

QUESTIONNAIRE NUMBER \_\_\_\_\_

**1999 FAMILY HEALTH SURVEY - BELIZE**

**INDIVIDUAL QUESTIONNAIRE**

(For women aged 13 - 49 years)

Identification No.

GEO. CODE		E.D. NUMBER				HH SCHED. NO.		

Interview Calls	1	2	3	Final Visit										
Date of Interview														
Time Started														
Time Ended														
Duration														
Interview Status														
Interviewer's Name														
Supervisor's Name														
Next Visit: Date														
Time														
<p>* Interview Status Codes:</p> <table> <tr> <td>1 Completed Individual interview</td> <td>5 Refusal by household</td> </tr> <tr> <td>2 No eligible respondent</td> <td>6 Total Refusal by respondent</td> </tr> <tr> <td>3 Residents not at home</td> <td>7 Partial Refusal by respondent</td> </tr> <tr> <td>4 Respondent not at home</td> <td>8 Vacant Household</td> </tr> <tr> <td></td> <td>9 Other (specify) _____</td> </tr> </table>					1 Completed Individual interview	5 Refusal by household	2 No eligible respondent	6 Total Refusal by respondent	3 Residents not at home	7 Partial Refusal by respondent	4 Respondent not at home	8 Vacant Household		9 Other (specify) _____
1 Completed Individual interview	5 Refusal by household													
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4 Respondent not at home	8 Vacant Household													
	9 Other (specify) _____													
<p><b>FOR OFFICE USE ONLY</b></p> <p>Reviewed by: _____ Date: _____</p> <p>Edited by: _____ Date: _____</p>														

## HOUSING SECTION

- H001. What is the main construction material used for the flooring?  
 1 Wood  
 2 Cement  
 3 Dirt  
 8 Other (specify) \_\_\_\_\_  
 9 Don't know/Not stated
- H002. What type of lighting does the household use most?  
 1 Gas lamp  
 2 Kerosene lamp  
 3 Electricity from BEL  
 4 Electricity from a private generator  
 8 Other (specify) \_\_\_\_\_  
 9 Don't know/Not stated
- H003. What type of fuel does this household use most for cooking?  
 1 Wood  
 2 Gas (Butane)  
 3 Kerosene  
 4 Electricity  
 8 Other (specify) \_\_\_\_\_  
 9 Don't know/Not stated
- H004. What is the main source of your drinking water supply?  
 01 Private, piped into dwelling  
 02 Private vat / drum / well not piped  
 03 Public piped into dwelling  
 04 Public piped into yard  
 05 Public standpipe or handpump  
 06 Public well  
 07 River, stream, creek, pond, spring  
 08 Purified water  
 88 Other (specify) \_\_\_\_\_  
 99 Don't know/Not stated
- H005. What kind of toilet facility does this household have?  
 01 W.C. linked to WASA sewer system  
 02 W.C. linked to septic tank  
 03 Pit latrine, ventilated and elevated  
 04 Pit latrine, ventilated and not elevated  
 05 Pit latrine, ventilated compost  
 06 Pit latrine, non ventilated  
 07 None  
 88 Other (specify) \_\_\_\_\_  
 99 Don't know/Not stated
- H006. How many bedrooms are there in this dwelling unit?  
 No. of bedrooms \_\_\_ \_\_\_
- H007. How many of the following items do members of this household own? [READ]  
 (a) Radio \_\_\_\_\_ 99 Don't know/Not stated  
 (b) Television set \_\_\_\_\_ 99 Don't know/Not stated  
 (c) Video recorder \_\_\_\_\_ 99 Don't know/Not stated  
 (d) Personal computer \_\_\_\_\_ 99 Don't know/Not stated  
 (e) Private vehicle \_\_\_\_\_ 99 Don't know/Not stated  
 (f) Refrigerator \_\_\_\_\_ 99 Don't know/Not stated  
 (g) Washing machine \_\_\_\_\_ 99 Don't know/Not stated  
 (h) Gas stove \_\_\_\_\_ 99 Don't know/Not stated  
 (i) Microwave \_\_\_\_\_ 99 Don't know/Not stated
- H008. Is there a telephone service in this home?  
 1 Yes  
 2 No  
 9 Don't know/Not stated
- H009. How many people (including children) usually live in this household?  
 This include all those who usually sleep and share at least one daily meal with your household.
- Total \_\_\_\_\_  
 Males \_\_\_\_\_  
 Females \_\_\_\_\_

H010. INTERVIEWER: RECORD THE NAMES OF ALL WOMEN 13 TO 49 YEARS OF AGE WHO USUALLY LIVE IN THIS HOUSEHOLD? NUMBER \_\_\_ \_\_\_

RECORD BELOW ALL WOMEN 13 - 49 YEARS

H011. <u>Name</u> YOU SHOULD START WITH THE OLDEST	H012. <u>Age</u>
1	
2	
3	
4	
5	
6	
7	
8	

**SELECTION OF RESPONDENT**

LAST DIGIT OF QUESTIONNAIRE NUMBER	NO. OF WOMEN 13 – 49 IN HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	1	1	3	4	3	3	1
1	1	2	2	4	5	4	4	2
2	1	1	3	1	1	5	5	3
3	1	2	1	2	2	6	6	4
4	1	1	2	3	3	1	7	5
5	1	2	3	4	4	2	1	6
6	1	1	1	1	5	3	2	7
7	1	2	2	2	1	4	3	8
8	1	1	3	3	2	5	4	1
9	1	2	1	4	3	6	5	2

H013. Line number of the eligible woman selected \_\_\_\_\_







216. RECORD THE TOTALS FROM QUESTIONS 200, 205, 207, 209, 211, 213 AND 215.

A	200	CURRENTLY PREGNANT . . . . .	___	___
B	205	TOTAL BOYS AND GIRLS AT HOME . . . . .	___	___
C	207	TOTAL BOYS AND GIRLS LIVING ELSEWHERE . . . . .	___	___
D	209	TOTAL CHILDREN BORN ALIVE THAT DIED . . . . .	___	___
E	211	TOTAL STILLBIRTHS . . . . .	___	___
F	213	TOTAL MISCARRIAGES . . . . .	___	___
G	215	TOTAL ABORTIONS . . . . .	___	___
H		TOTAL NUMBER OF PREGNANCIES . . . . .	___	___
I		TOTAL NUMBER OF LIVEBIRTHS (B+C+D) . . . . .	___	___

J ASK: In total, you have had \_\_\_ \_\_\_ pregnancies, is that correct?  
 K 1 Yes (SKIP TO Q218) 2 No

217. Have you had multiple births? Number of multiple births \_\_\_ \_\_\_

IF THE TOTAL NUMBER OF PREGNANCIES IS INCORRECT AND THIS IS NOT DUE TO MULTIPLE BIRTHS, RETURN TO QUESTIONS 200 THRU 215 AND PROBE AND RECONCILE.

218. When you became pregnant the last time, did you want to become pregnant?  
 1 Yes (SKIP TO Q220) 3 God's will, fate, didn't think about it (SKIP TO Q220)  
 2 No 9 Don't know, not sure (SKIP TO Q220)

219. Was it that you wanted no more children, or that you just wanted to wait longer before another pregnancy?  
 1 Wanted no more children 9 Don't know, not sure, don't remember  
 2 Wanted to wait longer

220. Do you currently desire to become pregnant?  
 1 CURRENTLY PREGNANT 4 Menopausal  
 2 Yes 9 Don't know/Not Stated  
 3 No

221. **A. RESPONDENT HAS ONE OR MORE LIVEBIRTHS ---> CONTINUE (SEE Q205, Q207, Q209)**  
**B. RESPONDENT HAS NEVER BEEN PREGNANT ---> SKIP TO Q290 (SEE Q202)**  
**C. RESPONDENT PREGNANT FOR THE FIRST TIME ---> SKIP TO Q290 (SEE Q201)**  
**D. RESPONDENT HAS ONLY HAD STILLBIRTHS, MISCARRIAGES AND/OR ABORTIONS ---> SKIP TO Q290 (SEE Q216)**

222. How old were you when your first child was born? \_\_\_ \_\_\_ years 99 DK/NS

223. Were you in school at the time that your first child was born?  
 1 Yes 2 No 9 DK/NS

224. What school level and standard/form/year had you completed at the time that your first child was born?  
 school level \_\_\_\_\_ standard/form/year \_\_\_\_\_

**RECORD BOTH A AND B**

A Highest school level completed  
 1 None 5 Sixth Form or Equivalent  
 2 Primary 6 University  
 3 High School 9 Don't know/Not Stated  
 4 BTTC/BCA/BNS

B Number of years beyond level completed. \_\_\_ \_\_\_ Years

Now I would like to talk to you about all of your live-births, whether alive today or not, starting with the last live-birth you had.  
**RECORD NAMES OF ALL BIRTHS IN THE FOLLOWING GRID. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.**

