="checkbox"/>	<input type="text"/>	Owned <input type="checkbox"/> (SKIP TO 1.13.) Rented <input type="checkbox"/> →	\$ <input type="text"/>	YES 1→ How much? \$ <input type="text"/> NO 2
Tractor <input type="checkbox"/>	<input type="text"/>	Owned <input type="checkbox"/> (SKIP TO 1.13.) Rented <input type="checkbox"/> →	\$ <input type="text"/>	YES 1→ How much? \$ <input type="text"/> NO 2
Other farm machine <input type="checkbox"/> (SPECIFY _____)	<input type="text"/>	Owned <input type="checkbox"/> (SKIP TO 1.13.) Rented <input type="checkbox"/> →	\$ <input type="text"/>	YES 1→ How much? \$ <input type="text"/> NO 2
Farm animal used for plowing, transport, etc. <input type="checkbox"/> (SPECIFY _____)	<input type="text"/>	Owned <input type="checkbox"/> (SKIP TO 1.13.) Rented <input type="checkbox"/> →	\$ <input type="text"/>	YES 1→ How much? \$ <input type="text"/> NO 2
Wagon or cart <input type="checkbox"/>	<input type="checkbox"/>	Owned <input type="checkbox"/> (SKIP TO 1.13.) Rented <input type="checkbox"/> →	\$ <input type="text"/>	YES 1→ How much? \$ <input type="text"/> NO 2
Plow (metal) <input type="checkbox"/>	<input type="checkbox"/>	Owned <input type="checkbox"/> (SKIP TO 1.13.) Rented <input type="checkbox"/> →	X	X
Plow (wooden) <input type="checkbox"/>	<input type="checkbox"/>	Owned <input type="checkbox"/> (SKIP TO 1.13.) Rented <input type="checkbox"/> →		

CROP PRODUCTION

<p>1.14. Did you grow any crops (such as rice, wheat, coffee, tea, vegetables, fruit, etc.) in the past 12 months?</p> <p>YES 1 NO 2 Please tell me what you have grown in the past 12 months. (SKIP TO 1.20.)</p>	<p>1.15. How much altogether was planted in (NAME OF CROP)? (ESTIMATE IF NECESSARY; IF LESS THAN ONE, WRITE ONE.)</p>	<p>1.16. Did you obtain more than one harvest of (NAME OF CROP) from this land in the past 12 months?</p>	<p>1.17. What was the total size of the harvests in the past 12 months? (INCLUDE UNIT OF MEASUREMENT. IF HARVEST SIZE UNKNOWN, GO TO 1.18.)</p>	<p>1.18. Did you sell any (NAME OF CROP) in the past 12 months?</p>	<p>1.19. What was the average price per unit sold? (IF DID NOT SELL ANY, ASK: About how much per unit would you get if you sold this crop?)</p>
<p>_____</p>	<p>_____ HA.</p>	<p>YES 1 NO 2+ ↓ How many harvests? _____</p>	<p>_____</p>	<p>YES 1 NO 2+ ↓ How much did you sell? [] [] [] []</p>	<p>\$ _____ per _____</p>
<p>_____</p>	<p>_____ HA.</p>	<p>YES 1 NO 2+ ↓ How many harvests? _____</p>	<p>_____</p>	<p>YES 1 NO 2+ ↓ How much did you sell? [] [] [] []</p>	<p>\$ _____ per _____</p>
<p>_____</p>	<p>_____ HA.</p>	<p>YES 1 NO 2+ ↓ How many harvests? _____</p>	<p>_____</p>	<p>YES 1 NO 2+ ↓ How much did you sell? [] [] [] []</p>	<p>\$ _____ per _____</p>
<p>_____</p>	<p>_____ HA.</p>	<p>YES 1 NO 2+ ↓ How many harvests? _____</p>	<p>_____</p>	<p>YES 1 NO 2+ ↓ How much did you sell? [] [] [] []</p>	<p>\$ _____ per _____</p>

ANIMAL RAISING

We would like to ask you about any farm animals that you have.

