



UNIVERSITAS INDONESIA

**EFEK WAKTU DISUSUI PERTAMA
TERHADAP KETAHANAN HIDUP
BAYI BERAT LAHIR RENDAH NEONATAL
DI INDONESIA TAHUN 1998-2007**

**ANALISIS DATA SURVEY DEMOGRAFI DAN KESEHATAN INDONESIA
TAHUN 2002-2003 DAN 2007**

TESIS

**IZZA SURAYA
1006746691**

**FAKULTAS KESEHATAN MASYARAKAT INDONESIA
PASCASARJANA EPIDEMIOLOGI
DEPOK
JUNI 2012**



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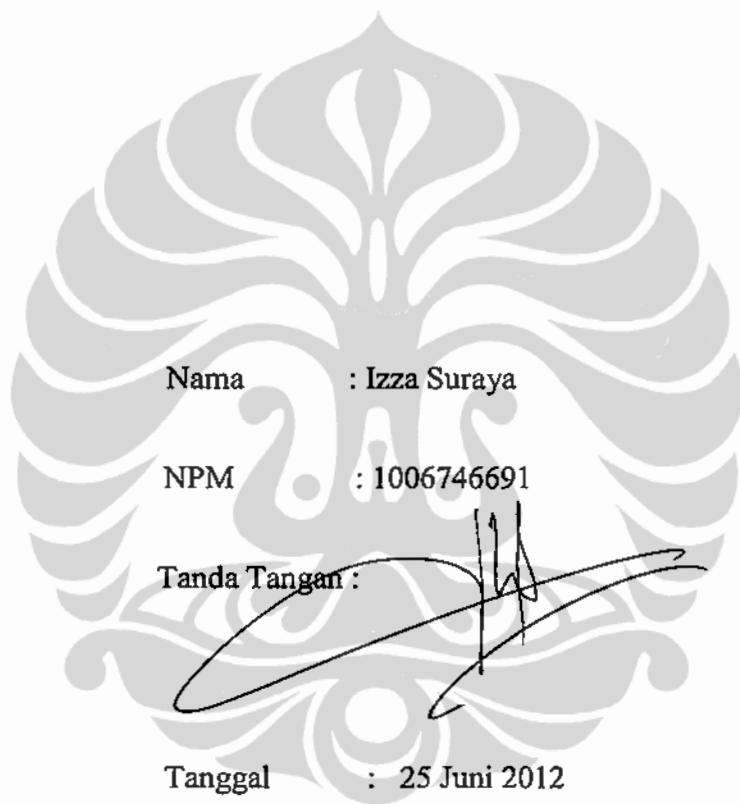
**Diajukan sebagai salah satu syarat untuk memperoleh gelar
magister**

**IZZA SURAYA
1006746691**

**FAKULTAS KESEHATAN MASYARAKAT INDONESIA
PASCASARJANA EPIDEMIOLOGI
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HALAMAN PERNYATAAN ORISINALITAS

Tesis ini adalah hasil karya saya sendiri, dan semua sumber baik yang dikutip
maupun dirujuk telah saya nyatakan benar



HALAMAN PENGESAHAN

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NPM : 1006746691

Program Studi : Epidemiologi

Judul Tesis : Efek Waktu Disusui Pertama Terhadap Ketahanan Hidup Bayi Berat Lahir Rendah Neonatal Di Indonesia Tahun 1998-2007 (Analisis Data Survey Demografi dan Kesehatan Indonesia 2002-2003 dan 2007)

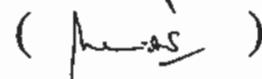
Telah berhasil dipertahankan di hadapan Dewan Penguji dan diterima sebagai bagian persyaratan yang diperlukan untuk memperoleh gelar Magister Epidemiologi pada Program Studi Epidemiologi Fakultas Kesehatan Masyarakat, Universitas Indonesia.

DEWAN PENGUJI

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Ditetapkan di : Depok

Tanggal : 25 Juni 2012

KATA PENGANTAR

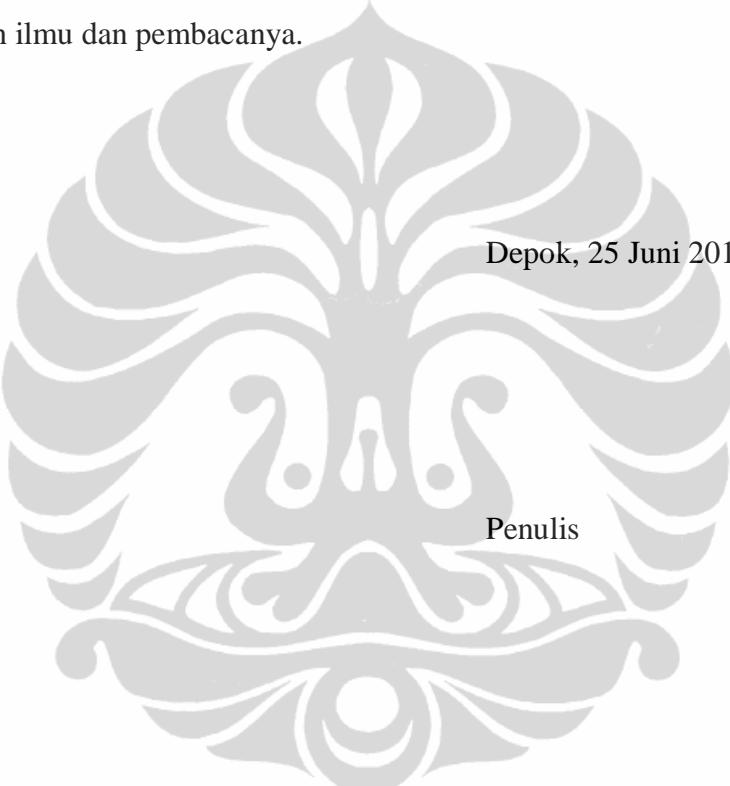
Alhamdulillah, Puji syukur atas nikmat Allah SWT yang telah menganugerahkan ilmu kepada penulis sehingga penulis dapat menyelesaikan tesis yang berjudul “Efek Waktu Disusui Pertama Terhadap Ketahanan Hidup Bayi Berat Lahir Rendah Neonatal Indonesia Tahun 1998 -2007 (Analisis Data Survey Demografi dan Kesehatan Indonesia Tahun 2002-2003 dan 2007). Penulisan tesis ini ditujukan sebagai salah satu syarat untuk menyelesaikan pendidikan Srata 2 pada Program Studi Epidemiologi Fakultas Kesehatan Masyarakat Universitas Indonesia.

Saya menyadari bahwa proses penyelesaian studi ini tidak terlepas dari tanpa bantuan dan bimbingan dari berbagai pihak. Oleh karena itu, saya mengucapkan terima kasih kepada :

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5. MACRO International/ DHS atas izin pemakaian data IDHS (Indonesian Demographic and Health Survey) atau SDKI (Survey Demografi dan Kesehatan Indonesia) tahun 2002-2003 dan 2007.
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Depok, 25 Juni 2012

Penulis

HALAMAN PERNYATAAN PERSETUJUAN PUBLIKASI

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Program Studi : Epidemiologi

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Fakultas : Kesehatan Masyarakat

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Dibuat di : Depok

Pada tanggal : 25 Juni 2012

Yang menyatakan

(Izza Suraya)

ABSTRAK

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Program Studi : Epidemiologi

Judul : Efek Waktu Disusui Pertama Terhadap Ketahanan Hidup Bayi Berat Lahir Rendah Neonatal Di Indonesia Tahun 1998 -2007.
(Analisis Data Survey Demografi dan Kesehatan Indonesia Tahun 2002-2003 dan 2007)

Untuk menurunkan kematian balita 30 % dalam *Millenium Development Goal* tahun 2015, ketahanan bayi neonatal perlu ditingkatkan . Terutama ketahanan hidup BBLR. Di Indonesia, terdapat 72,4 % bayi dengan berat < 2500 gram meninggal pada masa neonatal. Salah satu usaha meningkatkan ketahanan bayi tersebut adalah dengan melakukan intervensi pasca melahirkan, menyegarkan waktu disusui.

Mengingat pentingnya peningkatan ketahanan hidup BBLR melalui waktu disusui pertama, penelitian ini dilakukan. Penelitian melihat peranan waktu disusui pertama kali terhadap ketahanan hidup BBLR pada masa 28 hari setelah kelahiran. Jika meninggal dalam kurun waktu tersebut, maka bayi dianggap gagal bertahan. Penelitian menggunakan data SDKI 2002-2003 dan 2007. Desain studi yang digunakan adalah *kohort retrospektif*. Analisis hubungan tersebut menggunakan teknik analisis survival .

Setelah dikontrol, hasil penelitian menunjukkan bahwa BBLR yang disusui pertama kali < 1 hari tidak memiliki hubungan signifikan dengan ketahanan hidup BBLR, melalui pvalue = 0.114 (HR : 2,69 95 % CI : 0,78 – 9,18). Dengan demikian, waktu disusui pertama kali perlu disesuaikan dengan kesiapan BBLR sehingga mendapatkan hasil yang optimal.

Kata Kunci :

BBLR, Waktu Disusui Pertama , dan Ketahanan Hidup.

ABSTRACT

Name : Izza Suraya

Study Programme : Epidemiology

Title : Effect of Early Breastfeeding On Low Birth Weight Newborn Survival In Indonesia On 1998 -2007 (Analysis Of Indonesian Demographic and Health Survey 2002-2003 and 2007)

To reduce child under five mortality until 30 % in Millenium Development Goal 2015, newborn survival must be increased, especially low birth weight newborn survival. There is 72,4 % low birth weight died around 28 days after their birth. And early breastfeeding is one of many intervention after birth.

Based on that reason, we conduct this study to know effect early breastfeeding on newborn survival. Study will use Indonesia Demographic Health Survey 2002-2003 and 2007 with retrospective kohort as design study. This study will use survival analysis technique and control other variabels come from baby (gender and preterm birth) , mother (parity, birth interval, age, abortion, and complication) , health facility (ante natal care, assitance delivery, palce of birth, delivery mode, exclusive breastfeeding, and post natal care visit), and their social economic (wealth, mother's education, and residence).

This study show early breastfeeding doesnt have association with low birth weight newborn survival with $pvalue = 0.114$ (HR : 2,69 95 % CI : 0,78 – 9,18). Therefore, early breastfeeding must be well prepared to get an optimal outcome.