225. What name was given to your (last, next to last, etc.) baby?	226. Is (NAME) a boy or girl?	227. In what month and year was (NAME) born?  (ASK PRESENT AGE IF MONTH AND/OR YEAR UNKNOWN)	228. Is (NAME) still alive?  <b>(IF YES SKIP TO Q230)</b>	229. IF DEAD: How old was (NAME) when he/she died? Record days if less than 1 month; months if less than 2 Yrs; else full years <b>(SKIP TO NEXT CHILD)</b>	230. Does (NAME) live with you?
01 _____ (name)	1 Boy 2 Girl 9 DK/NS	Month ____ Year ____ DK/NS 00 Age ____	1 Yes 2 No 9 DK/NS	1 Days ____ 2 Months ____ 3 Years ____ 9 DK/NS	1 Yes 2 No 9 DK/NS
02 _____ (name)	1 Boy 2 Girl 9 DK/NS	Month ____ Year ____ DK/NS 00 Age ____	1 Yes 2 No 9 DK/NS	1 Days ____ 2 Months ____ 3 Years ____ 9 DK/NS	1 Yes 2 No 9 DK/NS
03 _____ (name)	1 Boy 2 Girl 9 DK/NS	Month ____ Year ____ DK/NS 00 Age ____	1 Yes 2 No 9 DK/NS	1 Days ____ 2 Months ____ 3 Years ____ 9 DK/NS	1 Yes 2 No 9 DK/NS
04 _____ (name)	1 Boy 2 Girl 9 DK/NS	Month ____ Year ____ DK/NS 00 Age ____	1 Yes 2 No 9 DK/NS	1 Days ____ 2 Months ____ 3 Years ____ 9 DK/NS	1 Yes 2 No 9 DK/NS
05 _____ (name)	1 Boy 2 Girl 9 DK/NS	Month ____ Year ____ DK/NS 00 Age ____	1 Yes 2 No 9 DK/NS	1 Days ____ 2 Months ____ 3 Years ____ 9 DK/NS	1 Yes 2 No 9 DK/NS
06 _____ (name)	1 Boy 2 Girl 9 DK/NS	Month ____ Year ____ DK/NS 00 Age ____	1 Yes 2 No 9 DK/NS	1 Days ____ 2 Months ____ 3 Years ____ 9 DK/NS	1 Yes 2 No 9 DK/NS
07 _____ (name)	1 Boy 2 Girl 9 DK/NS	Month ____ Year ____ DK/NS 00 Age ____	1 Yes 2 No 9 DK/NS	1 Days ____ 2 Months ____ 3 Years ____ 9 DK/NS	1 Yes 2 No 9 DK/NS
08 _____ (name)	1 Boy 2 Girl 9 DK/NS	Month ____ Year ____ DK/NS 00 Age ____	1 Yes 2 No 9 DK/NS	1 Days ____ 2 Months ____ 3 Years ____ 9 DK/NS	1 Yes 2 No 9 DK/NS
09 _____ (name)	1 Boy 2 Girl 9 DK/NS	Month ____ Year ____ DK/NS 00 Age ____	1 Yes 2 No 9 DK/NS	1 Days ____ 2 Months ____ 3 Years ____ 9 DK/NS	1 Yes 2 No 9 DK/NS

10 _____ (name)	1 Boy 2 Girl 9 DK/NS	Month ____ ____ Year ____ ____ DK/NS 00 Age ____ ____	1 Yes 2 No 9 DK/NS	1 Days ____ ____ 2 Months ____ ____ 3 Years ____ ____ 9 DK/NS	1 Yes 2 No 9 DK/NS
11 _____ (name)	1 Boy 2 Girl 9 DK/NS	Month ____ ____ Year ____ ____ DK/NS 00 Age ____ ____	1 Yes 2 No 9 DK/NS	1 Days ____ ____ 2 Months ____ ____ 3 Years ____ ____ 9 DK/NS	1 Yes 2 No 9 DK/NS
12 _____ (name)	1 Boy 2 Girl 9 DK/NS	Month ____ ____ Year ____ ____ DK/NS 00 Age ____ ____	1 Yes 2 No 9 DK/NS	1 Days ____ ____ 2 Months ____ ____ 3 Years ____ ____ 9 DK/NS	1 Yes 2 No 9 DK/NS
13 _____ (name)	1 Boy 2 Girl 9 DK/NS	Month ____ ____ Year ____ ____ DK/NS 00 Age ____ ____	1 Yes 2 No 9 DK/NS	1 Days ____ ____ 2 Months ____ ____ 3 Years ____ ____ 9 DK/NS	1 Yes 2 No 9 DK/NS
14 _____ (name)	1 Boy 2 Girl 9 DK/NS	Month ____ ____ Year ____ ____ DK/NS 00 Age ____ ____	1 Yes 2 No 9 DK/NS	1 Days ____ ____ 2 Months ____ ____ 3 Years ____ ____ 9 DK/NS	1 Yes 2 No 9 DK/NS

**COMPARE THE SUM OF Q205, Q207 AND Q209 WITH THE NUMBER OF BIRTHS RECORDED IN HISTORY ABOVE. IF THE NUMBER ARE DIFFERENT, PROBE AND RECONCILE.**

**MAKE SURE THAT FOR EACH LIVE BIRTH, MONTH AND YEAR OF BIRTH IS RECORDED. SIMILARLY, FOR EACH CHILD THAT HAS DIED THAT THE AGE AT DEATH IS RECORDED.**

231. **CHECK Q227 AND ENTER THE NUMBER OF LIVE BIRTHS SINCE SEPTEMBER, 1994 \_\_\_\_ \_\_\_\_**  
IF '00', SKIP TO Q290

Now, I would like to make a list of all the live births that you've had since September, 1994 whether they are still alive or not. We will start with your last live birth.

- **RECORD THE NAME OF EACH LIVE BIRTH AT THE TOP OF EACH COLUMN BEGINNING WITH THE LAST LIVE BIRTH IN COLUMN 1 AND CONTINUE IN ORDER OF BIRTH FROM YOUNGEST TO OLDEST.**
- **IF THERE ARE MORE THAN FIVE BIRTHS, TERMINATE THE LIST IN COLUMN 5.**
- **IF THERE ARE MULTIPLE BIRTHS (TWINS, TRIPLETS) REGISTER THESE LIVEBIRTHS IN SEPARATE COLUMNS. DRAW A LINE CONNECTING LIVEBIRTHS FROM THE SAME PREGNANCIES.**

	(1) Last Birth	(2) Next to Last Birth	(3) Second from Last Birth	(4) Third from Last Birth	(5) Fourth from Last Birth
NAME OF CHILD					
232. CHECK Q228 CHILD ALIVE OR DEAD?	1 Alive 2 Dead 9 DK/NS				
233. When you were pregnant with (NAME) did you see anyone for a check on this pregnancy? <b>IF NO OR DK SKIP TO Q237</b>	1 Yes 2 No 9 DK/NS				
234. Where did you go for most of this care? 1 Government Health Center/Clinic 2 Government Hospital 3 Private Hospital 4 Private Doctor/Clinic 5 Midwife/TBA 6 Abroad 8 Other (specify) 9 DK/NS	1 6 2 8 3 4 5 9				
235. How many months were you pregnant when you made your first visit?	Number of months pregnant ___ ___ DK = 99	Number of months pregnant ___ ___ DK = 99	Number of months pregnant ___ ___ DK = 99	Number of months pregnant ___ ___ DK = 99	Number of months pregnant ___ ___ DK = 99
236. How many visits did you make?	___ ___ Times DK = 99				
237. When did you start on folic acid? 1 Before pregnancy 2 Once pregnant 3 Never 9 DK/NS	1 3 2 9				
238. When did you start on iron supplements? 1 Before pregnancy 2 Once pregnant 3 After pregnancy 4 Never 9 DK/NS	1 4 2 9 3				
239. When did you start on vitamin A supplements? 1 Before pregnancy 2 Once pregnant 3 After pregnancy 4 Never 9 DK/NS	1 4 2 9 3				
240. When you were pregnant with (NAME) were you given two <u>TD</u> injections to prevent the baby from getting tetanus (lock jaw) and diphtheria?	1 Yes 2 No 9 DK/NS				

241. How many pounds and ounces did (NAME) weigh at birth? <b>IF WEIGHT IS GIVEN, SKIP TO Q243, OTHERWISE CONTINUE</b>	1 Kg/g. ____ ____ 2 Lb/oz. ____ ____ 99 Don't know	1 Kg/g. ____ ____ 2 Lb/oz. ____ ____ 100 Don't know	1 Kg/g. ____ ____ 2 Lb/oz. ____ ____ 101 Don't know	1 Kg/g. ____ ____ 2 Lb/oz. ____ ____ 102 Don't know	1 Kg/g. ____ ____ 2 Lb/oz. ____ ____ 103 Don't know
242. Did (NAME) weigh more or less than five pounds four ounces (2 1/2 kilograms)?	1 More 2 Less 9 DK/NS				
243. Was (NAME) born in Belize?	1 Yes 2 No 9 DK/NS				
244. Where did you give birth to (NAME)? 1 Government Hospital 2 Private Hospital    5 Home of relative or friend 3 Private Clinic        8 Other (specify) 4 Own Home                9 DK/NS	1            5 2            8 3 4            ____ 9				
245. Who assisted with the delivery of (NAME)? 1 Doctor                            5 No one 2 Nurse Midwife                8 Other (specify) 3 Midwife/TBA                    9 DK/NS 4 Husband/Other relative	1            5 2            8 3 4            ____ 9				
246. Was this a normal delivery (vaginal) or was it a forceps/cesarean delivery? 1 Normal Delivery                3 Cesarean Section 2 Forceps Delivery                9 DK/NS	1            3 2            9				
247. After the delivery of (NAME), did you have any of these? [READ EACH ONE] A. Did you receive a medical checkup, about 4 weeks after (NAME) was born?  B. After (NAME) was born did you take him/her for a newborn medical check up within 21 days of his/her birth?	1 Yes 2 No 9 DK/NS  1 Yes 2 No 9 DK/NS				
248. At what age was (NAME) child registered?	1 Days ____ ____ 2 Months ____ ____ 3 Years ____ ____ 98 Not Registered 99 DK/NS	1 Days ____ ____ 2 Months ____ ____ 3 Years ____ ____ 98 Not Registered 99 DK/NS	1 Days ____ ____ 2 Months ____ ____ 3 Years ____ ____ 98 Not Registered 99 DK/NS	1 Days ____ ____ 2 Months ____ ____ 3 Years ____ ____ 98 Not Registered 99 DK/NS	1 Days ____ ____ 2 Months ____ ____ 3 Years ____ ____ 98 Not Registered 99 DK/NS

