

Lao People's Democratic Republic
Peace Independence Democracy Unity Prosperity

Confidential

*State Planning Committee
National Statistical Center*

Reproductive Health Survey

Female Questionnaire

2

(UNFPA Lao / 97 / P07)

Reproductive Health Survey

Female Questionnaire

(Confidential)

<i>Identification</i>	
Province _____	
District _____	
Village _____	
EA (Urban = 1 ; Rural = 2) _____	
Household Number _____	
Name and number of eligible women _____	

<i>Interview visit</i>		
<i>First</i>	<i>Second</i>	<i>Final</i>
Day	Day	Day
Month	Month	Month
* Result	* Result	* Result
Total number of visit		
* Result code: 1. Completed 2. No body stay at home 3. Postponed 7. Other (Specify) 4. Refused 5. Some part completed 6. Vacant/Destroyed dwelling		

Interviewer's name _____
Supervisor's name _____
Keyed by _____

Section 1 : Respondent's Background

No.	Question	Answer	Answer Code	Skip to
101	In what month and year were you born ?	Month Dk Year Dk	 98 08	
102	How old are you now ?	Age		
103	Have you ever attended school ?	Yes No	1 2	106
104	What is the highest grade you studying / completed ?	Grade		
105	<i>Checking Q. 104 :</i> <i>- If, under grade 5 —→ 106</i> <i>- If, grade 5 and over —→ 107</i>			
106	Can you read and understand Lao language ?	Easily Difficulty Can't read	1 2 3	108
107	Do you usually read a newspaper at least once a week ?	Yes No	1 2	
108	Do you usually listen to the radio at least once a week ?	Yes No	1 2	
109	Do you usually watch to the TV at least once a week ?	Yes No	1 2	
110	What kind of work do you usually do in the last 12 months ?	Main work	.....	

Section 2 : Reproduction

No.	Question	Answer	Answer code	Skip to
201	Have you ever given alive birth ?	Yes No	1 2 —————→	206
202	Do you have any son or daughter now living with you ?	Yes No	1 2 —————→	204
203	How many sons and daughter living with you ?	Sons at home Daughter at home	 	
204	Do you have any son or daughter now living elsewhere ?	Yes No	1 2 —————→	206
205	How many sons and daughter living elsewhere ?	Sons elsewhere Daughter elsewhere	 	
206	Have you ever given birth who was born alive but later died ?	Yes No	1 2 —————→	208
207	How many sons and daughter have died ?	Sons dead Daughter dead	 	
208	Toatal number given alive birth ? If non, Record " 00 "	$203 + 205 + 207$		

209 Checking Question 208 :

- If, ever given birth 1 or more —————→ 210

- If, never give birth —————→ 220

210 Ask about all of births, whether still alive or not, starting with the first one.

Record names of all the births in Q. 211

(For twins and triplets on separate lines)

$$\begin{array}{r} 100-131 \\ 201-211 \\ \hline 212+ \\ 3+- \end{array} \begin{array}{l} 1 \\ 2 \end{array}$$

211 Name	212 Birth status	213 Sex W/213	214 Month and year of birth	215 Is he/she still alive ?	216 How old is he / she now	217 Is he/she living with you now ?	218 How old he/she when he/she died ?
01	Sing= 1 Mult = 2	Boy = 1 Girl = 2	Month Year	Yes = 1 No = 2 218 ←		Yes=1 No=2 Next ←	D 1 M 2 Y 3
02	Sing= 1 Mult = 2	Boy = 1 Girl = 2	Month Year	Yes = 1 No = 2 218 ←		Yes=1 No=2 Next ←	D 1 M 2 Y 3
03	Sing= 1 Mult = 2	Boy = 1 Girl = 2	Month Year	Yes = 1 No = 2 218 ←		Yes=1 No=2 Next ←	D 1 M 2 Y 3
04	Sing= 1 Mult = 2	Boy = 1 Girl = 2	Month Year	Yes = 1 No = 2 218 ←		Yes=1 No=2 Next ←	D 1 M 2 Y 3
05	Sing= 1 Mult = 2	Boy = 1 Girl = 2	Month Year	Yes = 1 No = 2 218 ←		Yes=1 No=2 Next ←	D 1 M 2 Y 3
06	Sing= 1 Mult = 2	Boy = 1 Girl = 2	Month Year	Yes = 1 No = 2 218 ←		Yes=1 No=2 Next ←	D 1 M 2 Y 3
07	Sing= 1 Mult = 2	Boy = 1 Girl = 2	Month Year	Yes = 1 No = 2 218 ←		Yes=1 No=2 Next ←	D 1 M 2 Y 3
08	Sing= 1 Mult = 2	Boy = 1 Girl = 2	Month Year	Yes = 1 No = 2 218 ←		Yes=1 No=2 Next ←	D 1 M 2 Y 3

100

219 Compare number of birth Q. 208 and Q.211, correct it, if not the same number

* Check Q. 214, for each birth did you record month and year of birth ?