Keyword :

Low Birth Weight, Early Breastfeeding, and Survival

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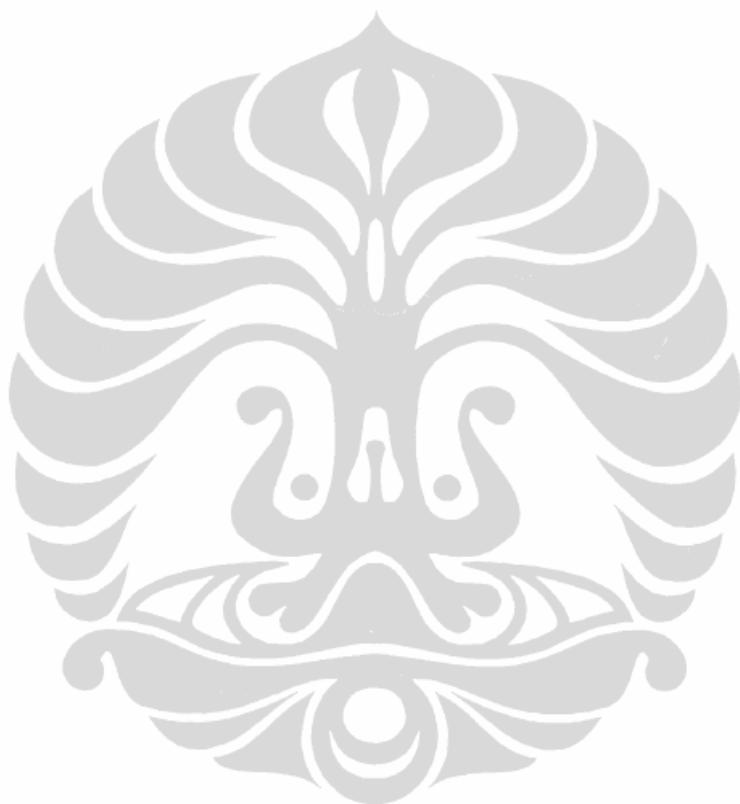
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MDGs	: Melenium Development Goal
PBB	: Persekutuan Bangsa-bangsa
WHO	: World Health Organization
WHO-SEARO	: World Health Organization-South East Asia Regional Office
BBLR	: Bayi Berat Lahir Rendah
ELBW	: Extremely Low Birth Weight
VLBW	: Very Low Birth Weight
MLBW	: Moderate Low Birth Weight
IUGR	: Intrauterine Growth Retardation
ASI	: Air Susu Ibu
ANC	: Ante Natal Care
PNC	: Post Natal Care
IMD	: Inisiasi Menyusui Dini

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BAB 1

PENDAHULUAN

1.1 Latar Belakang

Setiap manusia mempunyai hak untuk hidup, termasuk bayi yang baru lahir. Oleh karena itu, *Convention on The Rights of the Child* mengungkapkan bahwa setiap anak berhak mendapatkan standar pelayanan kesehatan yang terbaik sejak ia di dalam kandungan (United Nations, 2009). Dengan adanya pengakuan ini, tingkat ketahanan hidup bayi neonatal diharapkan akan meningkat sehingga kesejahteraan ekonomi dan sosial di suatu negara juga meningkat (Yinger dan Ransom, 2003). Untuk meningkatkan ketahanan hidup bayi tersebut, melalui *Melenium Development Goals* (MDGs), PBB menargetkan penurunan kematian anak usia balita sebesar 2/3 dari tahun 1990 di tahun 2015 (WHO, 2006).

Namun cita-cita dunia untuk meningkatkan ketahanan hidup balita melalui target MDGs ke-4 itu sulit diraih. Hal ini didasari data penurunan kematian neonatal mengalami penurunan hanya sebesar 7 % (Yinger dan Ransom, 2003). Bahkan, PBB memperkirakan bahwa 2/3 dari kematian bayi saat ini merupakan kematian neonatal. Dengan kata lain, sejumlah 4 juta bayi neonatal meninggal di seluruh dunia (30 per 1000 bayi lahir hidup). Sebesar 98 % dari jumlah kematian neonatal tersebut merupakan kontribusi dari negara berkembang, termasuk Indonesia (WHO, 2006).

Sebagian besar kematian neonatal di atas terjadi pada bayi dengan berat lahir rendah (BBLR). Di beberapa negara, 70 % kematian neonatal disebabkan oleh berat badan lahir rendah (Child Health Research Project Special Report, 1999). Di wilayah regional WHO bagian Asia Selatan-Timur, BBLR menyumbangkan 60-80 % kematian neonatal (WHO SEARO, 2006). Di Iran, 95 dari 143 bayi yang meninggal pada masa neonatal merupakan bayi dengan berat lahir rendah (Golestan dkk, 2008). Di antara kelompok bayi dengan berat lahir rendah (berat kurang dari 2500 gram), 8,7 % bayi tersebut meninggal pada masa

neonatal di Brazil (Ribeiro dkk, 2009). Sedangkan di Bangladesh, 133 per 1000 BBLR meninggal saat masa neonatal (Yasmin dkk, 2001). Angka yang lebih tinggi di dapat di Karachi, India, 77 % bayi yang mempunyai berat <2500 gram meninggal pada masa neonatal (Mufti dkk, 2006). Sementara di Indonesia, berdasarkan SDKI 2002, 72,4 % bayi dengan berat kurang dari 2500 gram mengalami kematian saat neonatal (Titaley dkk, 2008).

Angka ketahanan hidup BBLR tersebut beragam. Di Brazil, 3816 dari 3892 bayi dengan berat 2000-2499 gram dan 917 dari 989 bayi dengan berat 1500-1999 gram dapat bertahan hidup hingga 28 hari kelahirannya pada Sementara 455 dari 806 bayi dengan berat <1500 gram di populasi tersebut mampu bertahan hidup dalam kurun waktu yang sama (Ribeiro dkk, 2009). Di Belanda, angka ketahanan hidup bayi dengan *very low birth weight* (<1500 gram) pada tahun 1995. Di Amerika, pada periode 1997-2002, angka ketahanan hidup bayi VLBW tersebut adalah 85 %. Di Johannesburg, angka ketahanan hidup bayi dengan *very low birth weight* (<1500 gram) sebesar 70,5 %. (Ballot dkk, 2010). Di Jamaika, bayi dengan *extremely low birth weight* mempunyai angka ketahanan yang lebih rendah, yaitu 43 % (<1000 gram) (Trotman dan Lord, 2007).

Oleh karena itu, Wilcox mengatakan bahwa kelompok yang memiliki angka BBLR tinggi sering kali memiliki kematian bayi yang tinggi (Wilcox, 2001). Onis juga mengungkapkan bahwa bayi yang terlahir dengan berat 2000-2499 gram memiliki resiko kematian neonatal sebesar 4 kali dibandingkan dengan bayi yang terlahir dengan berat 2500-2999 gram dan 10 kali dengan bayi yang terlahir dengan berat 3000-3499 gram (Onis, 2001). Viena Tommiska dkk dalam peneltiannya di Finlandia mengemukakan bahwa bayi dengan berat lahir kurang dari 600 gram memiliki OR sebesar 4,4 untuk meninggal pada masa neonatal (Tommiska, 2001). Odds yang lebih besar dalam hubungan tersebut didapatkan dalam peneltian Titaley di Indonesia, sebesar 6,27 (Titaley dkk, 2008).

Melihat resiko kematian neonatal pada BBLR tersebut, sebuah intervensi untuk meningkatkan ketahanan hidupnya perlu dilakukan. Menurut Jelka Zupan, pada BBLR ataupun normal, kematian neonatal dapat dicegah dengan melakukan intervensi pasca melahirkan. Salah satunya dengan melakukan disusui pertama dengan segera (Child Health Research Project Special Report, 1999).

Angka waktu disusui pertama di Amerika mengalami peningkatan dari tahun ke tahun: 58 % (1995) menjadi 77,5 % (1998) dan 86,5 % (1999) (Philipp, 2001). Vieria dalam penelitiannya di Brazil menyebutkan bahwa 47,1 % ibu menyusui pertama kali bayi mereka dalam kurun waktu satu jam setelah lahir. Pada kelompok BBLR, 36,5 % mereka juga menyusui pertama dalam kurun waktu tersebut (Vieria, 2010). Sementara di Ghana, 43 % ibu juga melakukan hal yang sama (Edmond, 2007). Di Jepang, 36,2 % bayi lahir hidup mendapatkan ASI dalam kurun waktu 30 menit setelah kelahirannya (Nakao, 2008). Sedangkan di Indonesia, praktik waktu disusui pertama selama 1 jam sebesar 38,7 % (<http://www.idai.or.id/asi/artikel>).

Dengan waktu disusui sesegera mungkin, kematian neonatal di Ghana berkurang sebesar 22 % (Edmond dkk, 2006). Sementara penelitian Mullany dkk di Nepal menyebutkan bahwa kematian neonatal berkurang 19 % dengan adanya disusui pertama dalam 1 jam tersebut (Mullany dkk, 2008). Edmond dalam penelitiannya yang lain di Ghana mengungkapkan bahwa BBLR yang tidak disusui dalam kurun waktu satu jam setelah lahir memiliki resiko sebesar 2,61 kali untuk meninggal pada masa neonatal dibandingkan dengan ibu yang melakukannya (Edmond dkk, 2007). Namun, efek waktu pertama kali disusui tersebut belum diketahui terhadap BBLR meskipun BBLR merupakan kelompok yang mempunyai ketahanan hidup lebih rendah, sehingga lebih rentan terhadap kematian neonatal.

Efek waktu disusui pertama terhadap ketahanan hidup BBLR itu dipengaruhi oleh faktor bayi seperti jenis kelamin. Menurut Lawn, perempuan memiliki angka ketahanan hidup yang lebih tinggi (Lawn dkk, 2005). Pada populasi BBLR dan bayi normal, laki-laki memiliki resiko sebesar 1,25 kali untuk meninggal pada masa neonatal (Titaley dkk, 2008). Sedangkan pada BBLR, bayi laki-laki memiliki resiko untuk meninggal di masa neonatal sebesar 1,66 kali dibandingkan dengan bayi perempuan (Itabashi dkk, 2009).

Selain itu, faktor maternal juga berperan dalam hubungan kedua variabel tersebut. Salah satunya adalah paritas. Pada populasi bayi umum, hampir setengah dari jumlah wanita yang memiliki tujuh atau lebih anak pernah mempunyai pengalaman kehilangan anak di masa neonatal (Child Health Research Project

Special Report, 1999). Sedangkan pada populasi BBLR, 8 per 1000 bayi BBLR di Finlandia yang memiliki ibu dengan paritas tiga atau lebih meninggal pada masa neonatal (Forssas dkk, 1999).

Ketahanan hidup BBLR neonatal juga dipengaruhi oleh faktor pelayanan kesehatan. Pernyataan itu diperkuatkan dengan data Demographic Health Survey (DHS) di 40 negara. Hasil survey tersebut menyebutkan bahwa, di antara tahun 1995–2003, lebih dari 50 % kematian neonatal terjadi di rumah tanpa penolong persalinan. Menurut Titaley, kelahiran di rumah memiliki resiko sebesar 1,1 untuk mengalami kematian neonatal (Titaley dkk, 2008). Sedangkan pada bayi BBLR, Ballot menungkapkan bahwa bayi BBLR yang dilahirkan di luar rumah sakit memiliki resiko kematian neonatal sebesar 2,8 (Ballot dkk, 2010).

Di samping itu, kondisi sosial ekonomi ibu dan keluarga bayi juga turut mempengaruhi efek waktu disusui pertama terhadap ketahanan hidup BBLR. Salah satunya adalah pendidikan ibu (Child Health Research Project Special Report, 1999). Bayi dengan ibu yang memiliki latar pendidikan SLTP memiliki angka kematian neonatal (NMR) sebesar 38,5 per 1000 bayi lahir hidup (Diallo dkk, 2011). Sedangkan pada BBLR, bayi dengan ibu dengan tingkat pendidikan yang sama memiliki NMR 162 per 1000 bayi lahir hidup (Golestan dkk, 2008).