249. When you became pregnant with (NAME) did you want to become pregnant? <b>IF YES SKIP TO Q251</b>	1 Yes 2 No 9 DK/NS				
250. Was it that you wanted no more children, or that you just wanted to wait longer before another pregnancy? 1 Wanted no more children 2 Wanted to wait longer 9 DK/NS	1 2 9	1 2 9	1 2 9	1 2 9	1 2 9
251. Did you ever breastfeed (NAME)? <b>IF YES SKIP TO Q253</b>	1 Yes 2 No 9 DK/NS				
252. Why did you not breastfeed (NAME)? 01 Mother ill/weak 06 Working 02 Child ill/weak 07 Child refused 03 Child died 08 Did not know how to 04 Nipple/Breast problem 09 Did not want to 05 No milk 88 Other (specify) 99 DK/NS <b>SKIP TO NEXT CHILD</b>	01 07 02 08 03 09 04 88 05 _____ 06 99				
253. For how many months did you breastfeed (NAME)? <b>IF CHILD IS STILL BEING BREASTFED ( =96 ) SKIP TO NEXT CHILD OR TOP OF PAGE 13.</b>	Months ____ ____ 00 < 1 month 95 Until died 96 Still breastfeeding	Months ____ ____ 00 < 1 month 95 Until died 96 Still breastfeeding	Months ____ ____ 00 < 1 month 95 Until died 96 Still breastfeeding	Months ____ ____ 00 < 1 month 95 Until died 96 Still breastfeeding	Months ____ ____ 00 < 1 month 95 Until died 96 Still breastfeeding
254. Why did you stop breastfeeding (NAME)? 01 Mother ill/weak 07 Child refused 02 Child ill/weak 08 Weaning age 03 Child died 09 Became pregnant 04 Nipple/Breast problem 05 No milk 10 Tired of breastfeeding 06 Working 88 Other (specify) 99 DK/NS	01 08 02 09 03 10 04 88 05 _____ 06 _____ 07 99	01 08 02 09 03 10 04 88 05 _____ 06 _____ 07 99	01 08 02 09 03 10 04 88 05 _____ 06 _____ 07 99	01 08 02 09 03 10 04 88 05 _____ 06 _____ 07 99	01 08 02 09 03 10 04 88 05 _____ 06 _____ 07 99

**CONTINUE THE FOLLOWING QUESTIONS WITH THE YOUNGEST CHILD, THAT IS THE CHILD IN COLUMN 1**

255. **CHECK IF CHILD WAS EVER BREASTFED (SEEQ251, COLUMN 1)**  
 1 Yes (SKIP TO Q257)                      2 No    9 DK/NS
256. If you had had a better understanding of how to breastfeed or were better informed about the benefits would you have breastfed (NAME)?  
 1 Yes (SKIP TO Q267)                      2 No (SKIP TO Q267)                      9 DK/NS (SKIP TO Q267)
257. How long after birth did you first put (NAME) to the breast?  
 000 Immediately 1 Hours \_\_\_ \_\_\_                      2 Days \_\_\_ \_\_\_                      9 DK/NS
258. **CHECK IF CHILD IS STILL BREASTFED (SEEQ253, COLUMN 1)**  
 1 Yes                      2 No (SKIP TO Q264)                      3 Has died (SKIP TO Q264)                      9 DK/NS (SKIP TO Q264)
259. How many times did you breastfeed last night between 6 p.m. and 6 a.m.?  
 Number of nighttime feedings \_\_\_ \_\_\_                      99 DK/NS
260. How many times did you breastfeed yesterday between 6 a.m. and 6 p.m.?  
 Number of daylight feedings \_\_\_ \_\_\_                      99 DK/NS
261. At any time yesterday or last night was (NAME) given any of the following?: [READ]
- |  | <u>Yes</u> | <u>No</u> | <u>DK/NS</u> |
|--|------------|-----------|--------------|
| 1 Formula or milk other than breastmilk? ..... | ... 1....  | ... 2.... | ... 9....    |
| 2 Water? .....                                 | ... 1....  | ... 2.... | ... 9....    |
| 3 Juice? .....                                 | ... 1....  | ... 2.... | ... 9....    |
| 4 Other liquids? .....                         | ... 1....  | ... 2.... | ... 9....    |
| 5 Any solid or mashed food? .....              | ... 1....  | ... 2.... | ... 9....    |
262. CHECK Q261 FOOD / LIQUID GIVEN YESTERDAY?  
 1 Yes to one or all (SKIP TO Q264)                      2 No to all                      9 DK/NS to all
263. Has (NAME) ever been given any water, or something else to drink or eat (other than breastmilk)?  
 1 Yes                      2 No (SKIP TO Q265)                      9 DK/NS (SKIP TO Q265)
264. How many months old was (NAME) when you started giving him/her the following? [READ]
- |  | <u>Months</u> | <u>Never/Not yet</u> | <u>DK/NS</u> |
|--|---------------|----------------------|--------------|
| 1 Formula or milk other than breastmilk? ..... | ... ___ ...   | ... .77....          | ... .99....  |
| 2 Water? .....                                 | ... ___ ...   | ... .77....          | ... .99....  |
| 3 Juice? .....                                 | ... ___ ...   | ... .77....          | ... .99....  |
| 4 Other liquids? .....                         | ... ___ ...   | ... .77....          | ... .99....  |
| 5 Any solid or mashed food? .....              | ... ___ ...   | ... .77....          | ... .99....  |
- IF AGE OF CHILD WAS LESS THAN ONE MONTH RECORD 00**
265. Where did you receive your information about breastfeeding?
- |                             |  |
|-----------------------------|--|
| 01 Government Health Center | 07 Other relative                        |
| 02 Government Hospital      | 08 Friend                                |
| 03 Private Hospital         | 09 Breast is Best League (BIB)           |
| 04 Private Doctor           | 10 Belize Family Life Association (BFLA) |
| 05 Midwife/TBA              | 88 Other (specify) _____                 |
| 06 Mother                   | 99 DK/NS                                 |
267. Did anyone provide you with any information on pregnancy and family life while you were pregnant With (NAME)?  
 1 Yes                      2 No (SKIP TO Q269)                      9 DK/NS (SKIP TO Q269)

268. Who?  
 1 Doctor  
 2 Mother  
 3 Belize Family Life Association Officer (BFLA)  
 4 Nurse  
 5 Friend  
 8 Other (specify) \_\_\_\_\_  
 9 DK/NS
269. How many months after the birth of (NAME) did your menstrual period first return?  
 \_\_\_ months  
 96 Hasn't returned  
 99 DK/NS
270. Have you resumed sexual relations since the birth of (NAME)?  
 1 Yes  
 2 No (SKIP TO NOTE AFTER Q271)  
 9 DK/NS (SKIP TO NOTE AFTER Q271)
271. How many weeks after the birth of (NAME) did you resume sexual relations?  
 \_\_\_ weeks  
 99 DK/NS

**NOW RETURN TO QUESTION 232 AND COUNT THE NUMBER OF CHILDREN.  
 THEN SELECT ONE CHILD USING THE FOLLOWING GRID**

**SELECTION OF CHILD**

LAST DIGIT OF QUESTIONNAIRE NUMBER	NO. OF CHILDREN				
	1	2	3	4	5
0	1	2	2	4	3
1	1	1	3	1	4
2	1	2	1	2	5
3	1	1	2	3	1
4	1	2	3	4	2
5	1	1	1	1	3
6	1	2	2	2	4
7	1	1	3	3	5
8	1	2	1	4	1
9	1	1	2	1	2

272. Line number of child selected \_\_\_\_\_ (NAME)
- 272a. CHILD ALIVE OR DEAD (SEE Q232)  
 1 Alive  
 2 Dead (SKIP TO Q290)  
 9 DK/NS (SKIP TO Q290)

273.	In the last two weeks has (NAME) had any of the following symptoms	<u>Yes</u>	<u>No</u>	<u>DK/NS</u>
	01 Decreased sucking/loss of appetite .....	1	2	9
	02 Cries become high pitched/nagging .....	1	2	9
	03 Red/teary eyes .....	1	2	9
	04 Stuffed/runny nose .....	1	2	9
	05 Sneezing .....	1	2	9
	06 Cough .....	1	2	9
	07 High fever .....	1	2	9
	08 Sore throat .....	1	2	9
	09 Hoarseness .....	1	2	9
	10 Difficulty swallowing .....	1	2	9
	11 Earache (or ear secretions) .....	1	2	9
	12 Rapid, difficult and loud breathing .....	1	2	9
	13 Sunken chest .....	1	2	9
	14 Blue or purple lips .....	1	2	9
	15 Periods of not breathing .....	1	2	9

**IF ALL ARE 2 AND/OR 9 SKIP TO Q279**

274. How many days did the symptoms last?  
 \_\_\_ \_\_\_ days                      00 Began today                      99 DK/NS
275. Did you do anything to improve (NAME)'s condition?  
 1 Yes                                      2 No (SKIP TO Q278)                      9 DK/NS (SKIP TO Q278)
276. Where did you seek advice or treatment?  
 1 Government Health Worker                      6 Traditional Healer  
 2 Government Health Center                      7 Private Pharmacy  
 3 Government Hospital                      8 Other (specify) \_\_\_\_\_  
 4 Private Hospital                      9 DK/NS  
 5 Private Doctor