* Check Q. 216, for each living child did you record current age ?

* Check Q. 218, for each dead child did you record age at death?

No.	Question	Answer	Answer code	Skip to
220	Are you pregnant now ?	Yes No Not sure	1 2 8	→ 223
221	How many months pregnant are you ?	Month		
222	At the time you become pregnant, did you want to become pregnant then, or did you want to wait, or did you not want to become pregnant at all ?	Then Later Not at all	1 2 3	
223	At what age did you first menstrual period start ?	Age DK	 98	

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303A

303B

303C

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Section 3A : Pregnancy and Breastfeeding

(For children birth since March 1995)

301 Checking Question 214 : - One or more birth since March 1995 → 302
 - No birth since March 1995 → 401

302 Enter the line number, name, and survival status of three last children birth since March 1995. Begin with the last birth.

303A	Line number from Q. 211			
		Last birth	Next to last birth	Second from last birth
303B	Name from Q. 211	.....	.....	.....
303C	Survival status from Q. 215	Alive ☐ Dead ☐	Alive ☐ Dead ☐	Alive ☐ Dead ☐
304	At the time you become pregnant (name), did you want to become pregnant then or want to wait or did you not at all ?	Then 1 Later 2 Not at all 3 Dk 8	Then 1 Later 2 Not at all 3 Dk 8	Then 1 Later 2 Not at all 3 Dk 8
305	When you were pregnant (name), did you see anyone for antenatal care for this pregnancy ?	Yes 1 No 2 309 ←	Yes 1 No 2 314 ←	Yes 1 No 2 314 ←
306	Whom did you see ?	Doctor 1 Nurse 2 Midwife 3 Health workers 4 TBA 5 Other (Specify) 7	Doctor 1 Nurse 2 Midwife 3 Health workers 4 TBA 5 Other (Specify) 7	Doctor 1 Nurse 2 Midwife 3 Health workers 4 TBA 5 Other (Specify) 7

Name from Q. 211		Last birth	Next to last birth	Second from last birth																						
																										
307	Where did you go for antenatal care for this pregnancy ?	Central hospital 1 Prov./Dist hospit. 2 Health Center 3 Clinic 4 Other (Specify) 5	Central hospital 1 Prov./Dist hospit. 2 Health Center 3 Clinic 4 Other (Specify) 5	Central hospital 1 Prov./Dist hospit. 2 Health Center 3 Clinic 4 Other (Specify) 5																						
308	How many months pregnant were you when you first received antenatal care ?	Months Dk 98	Months Dk 98 314 ←	Months Dk 98 314 ←																						
309	Did you have any difficulties in carrying this pregnancy ?	Yes 1 No 2 311 ←																								
310	What difficulty or difficulties did you have ?	High blood pres. 1 Swelling 2 Wrong pos. of fetus 3 Placenta too low 4 Ruptured Uterus 5 Narrow pelvis 6 Too mach fluid 7 Other (Specify) 8																								
311	When you were pregnant with (Name) did you fall ill with any of the following diseases ?	<table border="0"> <tr> <td></td> <td><u>Yes</u></td> <td><u>No</u></td> </tr> <tr> <td>Heart Dis.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Kidney Dis.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Liver Dis.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Lung Dis.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Disease of</td> <td>1</td> <td>2</td> </tr> <tr> <td>Diges. App.</td> <td></td> <td></td> </tr> <tr> <td>Nervous Dis.</td> <td>1</td> <td>2</td> </tr> </table>				<u>Yes</u>	<u>No</u>	Heart Dis.	1	2	Kidney Dis.	1	2	Liver Dis.	1	2	Lung Dis.	1	2	Disease of	1	2	Diges. App.			Nervous Dis.
	<u>Yes</u>	<u>No</u>																								
Heart Dis.	1	2																								
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Name from Q. 211		Last birth	Next to last birth	Second from last birth
312	Did you receive iron pills when you were pregnant with (Name) ?	Yes 1 No 2 314 ←		
313	How many iron pills did you take during your pregnancy with (Name) ?	Total Dk 998		
314	Where did you give birth to (name) ?	Central hospital 1 Prov./Dist hosp. 2 Health Center 3 Clinic 4 Own house 5 Other house 6 Other (Specify) 7	Central hospital 1 Prov./Dist hosp. 2 Health Center 3 Clinic 4 Own house 5 Other house 6 Other (Specify) 7	Central hospital 1 Prov./Dist hosp. 2 Health Center 3 Clinic 4 Own house 5 Other house 6 Other (Specify) 7
315	Who assisted with the delivery of (Name) ?	Doctor 1 Nurse 2 Midwife 3 Health workers 4 TAB 5 Relative 6 Other (Specify) 7 No one 8	Doctor 1 Nurse 2 Midwife 3 Health workers 4 TAB 5 Relative 6 Other (Specify) 7 No one 8	Doctor 1 Nurse 2 Midwife 3 Health workers 4 TAB 5 Relative 6 Other (Specify) 7 No one 8
316	Was (Name) born on time or prematurely ?	on time 1 premature/late 2 Dk 8	on time 1 premature/late 2 Dk 8	on time 1 premature/late 2 Dk 8