Berdasarkan paparan di atas, sebuah studi perlu dilakukan untuk menjawab pertanyaan “Bagaimana efek waktu disusui pertama terhadap ketahanan bayi BBLR di Indonesia dalam masa neonatalnya? Apakah waktu disusui pertama membawa efek protektif atau justru beresiko bagi bayi BBLR di Indonesia?”

1.2 Rumusan Masalah

Kesejahteraan suatu bangsa dapat dilihat melalui ketahanan bayi baru lahir, terutama bayi berat lahir rendah (BBLR). BBLR merupakan bayi yang rentan dengan masalah kematian pada masa neonatal. Resiko kematian neonatal pada kelompok ini mencapai 6,27 (Titaley dkk, 2008). Di Indonesia, diketahui bahwa 72,4 % bayi yang memiliki bayi kurang dari 2500 gram di Indonesia meninggal pada masa neonatal (Titaley dkk, 2008).

Untuk meningkatkan ketahanan hidup BBLR pada masa neonatal tersebut, perlu dilakukan sebuah intervensi pasca melahirkan. Salah satu caranya adalah

dengan melakukan menyegerakan waktu disusui pertama kali (Child Health Research Project Special Report, 1999). Namun, hingga saat ini, efek segera waktu disusui pertama kali itu pada BBLR tersebut belum diketahui. Jika waktu disusui pertama mempunyai dampak hingga 22 % pada bayi umum, efek waktu disusui pertama pada BBLR mungkin dapat lebih kecil atau lebih besar dari itu.

Efek tersebut diduga akan berbeda, tergantung pada besarnya berat lahir bayi. Bayi yang memiliki berat 1500 -2200 gram mendapatkan efek waktu disusui pertama yang berbeda dengan kelompok bayi BBLR yang memiliki berat 2201-2499 gram.

Efek waktu disusui pertama juga dipengaruhi fasilitas kesehatan yang diterima saat persalinan. Hal ini didasari oleh fakta yang menyatakan bahwa persalinan di rumah lebih berisiko dibandingkan dengan persalinan di fasilitas kesehatan. Oleh karena itu, efek waktu disusui pertama pada ketahanan bayi BBLR yang lahir di rumah akan berbeda dengan ketahanan kelompok bayi BBLR yang lahir di fasilitas kesehatan.

1.3 Pertanyaan Penelitian

1. Bagaimana ketahanan hidup BBLR pada masa neonatal di Indonesia selama tahun 1998-2007?
2. Apakah waktu disusui pertama mempengaruhi ketahanan BBLR pada masa neonatal di Indonesia selama tahun 1998- 2007?
3. Bagaimana perbandingan efek waktu disusui pertama terhadap ketahanan kelompok bayi BBLR 1500-2200 gram dengan kelompok bayi BBLR 2201-2499 gram?
4. Bagaimana perbandingan efek waktu disusui pertama terhadap ketahanan kelompok BBLR yang lahir di fasilitas kesehatan dengan kelompok BBLR yang lahir di tempat selain fasilitas kesehatan?

1.4 Tujuan Penelitian

1.4.1 Tujuan Umum

Untuk mengetahui efek waktu disusui pertama terhadap ketahanan hidup BBLR dalam waktu 28 hari setelah kelahiran di Indonesia dalam selama tahun 1998-2007.

1.4.2 Tujuan Khusus

1. Untuk mengetahui ketahanan hidup BBLR dalam waktu 28 hari setelah kelahiran di Indonesia selama tahun 1998-2007.
2. Untuk mengetahui efek waktu disusui pertama terhadap ketahanan hidup BBLR pada masa neonatal setelah memperhitungkan faktor maternal, bayi, pelayanan kesehatan, dan sosial ekonomi keluarga
3. Untuk mengetahui perbandingan efek waktu disusui pertama terhadap ketahanan kelompok BBLR 1500-2200 gram dengan kelompok BBLR 2201-2499 gram.
4. Untuk mengetahui perbandingan efek waktu disusui pertama terhadap ketahanan hidup kelompok BBLR yang lahir di fasilitas kesehatan dengan kelompok BBLR yang lahir di tempat selain fasilitas kesehatan.

1.5 Manfaat Penelitian

1.5.1 Untuk Keilmuan

1. Pengetahuan tentang ketahanan hidup BBLR di Indonesia dalam kurun waktu 1998-2007.
2. Pengetahuan tentang waktu disusui pertama di Indonesia dalam kurun waktu 1998-2007.

1.5.2 Untuk Instansi Pengambil Kebijakan Kesehatan

1. Masukan terhadap penerapan waktu disusui pertama yang optimal pada BBLR di Indonesia.
2. Penggalakan program disusui pertama segera setelah lahir pada kelompok BBLR cukup bulan dengan berat badan 2000-2499 gram.
3. Penguatan gerakan waktu disusui pertama sebagai usaha menurunkan angka kematian neonatal pada bayi BBLR di Indonesia.

1.6 Ruang Lingkup

Penelitian ini merupakan penelitian kuantitatif yang menilai peranan waktu disusui pertama dalam ketahanan hidup BBLR dalam masa neonatalnya. Penelitian dilakukan di seluruh Indonesia dalam kurun waktu 1998-2007 melalui Survei Demografi Kesehatan Indonesia (SDKI) tahun 2002-2003 dan 2007.



BAB 2

TINJAUAN PUSTAKA

2.1 Ketahanan Hidup BBLR Neonatal

Ketahanan hidup merupakan probabilitas kemampuan orang yang dapat bertahan hidup pada waktu tertentu setelah didiagnosa suatu penyakit (Kleinbaum dan Klein, 2005). Berdasarkan waktu, ketahanan hidup BBLR neonatal merupakan waktu dalam kurun 28 hari setelah kelahiran dari seorang individu hingga kematian neonatal terjadi. Berdasarkan kejadian, ketahanan hidup BBLR merupakan insiden kematian yang terjadi pada seorang BBLR. Dengan demikian, ketahanan hidup BBLR selama masa neonatal merupakan kemampuan BBLR bertahan hidup dalam waktu 28 hari setelah kelahiran setelah lahir dengan berat rendah <2500 gram (Kleinbaum dan Klein, 2005).

Ketahanan hidup BBLR beragam bergantung pada kategori berat lahirnya tersebut. Untuk bayi dengan berat lahir <601 gram memiliki ketahanan hidup sebesar 0 %. Sedangkan bayi dengan berat lahir sebesar 901-1000 gram memiliki ketahanan hidup sebesar 62 %. Sementara bayi dengan berat lahir 1301-1500 gram memiliki angka ketahanan hidup sebesar 93 % (Ballot dkk, 2010). Setelah 28 hari kelahiran, 455 dari 806 bayi dengan berat lahir <1500 gram masih bertahan; 917 dari 989 bayi dengan berat lahir 1500-1999 dapat bertahan; 3816 dari 3892 bayi dengan berat lahir 2000-2499 masih dapat bertahan (Ribeiro dkk, 2009).

Pinheiro dalam penelitiannya di Brazil mengemukakan bahwa kurva ketahanan hidup BBLR menunjukkan jumlah kematian neonatal yang tinggi pada hari pertama kelahiran (Pinheiro dkk, 2010). Median dari survei di Brazil pada tahun 1999-2002 dan 2003-2006 menunjukkan waktu 7 hari. Artinya, sebesar 50 % BBLR dapat bertahan hingga hari ketujuh setelah kelahiran (Pinheiro dkk, 2010).

2.2 Kematian Neonatal Sebagai *Failure Event* Ketahanan Hidup BBLR

Kematian neonatal merupakan kematian pada periode saat bayi lahir hidup hingga bayi berumur 28 hari (WHO, 2006). Kematian neonatal tersebut dibagi kedalam 2 fase, yakni kematian *early neonatal* dan kematian *late neonatal*. Hoffman dalam Bracken mengatakan bahwa kematian *early neonatal* mengacu pada jumlah kematian yang terjadi pada periode 0-7 hari setelah kelahiran per 1000 kelahiran hidup (Hoffman dkk dalam Bracken, 1984). Kematian ini menyumbang 75 % kematian neonatal dan erat kaitannya dengan komplikasi selama selama kehamilan atau saat persalinan, preterm, dan malformasi (WHO, 2006). Sedangkan kematian *late neonatal* merupakan kematian pada masa setelah hari ketujuh kelahiran hingga sebelum bayi berumur 28 hari (7-27 hari) dan erat kaitannya dengan tetanus dan infeksi lain di rumah atau rumah sakit (WHO, 2006).

2.2.1 Penyebab Kematian Neonatal

1) Infeksi

Sebesar sepertiga kematian neonatal disebabkan oleh infeksi, seperti sepsis, pneumonia, dan meningitis (Lawn dkk, 2008). Lawn dalam artikelnya yang lain menyebutkan bahwa infeksi merupakan penyebab dari 50 % kematian neonatal di negara dengan angka kematian neonatal (*Neonatal Mortality Rate/NMR*) tinggi, yaitu negara dengan NMR >45 /1000 bayi lahir hidup hidup (Lawn dkk, 2005). Berdasarkan laporan WHO-SEARO, kematian neonatal karena infeksi disebabkan higienitas yang kurang baik di daerah tersebut (WHO-SEARO, 2006). Menurut Lawn, 140.000 kematian neonatal terjadi karena tetanus akibat keterbatasan akses terhadap pelayanan kesehatan (Lawn dkk, 2008).

2) Hipotermi

Hipotermi merupakan kejadian yang menunjukkan suhu tubuh abnormal. Menurut Nayeri, Hipotermi merupakan salah satu penyebab utama kematian neonatal di negara berkembang (Nayeri dan Nili, 2006). Suhu tubuh bayi yang menurun hingga di bawah 36° C akan menyebabkan terjadinya gangguan pembekuan darah dan tidak berfungsinya alat-alat dalam tubuh bayi yang berakhir

dengan kematian (Depkes RI, 1999). Di dalam penelitian Nayeri, 6 % dari 478 bayi yang lahir dalam keadaan hipotermi di Iran meninggal pada masa neonatal (Nayeri dan Nili, 2006).

Menurut Klaus dan Fanaroff, hipotermia harus diantisipasi pada BBLR dan dianjurkan penggunaan rutin termometer yang dapat dibaca pada suhu rendah (dari 33,8°C) pada perawatannya. Hipotermia seringkali terjadi setelah resusitasi bayi prematur dengan asfiksia. Penurunan suhu ringan dapat menyebabkan perubahan metabolismik yang besar: respirasi lambat, aktivitas berkurang, terjadi edema, dan asidosis metabolismik. Hipotermi ekstrim dapat menyebabkan pendarahan intras cerebral dan malformasi utama sistem saraf pusat (Klaus dan Fanaroff, 1998).