277.	What type of treatment did the child receive? [READ EACH ONE]	<u>Yes</u>	<u>No</u>	<u>DK/NS</u>
	01 Antibiotics .....	1	2	9
	Were these prescribed by the health center or doctor? .....	1	2	9
	02 Aspirin .....	1	2	9
	03 Antifebril (Tylenol, Panadol, etc.) .....	1	2	9
	04 Expectorant/Decongestant .....	1	2	9
	05 Pills, syrups, other unspecified treatment .....	1	2	9
	06 Home remedies (specify) _____ .....	1	2	9
	07 Hospitalized for more than 24 hours .....	1	2	9
	08 Other (specify) _____ .....	1	2	9

**SKIP TO Q279**

278. Why did you do nothing?  
 1 Was not necessary, was not serious                      6 Went to the health center, but they did not see us; it was closed  
 2 Perhaps should have, but didn't have time                      7 The health center is too far away or hard to get to  
 3 Didn't know what to do or what to give the child                      8 Other (specify) \_\_\_\_\_  
 4 Did not have any remedies to give the child                      9 DK/NS  
 5 Did not have enough money
279. Sometimes, children have diarrhea, that is to say at least one liquid stool in a day.  
 Has (NAME) had diarrhea in the last two weeks?  
 1 Yes                                      2 No (SKIP TO Q289)                      9 DK/NS (SKIP TO Q289)
280. How many episodes of diarrhea did (NAME) suffer in the last month?  
 \_\_\_ \_\_\_ episodes                      99 DK/NS
281. Was there any blood and/or mucous (cold) in the stools?  
 1 Yes                                      2 No                                      9 DK/NS
282. When (NAME) had diarrhea did she/he have? **[READ]**
- |  |  |            |           |              |
|--|--|------------|-----------|--------------|
|  |  | <u>Yes</u> | <u>No</u> | <u>DK/NS</u> |
|  | 1 Constant thirst/ Drank lots of water ..... | 1          | 2         | 9            |
|  | 2 Dry/wrinkled skin .....                    | 1          | 2         | 9            |
|  | 3 Sunken/dry eyes .....                      | 1          | 2         | 9            |
|  | 4 Sunken fontanel /Mole drop .....           | 1          | 2         | 9            |
|  | 5 Dry lips .....                             | 1          | 2         | 9            |



288. Why did you do nothing?

- 1 Was not necessary, was not serious
- 2 Perhaps should have, but didn't have time
- 3 Didn't know what to do or what to give the child
- 4 Did not have any remedies to give the child
- 5 Did not have enough money

- 6 Went to the health center, but they did not see us; it was closed
- 7 The health center is too far away or hard to get to
- 8 Other (specify) \_\_\_\_\_
- 9 DK/NS

289. I'd like to get some information now about (NAME)'s vaccinations.

Do you have a card where (NAME)'s vaccinations are written down? IF YES, may I please see it?

THE INFORMATION FOR EACH DOSE, MONTH AND YEAR, VERY CAREFULLY. IF THE MOTHER DOES NOT HAVE A VACCINATION CARD FOR THE CHILD, COMPLETE THE TABLE BELOW CONSULTING WITH THE MOTHER

		Code	Month		Year				<u>Comments</u>
BCG?	BCG								
POLIO 1?	P1								
POLIO 2?	P2								
POLIO 3?	P3								
POLIO B	PB								
DPT 1?	D1								
DPT 2?	D2								
DPT 3?	D3								
DPT B?	DPTB								
MEASLES1	MEA1								
MEASLES2	MEA2								
MMR	MMR								

- CODES: 1 HAS DOSE ACCORDING TO VACCINATION CARD  
 2 HAS DOSE ACCORDING TO MOTHER  
 3 DOES NOT HAVE DOSE  
 9 DOESN'T KNOW/NOT STATED

Now, I would like to ask you a few more questions about yourself?

290. Do you self-examine your breasts to check for tumors/cancer?

- 1 Yes
- 2 No (SKIP TO Q292)
- 9 Don't know/Not stated (SKIP TO Q292)

291. How often?

- 1 Every month
- 2 Once a year
- 3 Every now and then
- 9 Don't know/Not Stated

292. Do you have your breasts examined by a medical person?

- 1 Yes
- 2 No (SKIP TO Q294)
- 9 Don't know/Not stated (SKIP TO Q294)

293. How often?  
 1 Once  
 2 Every month  
 3 Once a year  
 4 Every now and then  
 9 Don't know/Not Stated
294. Have you ever had a pap smear?  
 1 Yes  
 2 No (SKIP TO Q296)  
 9 Don't know/Not stated (SKIP TO Q296)
295. How often?  
 1 Once  
 2 Every six months  
 3 Once a year  
 4 Every two years  
 9 Don't know/Not Stated
296. How old were you when you had your first menstrual period?  
 1 Not yet  
 2 Years (SKIP TO Q298)  
 9 DK/NS (SKIP TO Q298)
297. Have you received any information preparing you for your first menstrual period?  
 1 Yes (SKIP TO Q299)  
 2 No (SKIP TO SEC.3)  
 9 Don't know/Not Stated (SKIP TO SEC.3)
298. Prior to your first menstrual period, had you received information preparing you for that moment?  
 1 Yes  
 2 No (SKIP TO SEC. 3)  
 9 Don't remember (SKIP TO SEC.3)
299. Where, or from whom did you receive this information?  
 1 Mother/Female guardian  
 2 Father/Male guardian  
 3 Older sister  
 4 Other relative  
 5 School  
 6 Peer  
 7 Book  
 8 Other (specify) \_\_\_\_\_  
 9 Don't know/Not Stated

**SECTION 3 - CONTRACEPTIVE KNOWLEDGE AND USE**

301. Now, I would like to talk about methods that people use to space or limit the number of children they have.

**INTERVIEWER:**

- A. **FIRST ASK:** Please tell me all the methods you have heard of to space or limit the number of children a person has. [INTERVIEWER: Circle Number "1" next to each method she mentions]
  
- B. **THEN ASK:** Have you ever heard of [Method]? [INTERVIEWER: Read each method not mentioned spontaneously and circle "2" or "3", as appropriate.]
  
- C. **THEN ASK:** Have you or your partner ever used [Method]? [INTERVIEWER: Read each method on the list that has a "1" or "2" and circle "4" or "5" as appropriate.]

METHOD	A	B		C	
	Spontaneous	Have you ever heard of this method		Have you or a partner ever used this method	
			Yes	No	Yes
01 Pill/oral contraceptives . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
02 Injection . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
03 Inter-uterine device/coil . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
04 Condoms (male) . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
05 Condoms (female) . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
06 Diaphragm . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
07 Vaginal foaming tablets . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
08 Condom and foam . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
09 Diaphragm and foam . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
10 Vaginal Creams/jellies . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
11 Morning after pill/emergency contraception . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
12 Rhythm/calendar method . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
13 Billings method . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
14 Withdrawal . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
15 Female sterilization/tubal ligation/tie off . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
16 Male sterilization/vasectomy . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
17 Lactation/amenorrhea/breastfeeding . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .
88 Other (specify _____) . . . . .	. 1 . . .	. . . 2 . . .	. . . 3 . . .	. . . 4 . . .	. . . 5 . . .

302. Do you think you are able to get pregnant at the present time?  
 1 Yes (SKIP TO Q304) 3 Already pregnant (SKIP TO Q304a)  
 2 No 9 DK/NS (SKIP TO Q304)
303. Why not?  
 1 Menopause 4 Sterile  
 2 Has had an operation for medical reasons which makes pregnancy impossible 5 Postpartum/breastfeeding  
 (her or her partner) 6 Using contraception  
 3 Has tried to get pregnant for at least 2 years without success 7 Not sexually active  
 8 Other (specify \_\_\_\_\_)  
 9 Don't know/Not Stated
304. Would you like to become pregnant at this time?  
 1 Yes 2 No 9 DK/NS
- 304a. RESPONDENT HAS NEVER USED A METHOD (NO 4'S ARE CIRCLED IN Q301) --> SKIP TO Q329**
305. How old were you when you first used contraception?  
 \_\_\_ \_\_\_ years 99 Don't know/Not Stated
306. How many living children did you have when you first used contraception?  
 \_\_\_ \_\_\_ children 99 Don't know/Not Stated
307. Are you or a partner currently using a contraceptive method?  
 1 Yes (SKIP TO Q312) 2 No 9 DK/NS
308. Why are you or your partner not using a method?  
 00 CURRENTLY PREGNANT 14 Fears side effects of method  
 02 Knew of methods but didn't know where to get them 15 Past method had bad side effects  
 03 Knew of method but couldn't afford it 16 Advanced age  
 04 Knew of method but too far from source 17 Sexual intercourse not satisfying with last method  
 05 Wanted to use a method but couldn't get it at that moment 18 Past method not effective  
 06 Didn't know of any methods 19 Past method difficult to use  
 07 Partner was against using something 20 Health/medical reasons  
 08 Knew of method but too embarrassed to get method 21 Infertile  
 09 Had method but too embarrassed to use method 22 Myth/cultural belief (specify \_\_\_\_\_)  
 10 Want to become pregnant 23 Not sexually active  
 11 Feared side effects of contraceptive methods 77 Don't remember  
 12 Religious reasons 88 Other (specify \_\_\_\_\_)  
 13 Did not want to use any method 99 Don't know/Not Stated
309. What was the month and year you\he stopped using a method?  
 \_\_\_ \_\_\_ Month \_\_\_ \_\_\_ \_\_\_ Year 00 Don't know/Not Stated
310. Why did you\he stop using that method?  
 01 Desire Pregnancy 11 Sexual Intercourse Not Satisfying  
 02 Not Sexually Active 12 Method Not Effective  
 03 Fears Side Effects 13 Method Difficult to Use  
 04 Spouse Opposes 14 Lack of Money  
 05 Religion 15 Health/Medical Reasons  
 06 Had Bad Side Effects 16 Infertile  
 07 Advanced Age 17 Embarrassed to Use  
 08 Lack of Knowledge 18 Myth/Cultural Belief (specify \_\_\_\_\_)  
 09 Far Distance to Source 88 Other (specify \_\_\_\_\_)  
 10 Doesn't Like or Want to Use 99 Don't know/Not Stated