- 1.20. Did you raise any kind of livestock in the past 12 months?
 YES 1 NO 2 (SKIP TO 1.22.)
- 1.21. What kind of livestock did you raise? RECORD EACH KIND OF LIVESTOCK
 IN CHART BELOW AND ASK QUESTIONS A-C.
- 1.22. Did you raise any chickens or other fowl in the past 12 months?
 YES 1 (RECORD IN CHART BELOW AND ASK QUESTIONS A-C.) NO 2 (SKIP TO 1.23.)
- 1.23. Did you raise any pigs in the last 12 months?
 YES 1 (RECORD IN CHART BELOW AND ASK QUESTIONS A-C.) NO 2 (SKIP TO 1.24.)
- 1.24. Did you raise any other kind of animal in the last 12 months?
 YES 1 NO 2 (SKIP TO 1.26.)
- 1.25. What other kinds of animals did you raise? RECORD EACH KIND IN
 CHART BELOW AND ASK QUESTIONS A-C.

ANIMALS PRODUCED

Type of animal	A. How many of these do you have now? (INCLUDE UNIT OF MEASUREMENT.)	B. How many of these did you sell or slaughter for home consumption in the past 12 months? (INCLUDE UNIT OF MEASUREMENT.)	C. What was the price per unit sold? (IF NOT SOLD ASK: How much would you get if you sold a _____ (UNIT) of _____? (INCLUDE UNIT.)
Livestock <input type="checkbox"/> (SPECIFY _____)	_____	_____	_____ per _____
Chickens, etc. <input type="checkbox"/>	_____	_____	_____ per _____
Pigs <input type="checkbox"/>	_____	_____	_____ per _____
Other animals (SPECIFY) <input type="checkbox"/>	_____	_____	_____ per _____
<input type="checkbox"/>	_____	_____	_____ per _____
<input type="checkbox"/>	_____	_____	_____ per _____

E2. INCOME FROM NON-FARM BUSINESS

You mentioned that you have some kind of business or are self-employed.

Do you have a business which makes (manufactures) someth:

YES 1
↓

NO 2
↓

(INTERVIEWER: IF NECESSARY, REFER TO EXAMPLES.)

EXAMPLES: FACTORY OR SMALL ARTISAN SHOP WHICH
MANUFACTURES FOOD PRODUCTS, CLOTHING,
HANDICRAFTS, ETC.

What do you make? (WRITE DOWN DESCRIPTION.)

Do you have a business in which you sell or trade things, like selling something in a store or in the street?

YES 1
↓

NO 2
↓

(INTERVIEWER: IF NECESSARY, REFER TO EXAMPLES.)

EXAMPLES: ANY STORE THAT SELLS PRODUCTS, SUCH
AS A GROCERY/FOOD STORE, GENERAL
STORE, CLOTHING STORE, DRUG STORE,
ETC.; STREET PEDDLER SELLING ANY KIND
OF PRODUCT, SUCH AS FOOD, NEWSPAPER,
ETC.

What kind of business is this? (WRITE DOWN
DESCRIPTION.) _____

Do you have a business where you provide some kind of service, like cleaning house, cutting hair, washing clothes for people, or have a business like a restaurant or hotel, or a profession like a doctor, carpenter, etc.?

YES 1
↓

NO 2
↓

What kind of business or profession do you have?
(WRITE DOWN DESCRIPTION.) _____

Do you have more than one business?

YES 1
↓

NO 2

How many businesses do you have altogether?

THESE MUST BE BUSINESS WHICH THIS RESPONDENT OWNS. IF THE RESPONDENT IS EMPLOYED BY SOMEONE ELSE, THAT IS COVERED IN H4 (OR W5).

IF RESPONDENT HAS ANY KIND OF BUSINESS, ADMINISTER A COMPLETE SECTION 2 QUESTIONNAIRE FOR EACH BUSINESS SEPARATELY.

2.1. Do you own this business by yourself or with someone else?

OWN BY SELF 1 (SKIP TO 2.3.) OWN WITH SOMEONE ELSE 2

2.2. How much of the business do you own, or what percentage of the profit do you receive? _____

2.3. Was last month a usual month of business for you?

YES 1

NO 2 (THEN ASK ABOUT NORMAL MONTHS IN ALL QUESTIONS BELOW.)



2.4. Do you know the net income for the business last month (or in a normal month)?

YES 1

NO 2 (SKIP TO 2.5.)



How much was it? \$ _____

2.5. Do you know the total receipts (or sales) of the business last month (or in a normal month)?

YES 1

NO 2



How much were they? \$ _____
(SKIP TO 2.9.)

2.6. What were the major items sold or services provided last month (or in a normal month)?	2.7. How much of each did you sell last month (or in a normal month)?	2.8. What was the average price per unit sold?
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

COMMUNITY QUESTIONNAIRE

IDENTIFICATION	
Province: _____	District: _____
Sub-district: _____	Community name: _____
Cluster number: _____	Name of Interviewer: _____

INFORMATION ABOUT RESPONDENTS:

Name	Title	Sections Responded to	Date of Interview
1.			
2.			
3.			