3) Jaundice

Neonatal jaundice merupakan warna kuning kulit yang disebabkan oleh kelebihan bilirubin di dalam darah. Setidaknya 60-70 % bayi *full term* terlihat kuning dengan serum bilirubin melebihi 5-7 mg/dl (85 hingga 190 mol/L) (Borwn, 2005). Jaundice dapat berakibat pada kernikterus (sindroma neurologik akibat penimbunan bilirubin tidak terkonjugasi dalam sel-sel otak). Kondisi ini ditemukan pada bayi neonatus dengan kadar total bilirubin 15 mg/dl. Bilirubin tersebut akan mengganggu pemakaian O₂ oleh jaringan otak sehingga dapat menyebabkan kematian (Behrman dan Vaughan, 1988). Penelitian Patil dkk di India menunjukkan 29,9 % BBLR Jaundice dengan septicemia meninggal pada waktu neonatal (Patil dkk, 2011).

4) Asfiksia

Asfiksia waktu lahir merupakan penyebab utama lahir mati dan kematian neonatal terutama BBLR (Depkes RI, 1999). Kematian neonatal karena asfiksia mencakup 920.000 kematian bayi neonatal. Berdasarkan data WHO, diperkirakan 7 dari 1000 bayi lahir hidup hidup di negara berkembang meninggal karena asfiksia (WHO, 2006). Di Indonesia, sekitar 144.900 bayi dilahirkan dengan asfiksia sedang dan berat.

Asfiksia terjadi akibat gangguan aliran oksigen ke plasenta saat di dalam kandungan. Janin yang mengalami gangguan pertumbuhan intrauterine, akan

mudah terkena asfiksia. Cara kuantitatif mengukur asfiksia adalah dengan menilai *apgar score* yang bermanfaat untuk mengenal bayi resiko tinggi yang potensial untuk kematian bayi (Departemen Kesehatan Republik Indonesia , 1999).

Untuk mencegah terjadinya kematian karena asfiksia, perlu dilakukan *antenatal care* selama kehamilan, menggunakan penolong persalinan yang profesional, dan pelayanan obstertrik darurat (Lawn dkk, 2008).

5) Berat Lahir Rendah

Berat lahir merupakan berat pertama dari fetus atau bayi setelah lahir. Untuk bayi yang lahir hidup, berat lahir harus ditimbang dalam kurun waktu satu jam kehidupan, sebelum terdapat penurunan berat postnatal terjadi. Kategori berat lahir didasari oleh durasi umur gestasi dan laju pertumbuhan *intrauterine*. Dengan demikian, bayi dengan berat lahir rendah (BBLR) dapat disebabkan oleh umur gestasi yang pendek (prematur), pertumbuhan intrauterine terhambat/ intrauterine growth retardation (IUGR), atau gabungan keduanya (UNICEF, 2004).

IUGR menampilkan pertumbuhan fetus yang kurang potensial dan optimal. IUGR harus dibedakan dari *small-for-gestational-age* (SGA). Bayi SGA merupakan bayi dengan pengukuran antropometri berat, tinggi, dan lingkar kepalanya kurang dari persentil kesepuluh dari populasi normal. Bayi dapat dikatakan SGA ketika nilai ponderal index ($[\text{weight, g}]/[\text{length, cm}]^3$) bernilai kurang dari 1 (Behrman dan Vaughan, 1988)

IUGR dibedakan kembali menjadi 2 bagian, *Symmetrical* IUGR dan *Asymmetrical* IUGR. Bayi dengan *symmetrical* IUGR mempunyai lingkar kepala, panjang, dan berat badan yang kurang secara proporsional. *Symmetrical* IUGR merupakan hasil malnutrisi ibu yang terjadi selama kehamilan. Bayi dengan kelainan tersebut mengalami proses pertumbuhan yang terhambat terkait dengan hereditas atau kelainan kogenital. Bayi dengan *symmetrical* IUGR cenderung untuk mengalami pertumbuhan terhambat untuk selamanya (Behraman dan Vaughan, 1988).

Sedangkan *Asymmetrical* IUGR memiliki pertumbuhan tinggi dan berat badan yang terhambat dibandingkan dengan pertumbuhan lingkar kepala. Wilson dalam Hay mengatakan bahwa kelainan pada bayi ini biasa terjadi di trimester

kedua atau ketiga kehamilan akibat adaptasi lingkungan asing dengan mendistribusikan kembali darah ke organ vital (Behrman dan Vaughan, 1988).

Berdasarkan berat lahir, BBLR dikelompokkan ke dalam beberapa kategori. *Low Birth Weight* merupakan bayi dengan berat lahir kurang dari 2500 gram, *Very Low Birthweight* untuk bayi dengan berat lahir kurang dari 1500 gram, *Extremely Low Birthweight* untuk bayi dengan berat lahir kurang dari 1000 gram (Hay, 2005). Sedangkan menurut Golestan, BBLR yang memiliki berat 1500-2499 gram dikelompokkan ke dalam *Moderate Low Birth Weight/ MLBW* (Golestan dkk, 2008)

BBLR merupakan determinan utama dari penyebab kematian neonatal. Peralihan dari kehidupan intrauteri ke kehidupan ekstrauteri memerlukan banyak perubahan biokimia dan fisiologi. Hilangnya ketergantungan dari peredaran darah ibu melalui plasenta, memerlukan pengaktifan fungsi tubuh untuk penyesuaian tersebut (Behrman dan Vaughan, 1988). Saat di uterus, BBLR tidak mendapat dukungan plasenta yang adekuat sehingga tidak terdapat asupan glukosa dari ibu, persediaan karbohidrat menurun, dan oksigenasi terbatas. Dengan kondisi tersebut, BBLR (terutama IUGR) tidak dapat mentoleransi dengan baik kekurangan aliran darah plasenta dan oksigen saat persalinan, sehingga menyebabkan deselerasi denyut jantung (Klaus dan Fanaroff, 1998).

Shams El Arifeen menjelaskan bahwa BBLR merupakan faktor risiko kematian neonatal di beberapa negara berkembang (Child Health Research Project Special Report, 1999). Hasil konsultasi regional WHO-SEAR juga mengatakan bahwa terdapat hubungan langsung antara BBLR dengan kematian neonatal. Negara yang memiliki presentase tinggi dalam BBLR mempunyai kematian neonatal yang tinggi (WHO, 2002).

Semakin rendah berat lahir semakin tinggi angka kematian neonatal. Pada Yasmin di Bangladesh, angka kematian neonatal pada kelompok 2000-2499 gram sebesar 52 per 1000 bayi lahir hidup; pada kelompok 1500-1999 gram sebesar 204 per 1000 bayi lahir hidup; dan pada kelompok dengan berat <1500 gram sebesar 780 per 1000 bayi lahir hidup (Yasmin dkk, 2001). Hal serupa juga terjadi pada penelitian Golestan di Iran dan Patil di India. Pada penelitian Golestan, kelompok ELBW memiliki angka kematian neonatal sebesar 940 per 1000 bayi lahir hidup;

kelompok VLBW memiliki angka kematian neonatal sebesar 500 per 1000 bayi lahir hidup; dan kelompok MLBW memiliki angka kematian neonatal sebesar 92 per 1000 bayi lahir hidup. Sedangkan penelitian Patil di India menunjukkan 45,8 % kematian neonatal terjadi pada kelompok ELBW; 27,8 % pada kelompok VLBW, dan 26,4 % pada kelompok MLBW (Patil dkk, 2011).

Hubungan terbalik di atas juga berlaku pada risiko kematian neonatal. Semakin rendah berat lahir semakin besar risiko kematian neonatal. Pada penelitian Golestan kelompok MLBW, VLBW, dan ELBW memiliki risiko sebesar 11,5; 62,5 , dan 117 kali untuk terjadi kematian neonatal dibandingkan kelompok dengan berat lahir normal (Golestan dkk, 2008). Ribeiro melaporkan bahwa kelompok bayi dengan berat <1500 gram memiliki risiko untuk meninggal pada masa neonatal sebesar 6,87 kali dibandingkan bayi dengan berat 2000-2499 gram. Sementara kelompok bayi dengan berat 1500-1999 gram memiliki risiko sebesar 1,86 kali untuk meninggal pada masa neonatal dibandingkan bayi dengan berat 2000-2499 gram (Ribeiro dkk, 2009).

2.3 Personal Control Illness Post Partum Sebagai Usaha Peningkatan Ketahanan Hidup BBLR Neonatal

Personal Control Illness Post Partum merupakan faktor yang mempengaruhi kesembuhan melalui *treatment* atau kesakitan melalui pencegahan (Mosley dan Chen, 2003). BBLR merupakan salah satu contoh dari kesakitan. Dengan demikian, *personal control illness* yang perlu dilakukan adalah *treatment* seperti *Post Natal Care*.

Elemen *Post Natal Care* (PNC) terdiri dari kunjungan oleh tenaga kesehatan ke rumah bayi. Tujuan dari kunjungan tersebut adalah membantu ibu dan bayi dalam pemenuhan fasilitas kesehatan mereka (Sines dkk, 2007). Selain kunjungan, PNC meliputi pemberian ASI dini dan eksklusif penghangatan tubuh bayi, pembersihan umbilical cord, dan identifikasi tanda bahaya. Sebuah studi Lancet mengatakan bahwa pemberian ASI dapat menyelamatkan 1,3 jiwa setiap tahun (Pan American Health Organization, 2010). Menurut Mullany dkk, bayi yang mendapat ASI partial memiliki risiko sebesar 1,77 kali untuk meninggal pada masa neonatal daripada bayi bayi yang mendapat ASI secara eksklusif

(Mullany dkk, 2009). Edmond menambahkan, bayi yang mendapat ASI *predominant* mempunyi risiko kematian neonatal sebesar 1,45 dibandingkan bayi yang mendapat ASI eksklusif. Sementara bayi yang mendapat ASI *partial* berisiko sebesar 5,73 kali untuk meninggal pada masa neonatal dibandingkan dengan bayi yang mendapat ASI eksklusif. Mengingat 60 hingga 80 % kematian neonatal terjadi pada bayi BBLR, maka PNC memberikan perhatian ekstra pada kelompok ini (Lawn dkk, 2006).

2.4 Disusui Pertama Sebagai Elemen *Post Natal Care*

2.4.1 Definisi dan Tahapan Waktu Disusui Pertama

Disusui merupakan proses natural pemenuhan gizi bagi bayi untuk pertumbuhan dan perkembangannya. Semua mamalia, termasuk manusia, mencari puting ibu dan menyusu segera setelah lahir (<http://www.infactcanada.ca>). Proses disusui yang dilakukan dalam waktu kurang dari satu jam tersebut disebut dengan disusui dini. Disusui dini tersebut merupakan bagian dari Baby Friendly Hospital Initiative (Rumah Sakit Sayang Bayi) butir ke-4 “bantu ibu mulai menyusui dalam 30 menit setelah bayi lahir” yang dicanangkan pada tahun 1992 (Gupta, 2007). Menurut American Academy of Pediatrics, proses tersebut dilakukan dengan melekatkan bayi di dada ibu agar terjadi *skin to skin contact*. Kemudian ibu memberikan susu pada bayi tersebut (American Academy of Pediatrics, 2009).