Name from Q. 211		Last birth	Next to last birth	Second from last birth
317	When (Name) was born, was he/she very large, larger than average, average, smaller than average, or very small ?	Very large 1 Larger than aver. 2 Average 3 Smaller than aver. 4 Very Small 5 Dk 8	Very large 1 Larger than aver. 2 Average 3 Smaller than aver. 4 Very Small 5 Dk 8	Very large 1 Larger than aver. 2 Average 3 Smaller than aver. 4 Very Small 5 Dk 8
318	Was (Name) weighed at birth ?	Yes 1 No 2 320 ←	Yes 1 No 2 320 ←	Yes 1 No 2 320 ←
319	How much did (Name) weigh ? (Record weight from health card, if available)	Kg Dk 9998 Record from card 1 Record from recall 2	Kg Dk 9998 Record from card 1 Record from recall 2	Kg Dk 9998 Record from card 1 Record from recall 2
320	For how many months after the birth of (Name), did you not have a period ?	M Dk 98	M Dk 98	M Dk 98
321	Checking Question 220	Not pregnant → 322 Preg./unsure → 323		
322	Have you resumed sexual relations since the birth of (Name) ?	Yes 1 No 2 324 ←		
323	For how many months after the birth of (Name), did you not have sexual relations ?	M DK 98	M DK 98	M DK 98

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Name from Q. 211		Last birth	Next to last birth	Second from last birth
				
324	Did you ever breastfeed (Name) ?	Yes 1 326 ←	Yes 1 329 ←	Yes 1 329 ←
		No 2	No 2	No 2
325	Why did you not breast-feed (Name) ?	Child died 01 Child ill or weak 02 Mother ill or weak 03 Nepple/brea. problem 04 No milk 05 Moth. Work 06 Moth. Stud 07 Child refu. 08 Keep brea. beatiful 09 Other 96 331 ←	Child died 01 Child ill or weak 02 Mother ill or weak 03 Nepple/brea. problem 04 No milk 05 Moth. Work 06 Moth. Stud 07 Child refu. 08 Keep brea. beatiful 09 Other 96 331 ←	Child died 01 Child ill or weak 02 Mother ill or weak 03 Nepple/brea. problem 04 No milk 05 Moth. Work 06 Moth. Stud 07 Child refu. 08 Keep brea. beatiful 09 Other 96 331 ←
326	Checking Question 303C :	Alive → 327 Dead → 329		
327	Are you still breastfeeding (Name)	Yes 1 No 2 329 ←		