311. What was the method being used?
- |                              |  |
|------------------------------|--|
| 01 Pill/oral contraceptives  | 11 Morning after pill                          |
| 02 Injection                 | 12 Rhythm/calendar method                      |
| 03 Inter-uterine device/coil | 13 Billings method                             |
| 04 Condoms (male)            | 14 Withdrawal                                  |
| 05 Condoms (female)          | 15 Female sterilization/tubal ligation/tie off |
| 06 Diaphragm                 | 16 Male Sterilization/vasectomy                |
| 07 Vaginal foaming tablets   | 17 Lactation/amenorrhea/breastfeeding          |
| 08 Condom and foam           | 88 Other (specify) _____                       |
| 09 Diaphragm and foam        | 99 Don't know/Not Stated                       |
| 10 Vaginal Creams/jellies    |  |

**SKIP TO SECTION Q329**

312. What is the method being used?
- |                              |  |
|------------------------------|--|
| 01 Pill/oral contraceptives  | 11 Morning after pill                          |
| 02 Injection                 | 12 Rhythm/calendar method                      |
| 03 Inter-uterine device/coil | 13 Billings method                             |
| 04 Condoms (male)            | 14 Withdrawal                                  |
| 05 Condoms (female)          | 15 Female sterilization/tubal ligation/tie off |
| 06 Diaphragm                 | 16 Male Sterilization/vasectomy                |
| 07 Vaginal foaming tablets   | 17 Lactation/amenorrhea/Breastfeeding          |
| 08 Condom and foam           | 88 Other (specify) _____                       |
| 09 Diaphragm and foam        | 99 Don't know/Not Stated                       |
| 10 Vaginal Creams/jellies    |  |

313. Do you use this method to space pregnancies, because you want no more children, to prevent sexually transmitted infections/HIV/AIDS, or for some other reason?
- |                         |                         |
|-------------------------|-------------------------|
| 1 Space pregnancies     | 5 Options 2 and 3       |
| 2 Want no more children | 8 Other (specify) _____ |
| 3 Prevent STIs/HIV/AIDS | 9 Don't know/Not Stated |
| 4 Options 1 and 3       |                         |

**IF QUESTION 312 HAS OPTIONS 15 OR 16 SKIP TO SECTION 4**

314. **Do you or your partner get your contraceptive supplies/receive information about this method within your local community, somewhere else in the country, or abroad?**
- |                        |   |
|------------------------|---|
| 1 Local community      | 3 Abroad  |
| 2 Elsewhere in country | 9 Don't know/Not Stated (SKIP TO NOTE AFTER Q315) |

315. Where exactly do you or your partner get the method being used?  
**NOTE TO INTERVIEWER:** IN CASE OF BILLINGS, CALENDAR/RHYTHM, WITHDRAWAL, OR LACTATION/AMENORRHEA METHOD: Where did you or your partner receive orientation?
- |  |                                   |
|--|-----------------------------------|
| 01 Government clinic/health center       | 07 Church                         |
| 02 Private doctor/clinic                 | 08 Friend/Neighbour/Family member |
| 03 Government hospital                   | 09 Community health worker        |
| 04 Private hospital                      | 10 Supermarket/Bar/Grocery store  |
| 05 Belize Family Life Association (BFLA) | 88 Other (specify) _____          |
| 06 Pharmacy/drugstore                    | 99 Don't know/Not Stated          |

**IF QUESTION 312 HAS OPTIONS 12, 13, 14 OR 17 SKIP TO Q328**

316. Who gets the supplies?
- |              |                         |
|--------------|-------------------------|
| 1 Myself     | 3 Both                  |
| 2 My partner | 9 Don't know/Not Stated |
317. Can you get this method at any time?
- |       |                         |
|-------|-------------------------|
| 1 Yes | 8 Other (specify _____) |
| 2 No  | 9 Don't know/Not Stated |
318. Is any special day or time convenient for you?
- |       |                     |         |
|-------|---------------------|---------|
| 1 Yes | 2 No (SKIP TO Q321) | 9 DK/NS |
|-------|---------------------|---------|

319. Which day or days of the week are convenient for you? [READ]
- |                        | <u>Yes</u>  | <u>No</u>   | <u>DK/NS</u> |
|------------------------|-------------|-------------|--------------|
| A. Monday . . . . .    | 1 . . . . . | 2 . . . . . | 9 . . . . .  |
| B. Tuesday . . . . .   | 1 . . . . . | 2 . . . . . | 9 . . . . .  |
| C. Wednesday . . . . . | 1 . . . . . | 2 . . . . . | 9 . . . . .  |
| D. Thursday . . . . .  | 1 . . . . . | 2 . . . . . | 9 . . . . .  |
| E. Friday . . . . .    | 1 . . . . . | 2 . . . . . | 9 . . . . .  |
| F. Saturday . . . . .  | 1 . . . . . | 2 . . . . . | 9 . . . . .  |



327. Did you use this method to prevent pregnancy, because you wanted no more children, to prevent sexually transmitted infections/HIV/AIDS, or for some other reason?
- |                           |                         |
|---------------------------|-------------------------|
| 1 Prevent pregnancy       | 5 Options 2 and 3       |
| 2 Wanted no more children | 8 Other (specify) _____ |
| 3 Prevent STIs/HIV/AIDS   | 9 Don't know/Not Stated |
| 4 Option 1 and 3          |                         |
328. Would you prefer to use a different method than the one you or your partner are now using?
- |                      |                       |                          |
|----------------------|-----------------------|--------------------------|
| 1 Yes (SKIP TO Q330) | 2 No (SKIP TO SEC. 4) | 9 DK/NS (SKIP TO SEC. 4) |
|----------------------|-----------------------|--------------------------|
329. In the future, do you think you will want to use a method to prevent pregnancy?
- |       |                       |                          |
|-------|-----------------------|--------------------------|
| 1 Yes | 2 No (SKIP TO SEC. 4) | 9 DK/NS (SKIP TO SEC. 4) |
|-------|-----------------------|--------------------------|
330. What method would you like to use most?
- |                                 |  |
|---------------------------------|--|
| 01 Pill/oral contraceptives     | 11 Morning after pill                          |
| 02 Injection                    | 12 Rhythm/calendar method                      |
| 03 Inter-uterine device/coil    | 13 Billings method                             |
| 04 Condoms (male)               | 14 Withdrawal                                  |
| 05 Condoms (female)             | 15 Female sterilization/tubal ligation/tie off |
| 06 Diaphragm                    | 16 Male Sterilization/vasectomy                |
| 07 Vaginal foaming tablets      | 17 Lactation/amenorrhea/breastfeeding          |
| 08 Condom and foam              | 88 Other (specify) _____                       |
| 09 Diaphragm and foam           | 99 Don't know/Not Stated                       |
| 10 Vaginal Creams/jellies/foams |  |
331. Do you know where to obtain this method?
- |       |                       |                          |
|-------|-----------------------|--------------------------|
| 1 Yes | 2 No (SKIP TO SEC. 4) | 9 DK/NS (SKIP TO SEC. 4) |
|-------|-----------------------|--------------------------|
332. Would you or your partner get this method within your local community, somewhere else in the country, or abroad?
- |                        |  |
|------------------------|--|
| 1 Local community      | 3 Abroad                               |
| 2 Elsewhere in country | 9 Don't know/Not Stated (SKIP TO Q334) |
333. Where exactly would you or your partner get the method?
- |  |                                   |
|--|-----------------------------------|
| 01 Government clinic/health center       | 07 Church                         |
| 02 Private doctor/clinic                 | 08 Friend/Neighbour/Family member |
| 03 Government hospital                   | 09 Community health worker        |
| 04 Private hospital                      | 10 Supermarket/Bar/Grocery store  |
| 05 Belize Family Life Association (BFLA) | 88 Other (specify) _____          |
| 06 Pharmacy/drugstore                    | 99 Don't know/Not Stated          |
334. What is the most important reason why you or your partner are not using this preferred method?
- |  |   |
|--|---|
| 01 Knew of methods but didn't know where to get them         | 10 Partner opposes                      |
| 02 Knew of method but couldn't afford it                     | 11 Advanced age                         |
| 03 Knew of method but too far from source                    | 12 Health/medical reasons               |
| 04 Wanted to use a method but couldn't get it at that moment | 13 Myth/cultural belief (specify _____) |
| 05 Knew of method but too embarrassed to get method          | 14 Not sexually active                  |
| 06 Had method but too embarrassed to use method              | 77 Don't remember                       |
| 07 Feared side effects of contraceptive methods              | 88 Other (specify _____)                |
| 08 Religious reasons   | 99 Don't know/Not Stated                |
| 09 Fears side effects of method                              |   |

**SECTION 4 - INTEREST IN STERILIZATION**

401. INTERVIEWER: CIRCLE THE CORRECT STATUS.

- 1 RESPONDENT HAS HAD A STERILIZATION ---> SKIP TO SECTION 5 (SEE Q301)
- 2 RESPONDENT HAS LIVING CHILDREN --->CONTINUE WITH Q402 (SEE Q216)
- 3 RESPONDENT DOES NOT HAVE LIVING CHILDREN ---> SKIP TO Q408 (SEE Q216)

402. Do you want to have anymore children?

- 1 Yes (SKIP TO Q408)
- 2 No
- 3 Fate, up to God (SKIP TO Q408)
- 9 Don't know/Not Stated (SKIP TO Q408)

403. Would you be interested in an operation that would prevent you from having any more children?

- 1 Yes
- 2 No (SKIP TO Q407)
- 9 DK/NS (SKIP TO Q407)

404. Do you know where to go for this operation or to get information about it?

- 1 Yes
- 2 No (SKIP TO SEC. 6)
- 9 DK/NS (SKIP TO SEC. 6)

405. Would you go for this operation within your local community, somewhere else in the country, or abroad?

- 1 Local community
- 2 Elsewhere in country
- 3 Abroad
- 9 Don't know/Not Stated (SKIP TO Q406)

405a. Where exactly would you go?