Pada tahun 2006, waktu disusui pertama diperbaiki menjadi inisiasi menyusu dini (IMD) dengan kalimat “letakkan bayi dalam posisi tengkurap di dada ibunya, kontak kulit ke kulit dengan ibu segera setelah lahir paling sedikit selama satu jam dan dorong ibu untuk mengenali tanda-tanda bayi siap menyusu, dan bila perlu tawarkan bantuan” (Yohmi, 2009). Tahapan IMD tersebut sebagai berikut :

1. Mengeringkan bayi mulai dari muka, kepala, serta bagian tubuh lainnya kecuali kedua tangannya. Alasannya karena bau cairan amnion pada tangan bayi akan membantunya mencari puting ibu yang berbau sama. Selain itu, dada ibu tidak boleh dibersihkan dahulu agar baunya tetap ada. Di samping itu, pembersihan badan dikerjakan tanpa menghilangkan vernix (kulit putih) yang mampu membuat nyaman kulit bayi.

2. Setelah dua menit, tali pusat dipotong dan diikat, kemudian bayi ditengkurapkan di perut ibunya dengan kepala bayi menghadap ke kepala ibu.
3. Jika ruang bersalin dingin, kepala bayi diberi topi dan punggung bayi ditutupi dengan selimut yang telah dihangatkan.
4. Setelah 12-44 menit, bayi akan mulai bergerak dengan menendang, menggerakkan kaki, bahu dan lengannya. Stimulasi ini membantu kontraksi uterus. Meski kemampuan melihat terbatas, bayi dapat membedakan terang dan gelap dan melihat areola mammae yang memang berwarna lebih gelap dan menuju ke sana. Bayi akan membentur-benturkan kepalanya ke dada ibu. Stimulasi yang menyerupai *massage* / pijatan bagi dada ibu.
5. Bayi kemudian mencapai puting dengan mengandalkan indera penciuman dan dibantu indera penglihatan. Bayi akan mengangkat kepala, dan mengambil puting dari samping dan mulai mengulum puting lalu mulai menyusu. Hal tersebut dapat tercapai antara 27-71 menit. (Elizabeth Yohmi, Indonesia Disusui, <http://www.idai.or.id/asi>)

Tahapan tersebut berlangsung selama kurang lebih 15 menit. Setelah itu, selama 2-2,5 jam berikutnya, keinginan untuk mengisap atau disusui tidak ada lagi. Pada saat itu, kadang sudah terdapat kolostrum yang berguna untuk antibodi bayi. Oleh karena itu, proses tersebut tidak boleh dihentikan (Yohmi, 2009).

2.4.2 Manfaat Waktu Disusui Pertama

Waktu disusui pertama mempunyai banyak dampak positif, baik bagi ibu maupun bayi. Sentuhan ibu saat disusui dapat menghangatkan bayi sehingga mengurangi resiko hipotermi (Alive and Thrive, 2010). Kehangatan ini sangat penting bagi bayi BBLR karena juga membuat ibu dan bayi merasa lebih tenang sehingga membantu pernafasan dan detak jantung bayi lebih stabil. Dengan demikian, bayi akan lebih jarang rewel sehingga mengurangi pemakaian energi (Yohmi, 2009).

Sentuhan, kuluman, dan jilatan bayi pada puting ibu saat waktu disusui pertama akan merangsang keluarnya hormon oksitosin. Hormon ini dapat mengurangi perdarahan pasca persalinan, mengkontraksikan otot-otot di sekeliling kelenjar ASI sehingga ASI dapat terpencar keluar, dan mempercepat pengecilan

uterus. Selain itu, oksitosin dapat membuat ibu menjadi tenang, rileks, lebih kuat menahan sakit/nyeri, dan timbul rasa sukacita/bahagia (UNICEF, 2007).

Waktu disusui pertama juga memudahkan bayi untuk mendapatkan kolostrum (ASI pertama), cairan berwarna kuning yang tinggi karoten harga yang kaya akan antibodi (zat kekebalan tubuh) dan faktor pertumbuhan sel usus. Dengan konsumsi kolostrum tersebut, bayi dapat menangkal kuman yang masuk ke dalam usus yang rentan akan serangan kuman dan antigen lainnya (Pan American Health Organization, 2010). Penelitian di Inggris menunjukkan bahwa bayi yang menyusu dini akan lebih berhasil menyusu ASI eksklusif dan mempertahankan menyusu setelah 6 bulan (Earle, 2002). Dengan konsumsi ASI tersebut, bayi akan terhindar dari alergi (Yohmi, 2009).

Terhindarnya hipotermi, alergi, dan infeksi pada bayi melalui waktu disusui pertama dapat mengurangi resiko kematian pada masa neonatal. Berdasarkan penelitian Edmond, IMD telah mengurangi 22% kematian bayi berusia 28 hari kebawah (Edmond, 2005).

Implementasi IMD telah ada sejak tahun 2000. Namun istilah tersebut tidak pernah secara eksplisit disebutkan dalam Keputusan Menteri Kesehatan No. 237/1997, PP No. 69/1999, dan Keputusan Menteri Kesehatan No. 450 tahun 2004. Dalam 10 LMKM, pengertian IMD (yang juga belum disebut secara eksplisit sebagai IMD) lebih merujuk pada pemberian ASI segera dalam waktu 30 menit setelah melahirkan (Fikawati, 2010).

2.5 Faktor Lain Yang Memengaruhi Ketahanan BBLR

Kemampuan bertahan BBLR dalam kurun waktu 28 hari setelah kelahiran juga dipengaruhi oleh hal-hal berikut :

2.5.1 Faktor Maternal

1) Umur Ibu

Umur ibu mempunyai pengaruh terhadap kematian neonatal pada bayi normal dan BBLR. Untuk kelahiran anak pertama, peningkatan risiko kematian neonatal terjadi pada ibu dengan usia kurang dari 20 tahun atau ibu dengan usia 35 tahun ke atas. Untuk anak kedua, risiko terbesar terjadi pada ibu yang berusia 20-24 tahun (Bracken, 1984). Menurut Lawn dkk, bayi yang memiliki ibu dengan

umur kurang dari 18 tahun saat melahirkan mempunyai resiko 1,1-2,3 untuk meninggal saat masa neonatal (Lawn dkk, 2005).

Menurut Ress, semakin muda umur ibu, kematian neonatal akan semakin tinggi. Hasil penelitian Ress tersebut juga menunjukkan bahwa angka kematian neonatal pada bayi kelompok kulit hitam dan putih di Amerika dengan berat <1500 gram lebih tinggi pada ibu yang berumur di bawah 19 tahun. Sedangkan NMR pada kelompok bayi kulit putih dengan berat 1500-2499 gram lebih tinggi pada ibu yang berumur 19-34 tahun. Kematian neonatal banyak terjadi pada ibu dengan usia muda terkait dengan berat lahir bayi yang dilahirkan juga lebih rendah daripada ibu dengan umur lebih tua. Hal ini disebabkan karena status gizi ibu muda yang kurang baik dibandingkan dengan ibu yang telah berumur lebih dari 20 tahun (Rees, 1996).

Alasan senada juga dikemukakan Ribeiro dalam penelitiannya di Brazil. Walaupun tidak ada hubungan antara umur ibu dengan kematian neonatal dalam penelitiannya, ia menyatakan bahwa umur ibu merupakan disebabkan variabel pendahulu terjadinya BBLR di populasi (Ribeiro dkk, 2007).

2) Paritas

Paritas merupakan jumlah anak yang pernah dilahirkan hidup ataupun mati. Paritas juga memiliki peranan dalam kematian neonatal. Hubungan antara paritas dengan kematian neonatal berbentuk huruf U dengan resiko terendah pada ibu yang mempunyai paritas dua. Paritas 2-3 merupakan paritas paling aman ditinjau dari kematian neonatal. Ibu yang memiliki paritas lebih dari empat akan mempunyai keadaan rahim yang telah lemah sehingga persalinan akan berlangsung lama dan pendarahan saat persalinan (Winkjosastro, 1991).

Menurut Diallo, persalinan multiparous memiliki odds sebesar 1,8 untuk menyebabkan kematian neonatal (Diallo, 2011). Sedangkan suatu penelitian di Matlab, Bangladesh, menyebutkan bahwa wanita yang memiliki kematian neonatal tinggi terkait dengan paritas yang tinggi. Hampir setengah dari jumlah wanita yang memiliki tujuh atau lebih anak pernah mempunyai pengalaman kehilangan anak di masa neonatal. Bahkan, 34 % dari mereka mengalami kejadian tersebut lebih dari satu kali (Child Health Research Project Special Report, 1999).

Menurut Ribeiro, BBLR yang mempunyai 6 atau lebih kelahiran hidup

memiliki risiko lebih besar untuk meninggal pada masa neonatal. Paritas ini terkait dengan jarak kelahiran yang dekat sehingga menyebabkan perebutan kasih sayang dan perhatian ibu antara saudara kandung sehingga kesehatan terabaikan (Titaley dkk, 2008).

3) Riwayat abortus

Abortus merupakan istilah yang merujuk pada pengeluaran hasil konsepsi sebelum janin dapat hidup di luar kandungan. Namun, karena hampir tidak ada janin yang dilahirkan dengan berat lahir kurang dari 500 gram, maka abortus ditentukan sebagai pengakhiran kehamilan sebelum janin mencapai berat 500 gram atau kurang dari 20 minggu (Winkjostro, 1997).

Bayi yang terlahir dari wanita yang pernah mengalami aborsi mempunyai resiko sebesar 1,62 kali untuk meninggal pada masa neonatalnya daripada bayi yang memiliki ibu tidak pernah mengalami aborsi (Araujo, 2000).

4) Berat dan Tinggi Badan Ibu

Araujo mengungkapkan bahwa bayi lahir yang mempunyai ibu dengan berat badan kurang dari 50 kg mempunyai resiko sebesar 1,29 kali untuk meninggal pada masa neonatal daripada bayi lahir yang mempunyai ibu dengan berat badan 50 kg atau lebih (Araujo, 2000).

Wanita yang memiliki tinggi badan <150 cm juga beresiko sebesar 1,3 hingga 4,5 kali untuk memiliki bayi yang meninggal pada masa neonatal (Lawn, 2005). Sementara Alisjahbana mengemukakan bahwa wanita dengan tinggi badan <145 cm mempunyai kaitan dengan BBLR dan kematian neonatal (Alisjahbana, 1983). Menurut Alisjahbana, tinggi badan ibu mengindikasikan status gizi ibu sejak kecil. Status gizi ibu yang buruk akan mengangu perkembangan fetus selama kandungan sehingga menimbulkan IUGR pada anak dan dapat menyebabkan kematian neonatal (Alisjahbana, 1983).

5) Komplikasi Selama Kehamilan

Komplikasi kehamilan merupakan penyakit atau penyakit yang menyertai proses kehamilan. Komplikasi tersebut dapat berupa preeklampsia, *hiperemesis gravidarum*, dan pendarahan.