Name from Q. 211		Last birth	Next to last birth	Second from last birth
				
328	At any time yesterday was (Name) given any of the following in addition to breast milk Plain water Tinned or fresh milk Any other liquids Any solid or mushy food	yes No Dk 1 2 3 1 2 3 1 2 3 → 331 1 2 3		
329	How many months did you breastfeed (Name) ?	M DK 98		
330	Why did you stop breast- feeding (Name) ?	Child died 01 Mother ill/weak 02 No milk 03 Mother working 04 Mother studying 05 Child refused 06 Become pregnant 07 Weaning age 08 Other (Specify) 96	Child died 01 Mother ill/weak 02 No milk 03 Mother working 04 Mother studying 05 Child refused 06 Become pregnant 07 Weaning age 08 Other (Specify) 96	Child died 01 Mother ill/weak 02 No milk 03 Mother working 04 Mother studying 05 Child refused 06 Become pregnant 07 Weaning age 08 Other (Specify) 96

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Section 3B : Child Health

(For children birth since March 1990)

		Last birth	Next to last birth	Second from last birth
331	From Q. 303 B → From Q. 303 C →	Name Alive → 332 Dead └─→ Next chil	Name Alive → 332 Dead └─→ Next chil	Name Alive → 332 Dead └─→ Q.401
332	Has (Name) been ill with a fever at any time in the last 2 weeks ?	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8
333	Has (Name) been ill with a cough at any time in the last 2 weeks ?	Yes 1 No 2 DK 8 337 ←	Yes 1 No 2 DK 8 337 ←	Yes 1 No 2 DK 8 337 ←
334	When (Name) was ill with a cough did he/she breaths more rapidly than usual with short rapid breaths ?	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8
335	Did you seek advice or treatment for the cough ?	Yes 1 No 2 337 ←	Yes 1 No 2 337 ←	Yes 1 No 2 337 ←
336	Where did you seek advice or treatment ?	Central hospital 1 Prov./Dist. Hos. 2 Health Center 3 Clinic 4 Pharmacy 5 Tradit. Doctor 6 Other (Specify) 7	Central hospital 1 Prov./Dist. Hos. 2 Health Center 3 Clinic 4 Pharmacy 5 Tradit. Doctor 6 Other (Specify) 7	Central hospital 1 Prov./Dist. Hos. 2 Health Center 3 Clinic 4 Pharmacy 5 Tradit. Doctor 6 Other (Specify) 7

		Last birth	Next to last birth	Second from last birth
	<i>From Q. 303 B</i> →	Name.....	Name.....	Name.....
337	Has (Name) had diarrhea in the last 2 weeks ?	Yes 1 No 2 DK 8 Next child ←	Yes 1 No 2 DK 8 Next child ←	Yes 1 No 2 DK 8 Q.401 ←
338	Was there any blood in the stools ?	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8	Yes 1 No 2 DK 8
340	Did you seek advice or treatment for the diarrhea ?	Yes 1 No 2 DK 8 Next child ←	Yes 1 No 2 DK 8 Next child ←	Yes 1 No 2 DK 8 Q.401 ←
341	Where did you seek advice or treatment ?	Central hospital 1 Prov./Dist. Hos. 2 Health Center 3 Clinic 4 Pharmacy 5 Tradit. Doctor 6 Other (Specify) 7	Central hospital 1 Prov./Dist. Hos. 2 Health Center 3 Clinic 4 Pharmacy 5 Tradit. Doctor 6 Other (Specify) 7	Central hospital 1 Prov./Dist. Hos. 2 Health Center 3 Clinic 4 Pharmacy 5 Tradit. Doctor 6 Other (Specify) 7
342	What was given to treat the diarrhea ?	Pill or syrup 1 Injection 2 Intravenous 3 Drink oral 4 Tradit. Medicine 5 Other (Specify) 7	Pill or syrup 1 Injection 2 Intravenous 3 Drink oral 4 Tradit. Medicine 5 Other (Specify) 7	Pill or syrup 1 Injection 2 Intravenous 3 Drink oral 4 Tradit. Medicine 5 Other (Specify) 7