(IF OFFICIAL SOURCE USED IN SECTION I: TITLE, SOURCE, DATE: _____.)
 RECORD TOPOGRAPHY OF COMMUNITY (MOUNTAINOUS, FLAT, ETC.): _____

C1. GENERAL COMMUNITY CHARACTERISTICS

NOTE: ANSWERS TO SOME OF THESE QUESTIONS MAY HAVE BEEN FILLED IN FROM OFFICIAL INFORMATION. IF SO, PROCEED TO NEXT QUESTION.

1.1. (FROM OFFICIAL SOURCES IF POSSIBLE) What is the total area of this community?
 _____ SQUARE KM.

1.2. (FROM OFFICIAL SOURCES ONLY) Number of persons by age and sex as of
 _____ DATE

Sex \ Age	0-4	5-14	15-24	25-34	35-44	45-54	55+	Total
Male								
Female								

1.3. (ASK ONLY IF QUESTION 1.2 IS NOT FILLED IN.)

a. What is the total population of this community
 _____ PERSONS

b. What is the total number of children (0-14) in this community?
 _____ CHILDREN

c. Among adults, that is people aged 15 and over, are there more women, more men or about equal numbers?
 MORE WOMEN 1 MORE MEN 2 ABOUT EQUAL 3

C3. COMMUNITY FACILITIES

Is each of the following located within the community? If not, how far away is the nearest one located and how long does it take people in this community to travel there? (IF UNSURE OR UNKNOWN, WRITE D.K.)

Name/Type of Facility	3.1. Is this available in this community? (CIRCLE CORRECT RESPONSES.)		IF NOT AVAILABLE IN THIS COMMUNITY:		
	YES	NO	3.2. How many kilometers away is the nearest?	3.3. What is the most common means of transportation used to get there? (USE CODES.)	3.4. How long does it usually take to get there? (MINUTES)
Primary School	1	2			
Secondary School	1	2			
College or university	1	2			
Nursery school or day care	1	2			
Hospital or health clinic	1	2			
Modern doctor	1	2			
Traditional doctor	1	2			
Nurse or trained midwife	1	2			
Pharmacy or other store selling modern medicines	1	2			
Police or security office	1	2			
Paved Road	1	2			
Telephone	1	2			
Post Office	1	2			
Bank or credit union	1	2			
Newspaper for sale or for public reading	1	2			
Movie theater (or place where movies are shown regularly)	1	2			
Television	1	2			
Agricultural produce market	1	2			

TRANSPORT CODE: 1 WALK
 2 WAGON, CART, ANIMAL
 3 BICYCLE
 4 BUS, OTHER PUBLIC TRANSPORT
 5 OTHER MOTOR VEHICLE
 6 OTHER (SPECIFY) _____

C4. COMMUNITY MODERNIZATION

We would like to ask you a number of questions about the living conditions in this community.

- 4.1. Is there electricity available in this community?
 YES 1 NO 2
- 4.2. In what year was it first available here?
 YEAR _____
- 4.3. And about what proportion of the households in this community have electricity now?
 NONE, ALMOST NONE 0 AROUND $\frac{3}{4}$ 3
 AROUND $\frac{1}{4}$ 1 ALMOST ALL, ALL 4
 AROUND $\frac{1}{2}$ 2
- 4.4. Is piped water available in this community?
 YES 1 NO 2 (SKIP TO 4.6.)
- 4.5. What proportion of households have piped water now?
 NONE, ALMOST NONE 0 AROUND $\frac{3}{4}$ 3
 AROUND $\frac{1}{4}$ 1 ALMOST ALL, ALL 4
 AROUND $\frac{1}{2}$ 2
- 4.6. What proportion have toilets or latrines?
 NONE, ALMOST NONE 0 AROUND $\frac{3}{4}$ 3
 AROUND $\frac{1}{4}$ 1 ALMOST ALL, ALL 4
 AROUND $\frac{1}{2}$ 2
- 4.7. What proportion of the households have dirt floors?
 NONE, ALMOST NONE 0 AROUND $\frac{3}{4}$ 3
 AROUND $\frac{1}{4}$ 1 ALMOST ALL, ALL 4
 AROUND $\frac{1}{2}$ 2
- 4.8. What proportion of the households have radios in their house?
 NONE, ALMOST NONE 0 AROUND $\frac{3}{4}$ 3
 AROUND $\frac{1}{4}$ 1 ALMOST ALL, ALL 4
 AROUND $\frac{1}{2}$ 2
- 4.9. What proportion of the children aged 6-12 in this community attend primary school?
 NONE, ALMOST NONE 0 AROUND $\frac{3}{4}$ 3
 AROUND $\frac{1}{4}$ 1 ALMOST ALL, ALL 4
 AROUND $\frac{1}{2}$ 2
- 4.10. What proportion of the adult males (aged 15+) would you estimate can read and write?
 NONE, ALMOST NONE 0 AROUND $\frac{3}{4}$ 3
 AROUND $\frac{1}{4}$ 1 ALMOST ALL, ALL 4
 AROUND $\frac{1}{2}$ 2