Preeklamsi juga merupakan suatu keadaan komplikasi kehamilan yang ditandai dengan tekanan darah yang tinggi, edema tungkai, dan proteinuri. Jika tidak diperbaiki, keadaan tersebut dapat berkembang menjadi eklampsia yang ditandai dengan tekanan darah yang sangat tinggi disertai kejang atau pendarahan otak (Saifudin, 2001). Carine Ronsmans menyatakan bahwa kematian neonatal dipengaruhi oleh komplikasi obstetrik yang terdiri fetal malpresentasi (422/1000), eclampsia 323/1000, dan pre-eclampsia 156/1000 (Child Health research Project Special Report, 1999).

Hipermesis gravidarum merupakan keluhan yang dapat menyebabkan dehidrasi berat dan kelaparan. Pada kasus yang ekstrim, keadaan ini dapat menyebabkan ibu kehilangan berat badan yang cepat dan dehidrasi yang diikuti gangguan keseimbangan cairan dan elektrolit. Jika keadaan berlanjut dan status gizi sebelum hamil kurang baik, maka akan terjadi hipoproteinemia dan hipovitaminosis yang berujung pada kematian janin dan ibu (Hamilton, 1995).

Komplikasi lain dalam masa kehamilan adalah pendarahan. Pendarahan pada masa kehamilan disebabkan oleh tiga hal. Pendarahan sebelum kehamilan 3 bulan disebabkan karena keguguran. Sementara pendarahan pada kehamilan kurang dua bulan disebabkan oleh kehamilan di luar kandungan yang terganggu. Dan ketiga, pendarahan yang terjadi pada umur kehamilan 7 hingga 9 bulan dan disebut pendarahan antepartum (Saifuddin, 2001).

6) Komplikasi Persalinan

Komplikasi persalinan adalah keadaan yang mengancam jiwa ibu atau bayi karena gangguan sebagai akibat langsung dari kehamilan atau persalinan misalnya pendarahan, infeksi, partus macet, abortus, *ruptura uteri* yang membutuhkan manajemen obstetri tanpa ada perencanaan sebelumnya (Depkes, 1997).

Salah satu jenis komplikasi adalah pendarahan yang terjadi setelah bayi lahir atau pendarahan *postpartum*. Pendarahan ini dapat terjadi dalam dua fase yaitu pendarahan setelah bayi lahir dan dalam 24 jam pertama persalinan/pendarahan pasca persalinan primer dan pendarahan setelah 24 jam pertama persalinan/pendarahan pasca persalinan skunder (Saifuddin, 2002).

Resiko kematian neonatal akan meningkat secara dramatis jika terdapat komplikasi persalinan. Misalnya bayi yang terlahir dengan *placenta praevia* memiliki angka kematian sebesar 98,5 per 1000 bayi lahir, *uterine rupture* dengan angka kematian sebesar 215,7 per 1000 bayi lahir, dan *prolonged labor* dengan angka kematian sebesar 7,8 per 1000 bayi lahir (Bracken, 1984).

Menurut US Coalition for Child Survival, kondisi kritis seperti hipertensi (eklampsia), infeksi serius, dan obstructed labor merupakan kontributor besar kematian bayi (US Coalition for Child Survival, 2009). Bakketeig dalam Bracken menambahkan bahwa angka kematian neonatal akan meningkat secara dramatis jika terjadi komplikasi plasenta (Bracken, 1984). Komplikasi merupakan determinan dalam survival bayi neonatal (Lawn, 2005).

7) Jarak Kelahiran

Jarak kelahiran merupakan tenggang waktu antara dua kelahiran. Kelahiran yang terlalu dekat dapat menganggu fisik ibu akibat kelelahan pasca kehamilan, persalinan, dan menyusui. Di samping itu, kelahiran yang terlalu dekat mengakibatkan perawatan yang tidak optimal terhadap anak-anaknya. Selain itu, kelahiran yang terlalu dekat juga akan meningkatkan risiko lahir mati, kematian bayi, dan anak (Utomo, 1988)

Resiko kematian neonatal lebih tinggi pada wanita yang mempunyai jarak kelahiran kurang dari 24 bulan dan wanita yang melahirkan anak pertama (*Child Health Research Project Special Report, 1999*). Hal ini disebabkan karena *maternal depletion syndrome* serta perebutan kasih sayang dan perhatian ibu antara saudara kandung, sehingga kesehatan bayi terganggu (Titaley dkk, 2008). Hal yang memengaruhi jarak kelahiran tersebut antara lain adalah *outcome* kehamilan sebelum, kelas sosial, dan umur ibu (Bracken, 1984).

2.5.2 Faktor Perilaku Ibu Saat Hamil

1) Merokok

Bayi yang lahir dari ibu yang merokok memiliki berat lahir yang lebih rendah dibandingkan dengan bayi yang lahir dari ibu bukan perokok. Menurut Walsh dalam Meurs, terdapat peningkatan 33 % kematian neonatal pada bayi yang memiliki ibu perokok selama masa kehamilan. Meurs memaparkan dalam

artikelnya bahwa hasil analisis dari The Ontario Perinatal menunjukkan konsumsi rokok 1 bungkus per hari meningkatkan 20 % kematian bayi di masa perinatal. Sedangkan konsumsi rokok lebih dari satu bungkus per hari meningkatkan resiko kematian neonatal sebesar 35 % (Meurs, 1999).

Davida A. Stevenson di dalam Klaus dan Fanaroff menyatakan bahwa rokok mengakibatkan peningkatan karbonmonooksida lebih besar pada janin dibandingkan peningkatan pada tubuh ibu sendiri. Karbonomonooksida memindahkan oksigen dari hemoglobin dan selanjutnya mempengaruhi pertukaran O₂ di tingkat sel sehingga mengganggu pertumbuhan janin dan dapat menyebabkan kematian neonatal (Klaus dan Fanaroff, 1998).

3) Stress

Stress dapat menimbulkan kerja hormon meningkat sehingga bermanifestasi pada *outcome* kehamilan yang buruk. Bakketig dalam Bracken mengatakan bahwa stress juga berpengaruh terhadap gaya hidup yang tidak sehat seperti makan kurang teratur, konsumsi alkohol, dan merokok yang juga berdampak pada kematian neonatal (Bracken, 1984).

4) Konsumsi Alkohol

Akohol yang dikonsumsi wanita semasa kehamilan dengan melewati plasenta dan akhirnya sampai pada janin. Konsumsi alkohol kronis pada ibu memiliki efek memperlambat pertumbuhan janin (Klaus dan Fanaroff, 1998). Konsumsi berat dari alkohol tersebut dapat menyebabkan Fetal Alcohol Syndrome (FAS). Bahkan, konsumsi alkohol juga dapat menyebabkan kematian bayi pada bulan pertama kelahirannya (Brown, 2005).

5) Diet

Komponen gizi merupakan hal penting untuk menentukan *outcome* kehamilan bermula sejak si ibu kecil. Sebuah studi menyatakan bahwa berat badan ibu saat hamil <47 kg menimbulkan risiko kematian neonatal pada bayi sebesar 1,1-2,4 (Lawn, 2005). Namun tidak diketahui secara pasti, elemen gizi apa saja yang mempengaruhi *outcome* tersebut (Bakketeig dalam Bracken, 1984).

Menurut Klaus dan Fanaroff, status gizi ibu memiliki efek yang kecil terhadap pertumbuhan janin pada masa pertumbuhan embriogenesis. Namun, saat hipertrofi selular janin dimulai pada pertumbuhan di trimester ketiga, kebutuhan dapat melebihi persediaan ibu jika masukan nutrisi ibu rendah sehingga menyebabkan pertumbuhan janin terganggu dan dapat menyebabkan kematian neonatal (Klaus dan Fanaroff, 1998).

2.5.3 Faktor Janin/Bayi

1) Umur Gestasi

Penentuan umur gestasi adalah dengan menggunakan hari pertama menstruasi terakhir dan kejadian kebidanan penting seperti gerakan janin *queckening*, munculnya suara jantung janin, dan tinggi fundus. Berdasarkan umur gestasi tersebut, bayi dapat digolongkan menjadi preterm, aterm, atau posterm (Klaus dan Fanaroff, 1998).

Menurut WHO, klasifikasi atrem digunakan untuk bayi yang dilahirkan pada usia gestasi antara 37–41 minggu. Sedangkan kelahiran prematur merupakan kelahiran sebelum lengkap 37 minggu kehamilan (atau kurang dari 259 hari) sejak hari pertama periode menstruasi terakhir (Kiely, 1991).

Menurut Trotman umur gestasi lebih dari 27 minggu memiliki angka *survival* sebesar 58 %, jauh lebih baik daripada umur gestasi kurang 27 minggu, yaitu 7% (Trotman dkk, 2007). Sedangkan Sohely Yasmin mengungkapkan bahwa 20 % bayi yang lahir dengan usia gestasi <32 minggu dan 55 % bayi yang lahir dengan usia gestasi 32-36 minggu meninggal pada masa neonatal (Yasmin dkk, 2001). Ballot menambahkan bahwa bayi yang terlahir dengan Small Gestational Age mempunyai OR sebesar 2,07 untuk meninggal saat masa neonatal (Ballot dkk, 2010).

2) Jenis Kelamin

Menurut Lawn, perempuan memiliki angka *survival* yang lebih tinggi (Lawn, 2005). Hal tersebut juga dibuktikan oleh Trotman dalam penelitiannya di Jamaika. Demikian juga dengan penelitian Velaphi di Johannesburg yang menyebutkan bahwa laki-laki mempunyai *survival* yang buruk dibandingkan

dengan perempuan (Velaphi, 2005). Serupa dengan ketiga pernyataan di atas, Child Health Research Project Special Report menyatakan bahwa proporsi bayi laki-laki yang meninggal pada masa neonatal lebih besar 26 % dibandingkan dengan proporsi bayi perempuan (*Child Health Research Project Special Report, 1999*). Pada populasi bayi secara umum, BBLR dan normal, laki-laki memiliki risiko sebesar 1,25 kali untuk meninggal pada masa neonatal (Titaley dkk, 2008). Sedangkan pada bayi BBLR, bayi laki-laki memiliki resiko untuk meninggal di masa neonatal sebesar 1,66 kali dibandingkan bayi perempuan (Itabashi dkk, 2009).

Namun beberapa suku bangsa di dunia lebih menyukai bayi laki-laki daripada bayi perempuan. Implikasi dari pandangan budaya mengakibatkan bayi perempuan menerima diskriminasi dalam hal perawatan kesehatan, pemberian makanan, dan fasilitas lainnya yang dapat menurunkan ketahanan hidupnya (Ahmed dkk, 1981). Hasil penelitian yang dilakukan Nielsen dkk di daerah Tamil, India membuktikan hal tersebut. Bayi perempuan lebih beresiko untuk mengalami kematian neonatal dengan RR sebesar 3,42 dengan 95% CI : 1,6-6,98 (Nielsen,1997).

4) Cacat kongenital

Berdasarkan data WHO tahun 2006, sekitar 1 % bayi lahir hidup dengan keadaan cacat kongenital. Anomali ini lebih sering terjadi di negara berkembang. Penyebabnya adalah sipilis dan kekurangan zat gizi (WHO, 2006). Keadaan ini membawa dampak pada kematian neonatal. Sebanyak 7 % kematian neonatal disebabkan oleh cacat kongenital (Lawn, 2008).