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Section 4 : Contraceptive

401 Contraceptive method:	402. Have you ever heard of this method ?	403. Have you ever used of this method ?	404 Where did you getting it ?
01 Pill	Yes / Spont. 1 Yes / Probed. 2 No 3	Yes 1 No 2	..... ..... .....
02 IUD	Yes / Spont. 1 Yes / Probed. 2 No 3	Yes 1 No 2	..... ..... .....
03 Injection	Yes / Spont. 1 Yes / Probed. 2 No 3	Yes 1 No 2	..... ..... .....
04 Diaphragm/Foam/Jeely	Yes / Spont. 1 Yes / Probed. 2 No 3	Yes 1 No 2	..... ..... .....
05 Condom	Yes / Spont. 1 Yes / Probed. 2 No 3	Yes 1 No 2	..... ..... .....
06 Female Sterilization	Yes / Spont. 1 Yes / Probed. 2 No 3	Yes 1 No 2	..... ..... .....
07 Male Sterilization	Yes / Spont. 1 Yes / Probed. 2 No 3	Yes 1 No 2	..... ..... .....
08 Phethm/Periodic abstinence	Yes / Spont. 1 Yes / Probed. 2 No 3	Yes 1 No 2	..... ..... .....
09 Withdrawal	Yes / Spont. 1 Yes / Probed. 2 No 3	Yes 1 No 2	..... ..... .....
10 Norplant	Yes / Spont. 1 Yes / Probed. 2 No 3	Yes 1 No 2	..... ..... .....
11 Traditional medicine	Yes / Spont. 1 Yes / Probed. 2 No 3	Yes 1 No 2	..... ..... .....
12 Other (Specify)	Yes / Spont. 1 Yes / Probed. 2 No 3	Yes 1 No 2	..... ..... .....

405	<i>Check Q. 403 :</i> - Never use any contraceptive —————→ 416 - Ever use noe or more contraceptive —————→ 406			
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No.	Question	Answer	Answer code	Skip to
406	What was method at first time you used ?	Pill IUD Injection Form/Jelly Condom Female sterilization Male sterilization Rhythm/Periodic Withdrawal Nortplan Tradit. Medicine Other (Specify)	01 02 03 04 05 06 07 08 09 10 11 96	
407	How many living children do you have at that time?	Number of living children		
408	What was your age when you first started using any method ?	Age DK	 98	
409	<i>Check Q. 220</i> <i>Not pregnant or unsure</i> —————→ 410 <i>Currently pregnant</i> —————→ 417			
410	Are you using any method now ?	Yes No	1 2 —————→ 417	

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No.	Question	Answer	Answer code	Skip to
411	Which method are you using now ? (If she was sterilized in Q. 403 Circle code 06 and skip to Q 414)	Pill IUD Injection Form/Jelly Condom Female sterilization Male sterilization Rhythm/Periodic Withdrawal Nortplan Tradit. Medicine Other (Specify)	01 02 03 04 05 06 07 08 09 10 11 96	→ 414
412	For how many months have you been using this continuously ?	Month 11 years or longer DK	996 998	→ 414
413	In what month and year was you do sterilization ?	Month DK month Year DK year	98 08	
414	Do you have any problem with the method you are using now ?	Yes No	1 2	→ 501

No.	Question	Answer	Answer code	Skip to
415	What the main prpblem ?	Husband disapp. Accessibility Cost too much Inconvenient to use Wants children Health concerns Other (Specify) DK	01 02 03 04 05 06 96 98	→ 501
416	Why have you not use contraceptive method ?	Husband disapp. Herad to get it Cost too much Inconvenient to use Wants children Health concerns Fatalistic Other pers. disapp. Diff to get pregn. Menopausal Lack of knowled. Other (Specify) DK	01 02 03 04 05 06 07 08 09 10 11 96 98	
417	Do you intend to use any method in the future ?	Yes No DK	1 2 8	→ 418 → 419 → 501

No.	Question	Answer	Answer code	Skip to
418	Which the method do you wish to use ?	Pill	01	→ 501
		IUD	02	
		Injection	03	
		Form/Jelly	04	
		Condom	05	
		Female sterilization	06	
		Male sterilization	07	
		Rhythm/Periodic	08	
		Withdrawal	09	
		Nortplan	10	
		Tradit. Medicine	11	
		Other (Specify)	96	
				
419	what the main reason you do not intend to use a method ?	Husband disapp.	01	
		Herad to get it	02	
		Cost too much	03	
		Inconvenient to use	04	
		Wants children	05	
		Health concerns	06	
		Fatalistic	07	
		Other pers. disapp.	08	
		Diff to get pregn.	09	
		Menopausal	10	
		Lack of knowled.	11	
		Other (Specify)	96	
				
		DK	98	

Section 5 : Marriage

No.	Question	Answer	Answer code	Skip to
501	What is your marital status ?	Never married Married Divorced Widowed	1 2 3 4	→ 505
502	How many time are you married ?	Once More than once	1 2	
503	In what month and year did you first married ?	Month DK month Year DK year	 98 08	
504	How old were you at that time ?	Age		→ 506
505	Have you ever had sexual intercourse ?	Yes No	1 2	→ 601
506	How old were you at that time ?	Age DK	 98	