- 1 Government clinic/Health Center
- 2 Government Hospital
- 3 Private Hospital
- 4 Private doctor/clinic
- 7 Abroad
- 8 Other (specify) \_\_\_\_\_
- 9 Don't know/Not Stated

406. Since you have all the children you want and you know where to get this operation, why have you not had it?

- 01 Not Sexually Active
- 02 Difficult to Reverse
- 03 Spouse Opposes
- 04 Religion
- 05 Advanced Age
- 06 Lack of Knowledge
- 07 Far Distance to Source
- 08 Doesn't Like or Want to Use
- 09 Fear of Operation
- 10 Decrease sexual performance
- 11 Prefers Using Other Methods
- 12 Considers Self Too Young
- 13 May meet another partner in the future who wants children
- 14 Needs More Information
- 15 Lack of Money
- 16 Health/Medical Reasons
- 17 Infertile
- 88 Other (specify) \_\_\_\_\_
- 99 Don't know/Not Stated

**SKIP TO SECTION 6**

407. Why are you not interested in this operation?

- 01 Not Sexually Active
- 02 Difficult to Reverse
- 03 Spouse Opposes
- 04 Religion
- 05 Advanced Age
- 06 Lack of Knowledge
- 07 Far Distance to Source
- 08 Doesn't Like or Want to Use
- 09 Fear of Operation
- 10 Decrease sexual performance
- 11 Prefers Using Other Methods
- 12 Considers Self Too Young
- 13 May meet another partner in the future who wants children
- 14 Needs More Information
- 15 Lack of Money
- 16 Health/Medical Reasons
- 17 Infertile
- 88 Other (specify) \_\_\_\_\_
- 99 Don't know/Not Stated

**SKIP TO SECTION 6**

408. How many (more) children would you like to have?

- \_\_\_\_\_ children
- 66 As many as possible
- 77 Fate, up to God
- 99 Don't know/Not Stated

409. After you have all the children you want, would you be interested in a operation that would prevent you from having any (more) children?

- 1 Yes
- 2 No (SKIP TO Q412)
- 9 DK/NS (SKIP TO Q412)

410. Do you know where to get this operation or information about it?

- 1 Yes
- 2 No (SKIP TO SEC. 6)
- 9 DK/NS (SKIP TO SEC. 6)

411. Would you go for this operation within your local community, somewhere else in the country, or abroad?

- 1 Local community
- 2 Elsewhere in country
- 3 Abroad
- 9 Don't know/Not Stated (SKIP TO SECTION 6)

- 411a. Where could you get the operation?  
1 Government clinic/Health Center  
2 Government Hospital  
3 Private Hospital  
4 Private doctor/clinic

- 7 Abroad  
8 Other (specify) \_\_\_\_\_  
9 Don't know/Not Stated

**SKIP TO SECTION 6**

412. Why would you not be interested in this operation

- |                                |  |
|--------------------------------|--|
| 01 Not Sexually Active         | 11 Prefers Using Other Methods                               |
| 02 Difficult to Reverse        | 12 Considers Self Too Young                                  |
| 03 Spouse Opposes              | 13 May meet another partner in the future who wants children |
| 04 Religion                    | 14 Needs More Information                                    |
| 05 Advanced Age                | 15 Lack of Money   |
| 06 Lack of Knowledge           | 16 Health/Medical Reasons                                    |
| 07 Far Distance to Source      | 17 Infertile   |
| 08 Doesn't Like or Want to Use | 88 Other (specify) _____                                     |
| 09 Fear of Operation           | 99 Don't know/Not Stated                                     |
| 10 Decrease sexual performance |  |

**SKIP TO SECTION 6**

**SECTION 5 - STERILIZATION**

**THIS SECTION IS FOR WOMEN WHO HAVE HAD A STERILIZATION (SEE Q301)  
ALL OTHER WOMEN SKIP TO SECTION 6**

501. What was the main reason why you decided to get the surgery?  
 01 Economic reasons  
 02 Didn't want anymore children  
 03 To have more freedom in sexual life  
 04 To avoid unwanted pregnancies  
 05 Other methods failed  
 06 Spouse/partner planned before, my turn to plan  
 07 Because of complications in last pregnancy/  
 Labour  
 08 Partner's side effects  
 09 Health problems of partners  
 10 Medical recommendation  
 11 It's efficient/very safe  
 88 Other (specify) \_\_\_\_\_  
 99 Don't know/Not Stated
502. Where was your sterilization done?  
 1 Government clinic/Health Center  
 2 Government Hospital  
 3 Private Hospital  
 4 Private doctor/clinic  
 8 Other (specify) \_\_\_\_\_  
 9 Don't know/Not Stated
503. In what country?  
 1 Belize  
 2 Guatemala  
 3 Mexico  
 4 El Salvador  
 5 Honduras  
 6 Nicaragua  
 7 United States  
 8 Other (specify) \_\_\_\_\_  
 9 Don't know/Not Stated
504. How old were you when you had the operation?  
 \_\_\_\_ \_\_\_\_ Years  
 99 Don't know/Not Stated
505. Were you satisfied with having the operation?  
 1 Yes  
 2 No  
 9 DK/NS
506. Do you regret having had the surgery?  
 1 Yes  
 2 No (SKIP TO Q508)  
 9 DK/NS (SKIP TO Q508)
507. Why do you regret it?  
 01 Wish to have another child  
 02 Partner is not happy/wants another child  
 03 Have new husband/partner  
 04 Subsequent health problems  
 05 Religious issues/sense of culpability  
 06 Surgery has caused emotional problems  
 07 Cannot please husband/partner  
 08 Feels less feminine  
 09 Reduces chances of getting a partner  
 88 Other (specify) \_\_\_\_\_  
 99 Don't know/Not Stated
508. Would you recommend to another woman that she gets surgery so as not to have more children?  
 1 Yes  
 2 No  
 9 DK/NS
509. After the surgery, how do you feel people see you? [READ]  
 1 Less feminine  
 2 More feminine  
 3 Same as before having surgery  
 4 Doesn't care how people see her  
 9 Don't know/Not Stated
510. After having the sterilization, you feel your sexual relations are... [READ]  
 1 More satisfactory  
 2 Less satisfactory  
 3 Same as before having surgery  
 4 Haven't tried out yet  
 5 Has no opinion  
 9 Don't know/Not Stated



**SECTION 7 - SEXUAL ACTIVITY**

701. At what age did you first have sexual intercourse? \_\_\_\_ \_\_\_\_ Years  
 77 Never had sexual intercourse (SKIP TO SECTION 8) 99 Don't know/Not Stated

702. Were you in school at the time you first had sexual intercourse?  
 1 Yes 2 No 9 DK/NS

703. What standard/form/year and school level had you completed when you first had sexual intercourse?  
 \_\_\_\_\_  
 school level standard/form/year

**RECORD BOTH A AND B**

A Highest school level completed?  
 1 None 5 Sixth Form or Equivalent  
 2 Primary 6 University  
 3 High School 9 Don't know/Not Stated  
 4 BTTC/BCA/BNS

B Number of years beyond level completed. \_\_\_\_ \_\_\_\_ Years

704. Was this first sexual intercourse on a consensual basis?  
 1 Yes 2 No 9 DK/NS

705. What was your relationship to the first male with whom you first had sexual intercourse?  
 01 Husband/common-law 08 Incest (father/brother)  
 02 Visiting partner 09 Incest (other relative)  
 03 Fiancé/boyfriend 88 Other (specify \_\_\_\_\_)  
 04 Friend 99 Don't know/Not Stated  
 05 Casual acquaintance  
 06 Mother's partner

706. What was the age of the male at the time that you first had sexual intercourse with him?  
 \_\_\_\_ \_\_\_\_ Years 98 Don't remember 99 Don't know/Not Stated

707. Was he in school at the time you first had sexual intercourse with him?  
 1 Yes 2 No 9 DK/NS (SKIP TO Q709)

708. What standard/form/year and school level had he completed when you first had sexual intercourse?  
 \_\_\_\_\_  
 school level standard/form/year

**RECORD BOTH A AND B**

A Highest academic level completed?  
 1 None 5 Sixth Form or Equivalent  
 2 Primary 6 University  
 3 High School 9 Don't know/Not Stated  
 4 BTTC/BCA/BNS

B Number of years beyond level completed. \_\_\_\_ \_\_\_\_ Years

709. Now, I would like you to think back to the first time you had sexual intercourse with a man.  
 Did you or your partner use a contraceptive method during this first sexual intercourse?  
 1 Yes 2 No (SKIP TO Q714) 9 DK/NS (SKIP TO Q714)