4.11. What proportion of the adult females (aged 15+) would you estimate can read and write?

NONE, ALMOST NONE	0	AROUND $\frac{3}{4}$	3
AROUND $\frac{1}{4}$	1	ALMOST ALL, ALL	4
AROUND $\frac{1}{2}$	2		

4.12. When women give birth, what proportion have a doctor, nurse, or trained midwife in attendance at the time of birth?

NONE, ALMOST NONE	0	AROUND $\frac{3}{4}$	3
AROUND $\frac{1}{4}$	1	ALMOST ALL, ALL	4
AROUND $\frac{1}{2}$	2		

C5. EMPLOYMENT

5.1. What is the major kind of work that people in this community do to support themselves?

FARMING, FORESTRY	1	MINING	5
FISHING, HUNTING	2	COMMERCE, SERVICES	6
LIVESTOCK	3	OTHER (SPECIFY)	_____
MANUFACTURING	4		

5.2. About what proportion of women in this community work for pay?

NONE, ALMOST NONE	0	AROUND $\frac{3}{4}$	3
AROUND $\frac{1}{4}$	1	ALMOST ALL, ALL	4
AROUND $\frac{1}{2}$	2		

5.3. What is the most common type of work these women do?

FARMING, FORESTRY	1	MINING	5
FISHING, HUNTING	2	COMMERCE, SERVICES	6
LIVESTOCK	3	OTHER (SPECIFY)	_____
MANUFACTURING	4		

5.4. About how much does a woman earn in that kind of work?

PER HOUR	1	\$ _____	PER WEEK	3	\$ _____
PER DAY	2	\$ _____	PER MONTH	4	\$ _____

5.5. What proportion of children, say age 10-14, work for pay?

NONE, ALMOST NONE	0	AROUND $\frac{3}{4}$	3
AROUND $\frac{1}{4}$	1	ALMOST ALL, ALL	4
AROUND $\frac{1}{2}$	2		

5.6. What is the most common type of work these children do?

FARMING, FORESTRY	1	MINING	5
FISHING, HUNTING	2	COMMERCE, SERVICES	6
LIVESTOCK	3	OTHER (SPECIFY)	_____
MANUFACTURING	4		

5.7. About how much does a child earn in that kind of work?

PER HOUR	1	\$ _____	PER WEEK	3	\$ _____
PER DAY	2	\$ _____	PER MONTH	4	\$ _____

C6. AGRICULTURE

IF FARMING, FORESTRY OR LIVESTOCK IS NOT MENTIONED AS A MAJOR ACTIVITY (SEE QUESTIONS 5.1, 5.3 AND 5.6), SKIP TO SECTION 7. OTHERWISE ASK:

6.1. Is most of the agricultural land in this community privately owned or communally/collectively owned?

PRIVATELY OWNED 1

COLLECTIVELY OWNED 2



5.2. Are there also private plots?
 YES 1 NO 2 (SKIP TO SECTION 7)

6.3. What would be a typical size land-holding in this community for those people who own their own land (non-communally)?

_____ HECTARES

6.4. Do you think this typical size has increased, decreased, or remained about the same, compared to say 10 years ago?

INCREASED 1 ABOUT SAME 2 DECREASED 3

6.5. What would you estimate to be the proportion of households in this community...?

- WITH NO AGRICULTURAL LAND? _____
- WITH SOME LAND BUT LESS THAN ONE HECTARE? _____
- WITH MORE THAN ONE HECTARE BUT LESS THAN 5 HECTARES? _____
- WITH MORE THAN 5 HECTARES BUT LESS THAN 20 HECTARES? _____
- WITH OVER 20 HECTARES? _____

(USE CODES AS IN SECTION 4.)

6.6. What are the major crops grown in this community? (RECORD UP TO THREE.)