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Section 6 : fertility Preferences

No.	Question	Answer	Answer code	Skip to
601	Check Q. 411 :	If, no t sterilized → 602 If, sterilized → 607		
602	Check Q. 220 : <u>Not pregnant</u> <u>or unsure</u> ↓ Would you like more children ? <u>Pregnant</u> ↓ After this would you like more children ?	Yes No Can't pregnant Unsure/Dk	1 → 2 → 3 → 4 →	603 606 607
603	How many children do you want ?	Number		
604	What is the main reason you want more children ?	Don't have child Not enough child Have no son Have no daughter Custom/religion Husband recom. Help fam. Econ Other (Specify)	1 2 3 4 5 6 7 8	
605	Check Q. 220 : <u>Not pregnant</u> <u>Unsure</u> ↓ How long would you like to wait ? <u>Pregnant</u> ↓ How long would you like to wait after this ?	Year Month Soon/now Can't pregnant After marriage Other (Specify) DK	1 2 993 994 995 996 998	607

No.	Question	Answer	Answer code	Skip to
606	What is the main reason you don't want another child ?	Have enough Too old Health Poor Too busy Other (Specify)	1 2 3 4 5 7	

607	<i>Check Q. 215 :</i> <i>Has living children No living children</i> ↓ ↓ If you could go back to the time when you had no children and could choose exactly the number of children you like ? If you could choose exactly the number of children to have in your whole life, how many would you like ?	Number DK	98	
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608	<i>Check Q. 501 :</i> <i>Married</i> —————→ 609 <i>Never married/ divorced/ widowed</i> —————→ 611			
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609	Have you and your husband ever discussed the number of children you would like to have ?	Yes No	1 2	
610	Do you think your husband want the same number of children that you want, or does he want more or fewer than you want ?	Same number More children Fewer children DK	1 2 3 8	
611	What do you think is the best number of year between the birth of one child and the birth of the next child ?	Year DK	98	

Section 7 : Husband's Background

No.	Question	Answer	Answer code	Skip to
701	Check Q. 501 :			
		Married/divorced/widowed	→ 702	
		Never married	→ 801	
702	How old was your (last)husband on his last birthday ?	Age DK	98	
703	Did (last) your husband ever attend school ?	Yes No	1 2 → 705	
704	What was the highest level of school he completed ?	Grade		
705	What kind of work does your (last) husband mainly do ?	Occupation	..... .....	

Section 8 : (RTIs/STDs) and (HIV/AIDS)

No.	Question	Answer	Answer code	Skip to
801	Have you ever heard RTIs/STDs ?	Yes	1	
		No	2	→ 405
802	From which sources of information have you heard about it ?	Radio	01	
		TV	02	
		Newsp./magaz.	03	
		Posters	04	
		Health workers	05	
		School/teachers	06	
		Community	07	
		Friend / relative	08	
		Office	09	
		Other (Specify)	96	
				
803	What kind of RTIs/STDs have you ever heard ?	Syphilis	1	
		Gonorrhoea	2	
		Warts	3	
		Other (Specify)	7	
				
		DK	8	
804	How to prevent infected RTIs/STDs ?	Have only one sex partner	1	
		Using toilet carefully	2	
		Taking medicine before have sex	3	
		Using condom before have sex	4	
		No answer	5	
		Other (Specify)	7	
				
		DK	8	

No.	Question	Answer	Answer code	Skip to
805	Have you ever heard HIV/AIDS	Yes	1	
		No	2	→ The end
806	From which sources of information have you heard about it ?	Radio	01	
		TV	02	
		Newsp./magaz.	03	
		Posters	04	
		Health workers	05	
		School/teachers	06	
		Community	07	
		Friend / relative	08	
		Office	09	
		Other (Specify)	96	
				
807	Is there anything a person can do to avoid getting HIV/AIDS ?	Yes	1	
		No	2	
		DK	8	
808	Is it easy to recognize people infected with HIV/AIDS ?	Yes	1	
		No	2	
		DK	8	
809	How is HIV/AIDS transmitted ?	Sexual intercourse	1	
		Blood Trans.	2	
		Sharing syringe	3	
		Mother to child	4	
		Other (Specify)	7	
				