710. What was the method used?
- |                                 |  |
|---------------------------------|--|
| 01 Pill/oral contraceptives     | 11 Morning after pill                          |
| 02 Injection                    | 12 Rhythm/calendar method                      |
| 03 Inter-uterine device/coil    | 13 Billings method                             |
| 04 Condoms (male)               | 14 Withdrawal                                  |
| 05 Condoms (female)             | 15 Female sterilization/tubal ligation/tie off |
| 06 Diaphragm                    | 16 Male Sterilization/vasectomy                |
| 07 Vaginal foaming tablets      | 17 Lactation/amenorrhea/breastfeeding          |
| 08 Condom and foam              | 88 Other (specify) _____                       |
| 09 Diaphragm and foam           | 99 Don't know/Not Stated                       |
| 10 Vaginal Creams/jellies/foams |  |
711. Did you or your partner get that method, or information about it within your local community, somewhere else in the country, or abroad?
- |                        |  |
|------------------------|--|
| 1 Local community      | 3 Abroad                               |
| 2 Elsewhere in country | 9 Don't know/Not Stated (SKIP TO Q713) |
712. Where exactly did you or your partner get the method used during your first sexual intercourse?  
**NOTE TO INTERVIEWER:** IN CASE OF BILLINGS, RHYTHM, WITHDRAWAL, OR LACTATION/AMENORRHEA METHOD:  
 Where did you or your partner receive orientation?
- |  |                                   |
|--|-----------------------------------|
| 01 Government clinic/health center       | 07 Church                         |
| 02 Private doctor/clinic                 | 08 Friend/Neighbour/Family member |
| 03 Government hospital                   | 09 Community health worker        |
| 04 Private hospital                      | 10 Supermarket/Bar/Grocery store  |
| 05 Belize Family Life Association (BFLA) | 88 Other (specify) _____          |
| 06 Pharmacy/drugstore                    | 99 Don't know/Not Stated          |
713. Whose decision was it to use this method? You alone, your partner alone, or was it made together?
- |                          |                         |
|--------------------------|-------------------------|
| 1 My decision            | 7 Don't remember        |
| 2 Partner's decision     | 9 Don't know/Not Stated |
| 3 Decision made together |                         |
- 713a. Did you use this method to prevent pregnancies, to prevent sexually transmitted infections/HIV/AIDS, or for some other reason?
- |                         |                         |
|-------------------------|-------------------------|
| 1 Prevent pregnancies   | 8 Other (specify) _____ |
| 2 Prevent STIs/HIV/AIDS | 9 Don't know/Not Stated |
| 3 Both                  |                         |

**SKIP TO QUESTION Q715**

714. Why didn't you or your partner use a contraceptive method during this first sexual intercourse?
- |  |   |
|--|---|
| 01 Didn't expect to have sexual relations at that time       | 09 Had method but too embarrassed to use method |
| 02 Knew of methods but didn't know where to get them         | 10 Feared side effects of contraceptive methods |
| 03 Knew of method but couldn't afford it                     | 11 Religious reasons                            |
| 04 Knew of method but too far from source                    | 12 Did not want to use any method               |
| 05 Wanted to use a method but couldn't get it at that moment | 77 Doesn't remember                             |
| 06 Didn't know of any methods                                | 88 Other (specify _____)                        |
| 07 Partner was against using something                       | 99 Don't know/Not Stated                        |
| 08 Knew of method but too embarrassed to get method          |   |
715. Have you had sexual intercourse with a male in the last 30 days?
- |       |                     |                        |
|-------|---------------------|------------------------|
| 1 Yes | 2 No (SKIP TO Q717) | 9 DK/NS (SKIP TO Q717) |
|-------|---------------------|------------------------|







**SECTION 9 - CONDOMS**

**IF PERSON HAS NEVER HAD SEXUAL INTERCOURSE SKIP TO Q926 (SEE Q701)**

900. Has a male partner ever suggested to you that he use a condom?  
 1 Yes (SKIP TO Q902)                      2 No    9 DK/NS
901. Would you allow a male partner to use a condom if he requested that a condom be used?  
 1 Yes    2 No    9 DK/NS

**SKIP TO Q903**

902. Did you allow him to use a condom?  
 1 Yes    2 No    9 DK/NS
903. Have you ever suggested to a male partner that he use a condom?  
 1 Yes    2 No (SKIP TO Q905)                      9 DK/NS (SKIP TO Q905)
904. Did he agree to use a condom?  
 1 Yes    2 No    9 DK/NS
905. Are you presently using condoms with any male?  
 1 Yes    2 No (SKIP TO Q918)                      9 DK/NS (SKIP TO Q918)
- 905a. How old were you when you first used condoms? \_\_\_\_ \_\_\_\_ Years                      99 DK/NS
906. How often do you use condoms when you have sexual intercourse with a steady partner? [READ]  
 1 Always    4 Never (SKIP TO Q908)  
 2 Most of a the time    5 No steady partner (SKIP TO Q909)  
 3 Seldom    9 Don't know/Not Stated (SKIP TO Q909)

907. Why do you use condoms with a steady partner? (Don't read)
- |  | <u>Yes</u>            | <u>No</u>             |
|--|-----------------------|-----------------------|
| 1 To prevent unwanted pregnancies . . . . .    | . . . . . 1 . . . . . | . . . . . 2 . . . . . |
| 2 To prevent HIV/AIDS . . . . .                | . . . . . 1 . . . . . | . . . . . 2 . . . . . |
| 3 To prevent STIs . . . . .                    | . . . . . 1 . . . . . | . . . . . 2 . . . . . |
| 4 To prevent infecting partner . . . . .       | . . . . . 1 . . . . . | . . . . . 2 . . . . . |
| 5 Hygiene (e.g. during menstruation) . . . . . | . . . . . 1 . . . . . | . . . . . 2 . . . . . |
| 8 Other (specify _____) . . . . .              | . . . . . 1 . . . . . | . . . . . 2 . . . . . |
| 9 Don't know/Not Stated . . . . .              | . . . . . 1 . . . . . | . . . . . 2 . . . . . |

**IF Q906 = 3 OR 4 CONTINUE, ELSE SKIP TO Q909**

908. Why do you seldom or never use?
- |   |                                   |
|---|-----------------------------------|
| 01 It's expensive   | 07 Only have one partner/faithful |
| 02 Rarely has sex   | 08 Use it only with strangers     |
| 03 Use it only on fertile days                            | 09 It is not safe                 |
| 04 Use it only when partner is not using other method     | 10 Partner opposes                |
| 05 Limits pleasure/not comfortable                        | 88 Other (specify) _____          |
| 06 Use it only in extra-marital affairs/different partner | 99 Don't know/Not Stated          |
909. How often do you use condoms when you have sexual intercourse with a non-steady partner? [READ]  
 1 Always    4 Never (SKIP TO Q911)  
 2 Most of a the time    5 Never have sex with non-steady partner (SKIP TO Q912)  
 3 Seldom    9 Don't know/Not Stated (SKIP TO Q912)

910.	Why do you use condoms with a non-steady partner?	(Don't read)	
		<u>Yes</u>	<u>No</u>
	1 To prevent unwanted pregnancies .....	..... 1 .....	..... 2 .....
	2 To prevent HIV/AIDS .....	..... 1 .....	..... 2 .....
	3 To prevent STIs .....	..... 1 .....	..... 2 .....
	4 To prevent infecting partner .....	..... 1 .....	..... 2 .....
	5 Hygiene (e.g. during menstruation) .....	..... 1 .....	..... 2 .....
	8 Other (specify _____) .....	..... 1 .....	..... 2 .....
	9 Don't know/Not Stated .....	..... 1 .....	..... 2 .....

**IF Q909 = 3 OR 4 CONTINUE, ELSE SKIP TO Q912**

911. Why do you seldom or never use?
- |   |                               |
|---|-------------------------------|
| 01 It's expensive   | 08 Use it only with strangers |
| 02 Rarely has sex   | 09 It is not safe             |
| 03 Use it only on fertile days                            | 88 Other (specify) _____      |
| 04 Use it only when partner is not using other method     | 99 Don't know/Not Stated      |
| 05 Limits pleasure/not comfortable                        |                               |
| 06 Use it only in extra-marital affairs/different partner |                               |
912. Since you have been using condoms, have they caused you any problem, inconvenience or discomfort?
- |       |                     |                        |
|-------|---------------------|------------------------|
| 1 Yes | 2 No (SKIP TO Q914) | 9 DK/NS (SKIP TO Q914) |
|-------|---------------------|------------------------|
913. What problem, inconvenience or discomfort have you or your partner had when you use condoms?
- |   | <u>Mentioned</u> | <u>Not mentioned</u> |
|---|------------------|----------------------|
| 1 They irritate you/they feel hot/burn .....                  | ..... 1 .....    | ..... 2 .....        |
| 2 They irritate your partner .....                            | ..... 1 .....    | ..... 2 .....        |
| 3 Sensitivity is not the same .....                           | ..... 1 .....    | ..... 2 .....        |
| 4 Interruption of sexual act when you put on the condom ..... | ..... 1 .....    | ..... 2 .....        |
| 5 Condoms break .....   | ..... 1 .....    | ..... 2 .....        |
| 6 It stayed inside me .....                                   | ..... 1 .....    | ..... 2 .....        |
| 7 Smell of the lubricant/condom .....                         | ..... 1 .....    | ..... 2 .....        |
| 8 Other (specify _____) .....                                 | ..... 1 .....    | ..... 2 .....        |
| 9 Don't know/Not Stated .....                                 | ..... 1 .....    | ..... 2 .....        |
914. What brand condoms do you use mostly?
- |                                |                                     |
|--------------------------------|-------------------------------------|
| 01 Magnum                      | 10 Bareback                         |
| 02 Rough Rider                 | 11 Ramses                           |
| 03 Guardián                    | 12 Wet and Wild                     |
| 04 Stimula                     | 13 Nuda                             |
| 05 Vive                        | 14 Playboy                          |
| 06 Innotex                     | 15 Any brand/don't care about brand |
| 07 Generic (no color, no logo) | 88 Other (specify) _____            |
| 08 Erótica                     | 99 Don't know/Not Stated            |
| 09 Trojan                      |                                     |
915. Most of the time, where do you or your partner get condoms?
- |  |                                   |
|--|-----------------------------------|
| 01 Government clinic/health center       | 07 Church                         |
| 02 Private doctor/clinic                 | 08 Friend/Neighbour/Family member |
| 03 Government hospital                   | 09 Community health worker        |
| 04 Private hospital                      | 10 Supermarket/Bar/Grocery store  |
| 05 Belize Family Life Association (BFLA) | 88 Other (specify) _____          |
| 06 Pharmacy/drugstore                    | 99 Don't know/Not Stated          |
916. Do you or your partner normally keep condoms?
- |                     |  |
|---------------------|--|
| 1 Yes               | 3 Sometimes                            |
| 2 No (SKIP TO Q927) | 9 Don't know/Not Stated (SKIP TO Q926) |