5) Kembar

Kelahiran kembar memberikan pengaruh terhadap *survival* bayi pada masa neontal. Diallo mengatakan bahwa kelahiran *multiple* (kelahiran lebih dari satu) meningkatkan kematian neonatal (Diallo, 2011). Pada bayi BBLR, Itabashi mengemukakan bahwa kelahiran kembar memiliki risiko sebesar 1,35 kali dibandingkan kelahiran tunggal (Itabashi, 2009). Risiko yang lebih besar

digambarkan oleh Horbar dalam penelitiannya di Vermont, yaitu sebesar 1,5 (Horbar, 1997).

2.5.4 Faktor Pelayanan Kesehatan

1) Jenis Persalinan

Persalinan merupakan proses pengeluaran hasil konsepsi yang dapat hidup dari dalam uterus melalui vagina ke dunia luar. Partus normal terjadi bila bayi lahir dengan presentasi belakang kepala tanpa memakai alat atau pertolongan istimewa, tidak melukai ibu dan bayi, dan umumnya berlangsung dalam waktu kurang dari 24 jam. Partus abnormal adalah bila bayi dilahirkan per-vaginam dengan vakum, ekstraktor vakum, versi dan ekstrasi dekapitasi, embriotomi, dan sebagainya (Winkjosastro, 1991).

Salah satu jenis partus abnormal adalah *sectio caesaria*. Persalinan tersebut merupakan suatu persalinan dengan cara pengeluaran janin melalui insisi pada dinding perut dan dinding rahim dengan syarat rahim dalam keadaan utuh serta berat janin di atas 500 gram (Winkjosastro, 1991). Persalinan ini mempunyai risiko baik terhadap ibu maupun janin. Risiko tersebut timbul akibat sifat pembedahan atau prosedur penyerta pembedahan seperti anastesi dan transfusi darah. Di samping itu, risiko lainnya adalah terjadinya komplikasi persalinan termasuk pendarahan dan infeksi (Royston, 1994).

Sebuah penelitian di Jamaika mengungkapkan bahwa bayi yang dilahirkan dengan metode caesar, mempunyai angka survival sebesar 58 %, lebih tinggi dari bayi yang dilahirkan melalui vaginal, yaitu sebesar 24 % (Trotman, 2007). Hal yang serupa juga ditunjukkan oleh Ballot dalam penelitiannya di Johannesburg. Ballot mengemukakan bahwa angka survival tertinggi didapatkan oleh bayi yang lahir dengan cara caesar, yaitu sebesar 79,5 % (Ballot, 2010). Menurut Trotman, bayi yang terlahir dengan jalan *sectio caesaria* lebih mampu bertahan daripada kelahiran *pervaginal* karena kelahirannya lebih terkontrol oleh tenaga kesehatan.

2) Penolong Persalinan

Penolong persalinan merupakan faktor penting dalam ketahanan hidup BBLR. Hal ini disebabkan karena persalinan akan berjalan lancar jika dilaksanakan oleh tenaga terlatih dan terdidik, khususnya dalam bidang

kebidanan. Tenaga ini mempunyai pengetahuan dan keterampilan baik secara fisiologis ataupun patologis mengenai kehamilan dan persalinan. Apabila persalinan ditolong oleh tenaga kesehatan tidak terdidik dan terlatih, akan timbul penanganan yang salah dalam proses persalinan, yang akan mengakibatkan komplikasi persalinan (Departemen Kesehatan RI, 1995).

Berdasarkan laporan WHO-SEAR, penolong persalinan yang terlatih mempunyai kaitan yang kuat dengan penurunan angka kematian neonatal, terutama 24 jam pertama setelah kelahiran yang berkontribusi sebesar 40 % dari total kematian neonatal (WHO, 2006). US Coalition for Children Survival menambahkan bahwa penolong persalinan tersebut harus dilatih dalam hal persalinan aman dan bersih termasuk perawatan bayi saat lahir, *resuscitation* untuk bayi yang mengalami asfiksia, perawatan mata, pembersihan pusar, dan cara memelihara agar bayi tetap hangat dan kering (US Coalition For Child Survival, 2009). Penolong persalinan tidak terlatih telah mengakibatkan odds untuk terkena kematian neonatal menjadi 2 kali (Diallo, 2011).

3) Tempat Persalinan

Selain penolong persalinan, tempat persalinan juga merupakan determinan penting dalam *survival* bayi baru lahir. Menurut US Coalition for child survival, jika memungkinkan, wanita harus melahirkan di fasilitas kesehatan dengan penolong persalinan profesional. Berdasarkan SKRT 1995, tidak tampak perbedaan presentase kematian neonatal yang dilahirkan di fasilitas kesehatan dengan non fasilitas kesehatan. Namun jika dilihat presenatse kematian neonatal dini, kematian neonatal di non fasilitas kesehatan lebih besar dua kali lipat dibandingkan dengan kematian di fasilitas kesehatan (Lubis dkk, 1998)

Menurut Lawn, daerah dengan neonatal tinggi ternyata memiliki angka penolong persalinan dan institusi deliveri terkecil. Pernyataan itu diperkuatkan dengan data Demographic Health Survey (DHS) di 40 negara. Hasil survey tersebut menyebutkan bahwa, di antara tahun 1995–2003, lebih dari 50 % kematian neonatal terjadi di rumah tanpa penolong persalinan (Lawn dkk, 2008).

Rumah menjadi pilihan tempat persalinan dikarenakan biayanya lebih murah serta lebih menenangkan bagi ibu dan keluarga. Namun jika terjadi

komplikasi persalinan, ibu dan anak akan sulit diselamatkan karena membutuhkan waktu untuk dirujuk ke puskesmas atau rumah sakit terdekat sehingga sering kali terjadi keterlambatan yang berujung pada kematian ibu atau bayinya (Lubis dkk, 1998).

6) *Ante Natal Care (ANC)*

Pelayanan ANC adalah pemeriksaan kehamilan untuk mengetahui keadaan ibu dan janin secara berkala dan diikuti dengan upaya koreksi terhadap penyimpangan yang ditemukan. Pemeriksaan tersebut dilakukan oleh tenaga kesehatan profesional yang terlatih dan terdidik dalam bidang kebidanan, yaitu bidan, dokter kandungan, dokter, dan perawat yang sudah terlatih (Departemen Kesehatan, 2003) .

Velaphi mengatakan bahwa *antenatal care* tersebut meningkatkan *survival* anak (Velaphi, 2005). Sedangkan Child Heath Report menyampaikan bahwa 22% kematian neonatal terkait dengan ibu yang tidak menerima ANC (Child Health Research Project Special Report, 1999).

Kualitas ANC dipengaruhi oleh frekuensi kunjungan. Departemen Kesehatan RI menetapkan kunjungan pemeriksaan kehamilan minimal 4 kali selama kehamilan dengan distribusi :

1. Minimal satu kali kunjungan selama trimester pertama (sebelum minggu 14)
2. Minimal satu kali kunjungan selama trimester kedua (antara minggu 14-28)
3. Minimal dua kali kunjungan selama trimester ketiga (antara minggu 28-36 dan sesudah minggu 36).

Dengan standar tersebut, ibu hamil diharapkan memeriksakan kehamilannya setiap empat minggu sekali sampai dengan umur kehamilan tujuh bulan; dua minggu sekali pada usia kehamilan tujuh hingga sembilan bulan; dan satu minggu sekali pada usia kehamilan 9 hingga 10 bulan (Departemen Kesehatan RI, 1995).

Kualitas ANC juga dipengaruhi oleh kemampuan petugas kesehatan dalam memberikan penyuluhan dan konseling kepada ibu hamil. Penelitian yang dilakukan oleh Zahid di Pakisatan menemukan bahwa bayi yang lahir dari ibu yang melakukan ANC bukan pada tenaga kesehatan mempunyai risiko kematian

sebesar 2,932 kali dibandingkan bayi yang lahir dari ibu yang melakukan ANC pada tenaga kesehatan (Zahid, 2000)

2.4.5 Faktor Sosial Ekonomi

1) Pendidikan ibu

Menurut Diallo, pendidikan ibu mempunyai hubungan yang tidak signifikan dengan kematian neonatal (Diallo, 2011). Walaupun tidak signifikan, pendidikan tetap diduga mempengaruhi kematian neonatal. Bayi dengan ibu yang memiliki latar pendidikan SLTP/ *secondary school* memiliki angka kematian neonatal (NMR) sebesar 38,5 per 1000 bayi lahir hidup (Diallo, 2011). Wanita dengan latar belakang pendidikan minimal SLTP atau SMA memiliki kematian bayi yang lebih sedikit daripada wanita tanpa latar belakang pendidikan formal atau SD saja (Child Health Research Project Report, 1999). Sedangkan pada bayi BBLR, bayi dengan ibu dengan tingkat pendidikan yang sama memiliki NMR yang justru lebih kecil, yakni 162 per 1000 bayi lahir hidup (Golestan, 2008). Hal serupa juga terjadi pada penlitian Djaja di Indonesia. Ia mengungkapkan bahwa wanita yang tidak bersekolah berisiko sebesar 1,21 kali untuk memiliki bayi yang meninggal di masa neonatal dibandingkan dengan ibu yang berlatar belakang SMA.

Hal tersebut disebabkan oleh ibu yang berpendidikan akan lebih mampu menjaga kondisi kehamilannya, lebih bijak memilih penolong persalinan dan memelihara bayi (Djaja, 2009). Menurut Ware, terdapat tiga latar belakang peranan pendidikan ibu di dalam ketahanan hidup BBLR. Pertama, pendidikan ibu akan mengurangi sikap pasrah sang ibu ketika kesehatan anaknya memburuk. Kedua, pendidikan meningkatkan kemampuan untuk memanfaatkan kesempatan dan sarana pelayanan kesehatan untuk mempertahankan kehidupan anaknya. Ketiga, ibu berpendidikan baik dapat merubah sifat-sifat tradisional hubungan antara keluarga yang berdampak buruk pada kesehatan anaknya (Ware, 1984).

3) Pekerjaan Ibu

Pekerjaan ibu dan bapak memiliki pengaruh secara tidak langsung terhadap kematian neonatal. Menurut Bakketeig, beberapa studi di Perancis menemukan bahwa orang tua yang tidak bekerja mempunyai hubungan dengan

kematian neonatal (Bracken, 1984). Sementara Titaley mengatakan bahwa bayi dengan ayah tidak bekerja mempunyai risiko sebesar 1,57 kali untuk mengalami kematian neonatal dibandingkan bayi dengan ayah bekerja-ibu tidak bekerja. Sedangkan bayi dengan ayah dan ibu tidak bekerja memiliki resiko sebesar 1,47 (Titaley dkk, 2008).