917. Where do you or you partner normally keep them?  
 1 Car  
 2 Wallet  
 3 Refrigerator  
 4 Cupboard/drawer  
 5 Pocket  
 8 Other (specify) \_\_\_\_\_  
 9 Don't know/Not Stated

SKIP TO Q926

918. Have you ever used condoms?  
 1 Yes  
 2 No (SKIP TO Q925)  
 9 DK/NS (SKIP TO Q925)

919. How old were you when you first used condoms? \_\_\_\_ Years  
 99 DK/NS

920. Why did you use condoms? (Don't read)
- |  | <u>Yes</u>  | <u>No</u>   |
|--|-------------|-------------|
| 1 To prevent unwanted pregnancies . . . . .    | 1 . . . . . | 2 . . . . . |
| 2 To prevent HIV/AIDS . . . . .                | 1 . . . . . | 2 . . . . . |
| 3 To prevent STIs . . . . .                    | 1 . . . . . | 2 . . . . . |
| 4 To prevent infecting partner . . . . .       | 1 . . . . . | 2 . . . . . |
| 5 Hygiene (e.g. during menstruation) . . . . . | 1 . . . . . | 2 . . . . . |
| 8 Other (specify _____) . . . . .              | 1 . . . . . | 2 . . . . . |
| 9 Don't know/Not Stated . . . . .              | 1 . . . . . | 2 . . . . . |

921. During the time that you used condoms, did these cause you any problem, inconvenience or discomfort?  
 1 Yes  
 2 No (SKIP TO Q923)  
 9 DK/NS (SKIP TO Q923)

922. What problem, inconvenience or discomfort did you or your partner have when using condoms?
- |   | <u>Mentioned</u> | <u>Not mentioned</u> |
|---|------------------|----------------------|
| 1 They irritate you/they feel hot/burn . . . . .                  | 1 . . . . .      | 2 . . . . .          |
| 2 They irritate your partner . . . . .                            | 1 . . . . .      | 2 . . . . .          |
| 3 Sensitivity is not the same . . . . .                           | 1 . . . . .      | 2 . . . . .          |
| 4 Interruption of sexual act when you put on the condom . . . . . | 1 . . . . .      | 2 . . . . .          |
| 5 Condoms break . . . . .   | 1 . . . . .      | 2 . . . . .          |
| 6 It stayed inside me . . . . .                                   | 1 . . . . .      | 2 . . . . .          |
| 7 Smell of the lubricant/condom . . . . .                         | 1 . . . . .      | 2 . . . . .          |
| 8 Other (specify _____) . . . . .                                 | 1 . . . . .      | 2 . . . . .          |
| 9 Don't know/Not Stated . . . . .                                 | 1 . . . . .      | 2 . . . . .          |

923. Most of the time, where did you or your partner get condoms?
- |  |                                   |
|--|-----------------------------------|
| 01 Government clinic/health center       | 07 Church                         |
| 02 Private doctor/clinic                 | 08 Friend/Neighbour/Family member |
| 03 Government hospital                   | 09 Community health worker        |
| 04 Private hospital                      | 10 Supermarket/Bar/Grocery store  |
| 05 Belize Family Life Association (BFLA) | 88 Other (specify) _____          |
| 06 Pharmacy/drugstore                    | 99 Don't know/Not Stated          |

924. Why aren't you using condoms presently?
- |   |                                 |
|---|---------------------------------|
| 01 Inconvenient to get                  | 09 Partner is faithful          |
| 02 They are expensive                   | 10 Don't like condoms           |
| 03 Only have one partner/faithful       | 11 Partner doesn't like condoms |
|   | 12 Not sexually active          |
| 05 Use another method                   | 13 Wants pregnancy              |
| 06 Reduces pleasure/it is uncomfortable | 88 Other (specify) _____        |
| 07 Aren't safe                          | 99 Don't know/Not Stated        |

SKIP TO Q926











1110. In your opinion, at what age is a woman responsible enough to have her first child?  
 \_\_\_ \_\_\_ years 99 Don't know/Not Stated
1111. In your opinion, at what time in her life is a woman responsible enough to have her first child?  
 1 When she is in a stable union 5 When she is mature enough  
 2 After completing her education 8 Other (specify \_\_\_\_\_)  
 3 One to two years after entering into a stable union 9 Don't know/Not Stated  
 4 When she is economically stable
1112. In your opinion, at what age is a man responsible enough to have his first child?  
 \_\_\_ \_\_\_ years 99 Don't know/Not Stated
1113. In your opinion, at what time in his life is a man responsible enough to have his first child?  
 1 When he is in a stable union 5 When he is mature enough  
 2 After completing his education 8 Other (specify \_\_\_\_\_)  
 3 One to two years after entering into a stable union 9 Don't know/Not Stated  
 4 When he is economically stable
1114. Do you think a woman should breastfeed her child?  
 1 Yes 2 No (SKIP TO Q1117) 9 DK/NS (SKIP TO Q1117)
1115. How old do you think a child should be before the mother stops breastfeeding him/her?  
 \_\_\_ \_\_\_ months 77 As long as possible 99 Don't know/Not Stated
1116. How old do you think a child should be before the mother stops giving only breast milk to him/her?  
 \_\_\_ \_\_\_ months 77 As long as possible 99 Don't know/Not Stated
1117. How many months do you think it is best for a child to be before the mother gets pregnant again?  
 \_\_\_ \_\_\_ months 99 Don't know/Not Stated
1118. When a woman is breastfeeding, is she more likely, less likely or equally likely to become pregnant than if she is not breastfeeding?  
 1 More likely to get pregnant 3 Equally likely to get pregnant  
 2 Less likely to get pregnant 9 Don't know/Not Stated
1119. What do you think is the ideal number of children a man should have?  
 \_\_\_ \_\_\_ children 55 Fate, up to God 99 Don't know/Not Stated
1120. What do you think is the ideal number of children a woman should have?  
 \_\_\_ \_\_\_ children 55 Fate, up to God 99 Don't know/Not Stated
1121. Who do you think should decide how many children a couple should have?  
 1 The woman 6 Religious leader  
 2 The man 7 Fate, up to God  
 3 Both partners 8 Other (Specify \_\_\_\_\_)  
 4 Mother-in-law 9 Don't know/Not Stated  
 5 Nurse/doctor/mid-wife
1122. If you could choose exactly the number of children to have in your whole life, how many would that be?  
 \_\_\_ \_\_\_ children 55 Fate, up to God 99 Don't know/Not Stated
1123. During a woman's menstrual cycle, when is it most likely, that she will become pregnant?  
 1 During her period 5 At any time  
 2 Right after her period has ended 8 Other (specify \_\_\_\_\_)  
 3 In the middle of the cycle 9 Don't know/Not Stated  
 4 Just before her period begins

1130. Who do you think should decide whether a couple should use contraception?
- |                         |                         |
|-------------------------|-------------------------|
| 1 The woman             | 6 Religious leader      |
| 2 The man               | 7 Fate, up to God       |
| 3 Both partners         | 8 Other (Specify _____) |
| 4 Mother-in-law         | 9 Don't know/Not Stated |
| 5 Nurse/doctor/mid-wife |                         |
1131. Who should decide on what type of contraceptive a couple should use?
- |                         |                         |
|-------------------------|-------------------------|
| 1 The woman             | 6 Religious leader      |
| 2 The man               | 7 Fate, up to God       |
| 3 Both partners         | 8 Other (Specify _____) |
| 4 Mother-in-law         | 9 Don't know/Not Stated |
| 5 Nurse/doctor/mid-wife |                         |

**SECTION 12 – GENERAL ATTITUDES AND OPINIONS**

Now I'd like to read some statements to you. Please tell me whether you think each one is true or untrue

	<u>True</u>	<u>Untrue</u>	<u>DK/NS</u>
1201. If a woman doesn't have sex, she'll get sick . . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1202. A girl can get pregnant only after she has seen her period for the first time. . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1203. A girl can avoid getting pregnant by having sex standing up. . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1204. A girl can avoid getting pregnant by drinking Pepsi or Coke after sexual Intercourse . . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1205. A girl can avoid getting pregnant by bathing in the sea after sexual intercourse . . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1206. There is something wrong with a boy who has not had sex by the time he is 16 . . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1207. If a boy masturbates, he will get sick . . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1208. If a boy has an erection he will get sick unless he discharges. . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1209. Family violence is a significant issue in our society . . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1210. Sexual harassment of women is a significant issue in our society . . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1211. You can get rid of STIs/HIV/AIDS by having sex with a virgin . . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1212. It is important for a woman to be a virgin when she marries. . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1213. A school girl who gets pregnant should be allowed to return to school after she has had the baby. . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1214. A school boy who gets a girl pregnant should be expelled from school . . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1215. Boys should go to prostitutes to become men . . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1216. It is okay for married men to have extra-marital affairs. . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1217. Female sterilization is less complicated than male sterilization . . . . .	. . .1 . .	. . .2 . .	. . .9 . .
1218. Men who have had a vasectomy do not perform well sexually. . . . .	. . .1 . .	. . .2 . .	. . .9 . .