Pengaruh pekerjaan ibu terhadap ketahanan hidup BBLR terkait dengan kelelahan. Sementara ibu hamil dan harus bekerja membuat waktu istirahat ibu berkurang sehingga ketahanan hidup calon bayi akan menurun (Djaja, 2009)

4) Tingkat kesejahteraan

Studi di Kanada menjelaskan bahwa perbedaan kematian neonatal antara kaya dan miskin sebesar 20 % terjadi selama 20 tahun. Pernyataan tersebut didukung oleh kematian neonatal yang paling tinggi terjadi pada kelompok termiskin di daerah Sub Sahara Afrika dan negara Asia Selatan (Lawn dkk, 2005). Sosial ekonomi yang rendah akan meningkatkan infeksi pada ibu yang berakibat pada kesehatan janin yang terganggu sehingga menyebabkan kematian neonatal. Selain itu, sosial ekonomi rendah juga berdampak pada terhambatnya akses pelayanan kesehatan ibu hamil (Lawn dkk, 2005). Namun Diallo mengemukakan bahwa tingkat kesejahteraan tidak berhubungan secara signifikan terhadap kematian neonatal (Diallo, 2011).

5) Ras

Banyak penelitian yang bahwa kematian neonatal dan kejadian BBLR meningkat secara konsisten di kelompok kulit putih maupun kelompok Afro-Amerika (Surles, 1999). Studi lain mengungkapkan bahwa komunitas yang berbeda berdampak perbedaan biologis ibu sehingga mempengaruhi distribusi berat lahir yang berbeda dan kematian neonatal (Bracken, 1984).

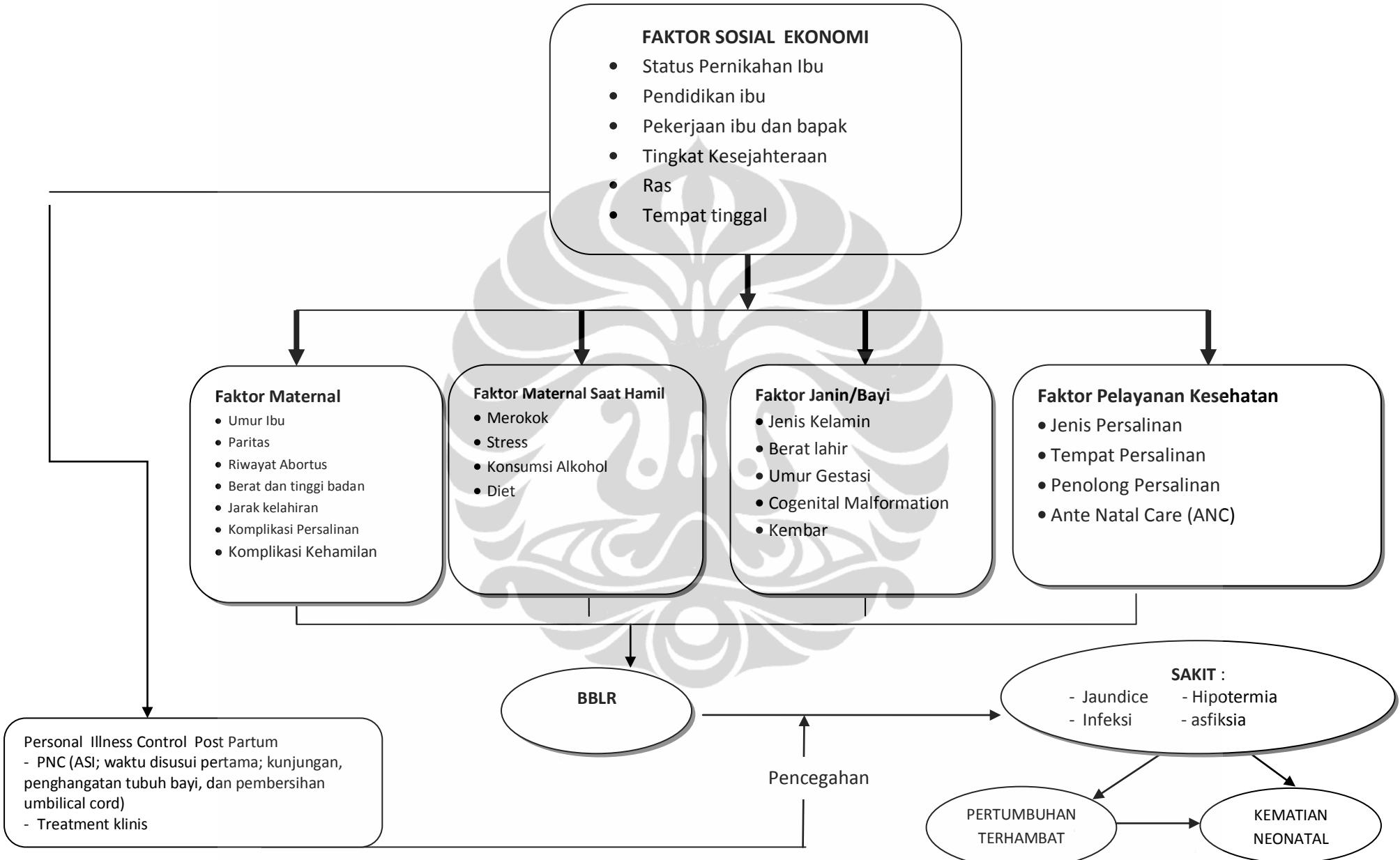
6) Tempat Tinggal

Tempat tinggal yang berjarak 5 km dari pelayanan kesehatan mengakibatkan risiko untuk kematian neonatal sebanyak 2,2 (Diallo dkk, 2011). Sementara Titaley mengatakan bahwa bayi yang tinggal di daerah rural memiliki risiko kematian neonatal sebesar 1,34 dibandingkan dengan bayi yang tinggal di

daerah urban (Titaley dkk, 2008). Perbedaan kematian neontal di rural dan urban dipengaruhi oleh ketersediaan dan penggunaan alat kesehatan, jasa, dan hambatan untuk menjangkau pelayanan kesehatan tersebut. Selain itu, disparitas tersebut juga disebabkan oleh faktor jarak pelayanan kesehatan dengan rumah sakit rujukan.

2.6 Kerangka Teori

Berdasarkan *framework* yang dibuat oleh Mosley dan Chen, ketahanan hidup bayi BBLR dipengaruhi oleh *proximate factor* seperti faktor bayi, ibu, dan pelayanan kesehatan saat persalinan. Ketiga faktor tersebut dipengaruhi oleh faktor sosial ekonomi seperti status pernikahan ibu, pendidikan ibu dan bapak, pekerjaan, pendapatan keluarga, ras, rumah, dan tempat tinggal. Sementara itu , kematian neonatal dapat diatasi dengan *Personal Illness Control* yang baik.



Diolah dari berbagai sumber dengan menggunakan framework W. Henry Mosley dan Lincoln Chen (*An Analytical Framework for The Study of Child Survival in Developing Countries*)

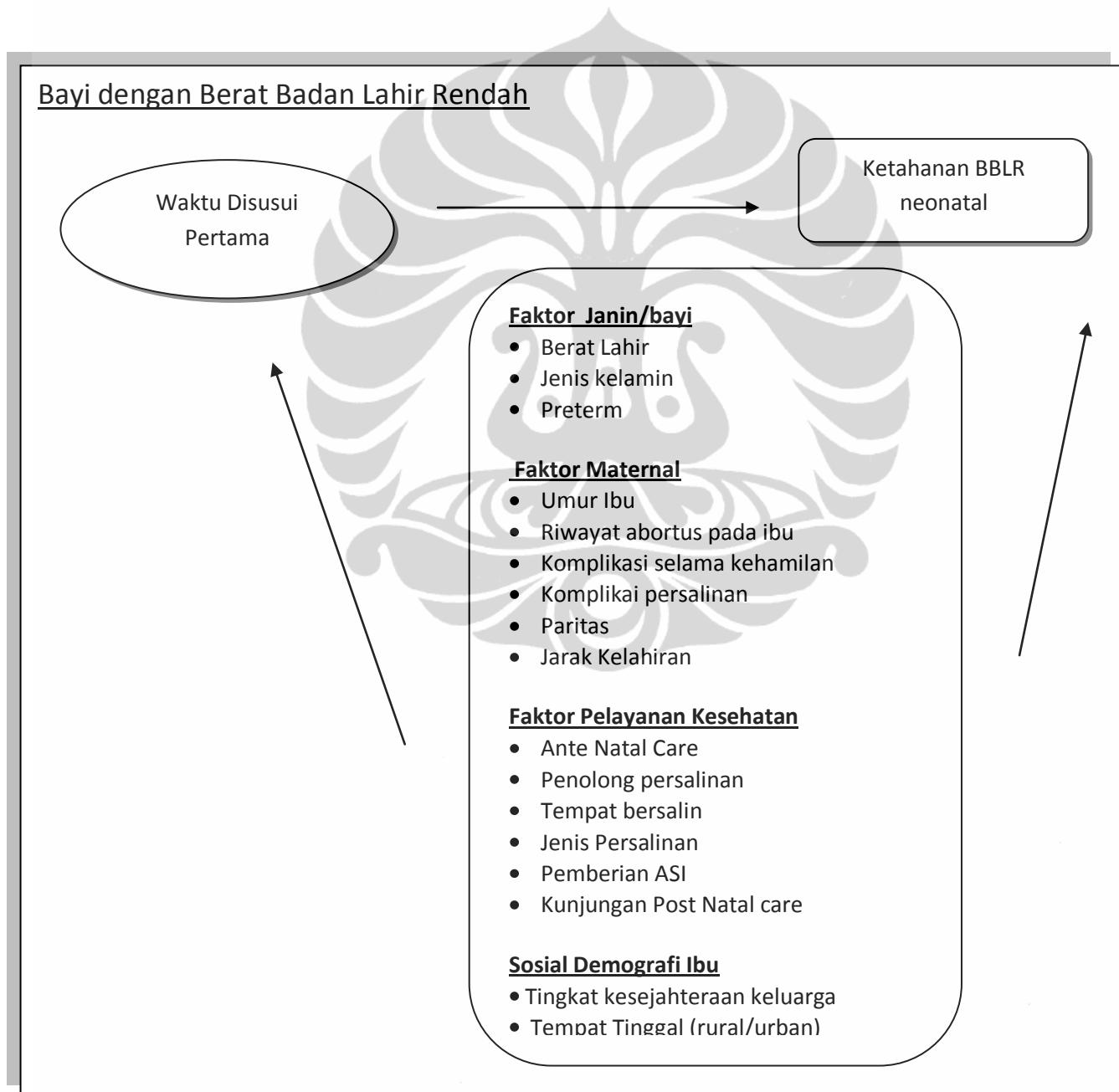
Gambar 2.6.1 Kerangka Teori Penyebab Kematian Neonatal Pada BBLR

BAB 3

KERANGKA KONSEP , DEFINSI OPERASIONAL, DAN HIPOTESIS

3.1 Kerangka Konsep

Ketahanan hidup bayi berat lahir rendah (BBLR) dapat dipengaruhi oleh waktu disusui pertama yang didapatnya. Namun faktor bayi, maternal, pelayanan kesehatan, dan sosial ekonomi juga berperan terhadap ketahanan tersebut.



Gambar 3.1 Kerangka Konsep Penelitian

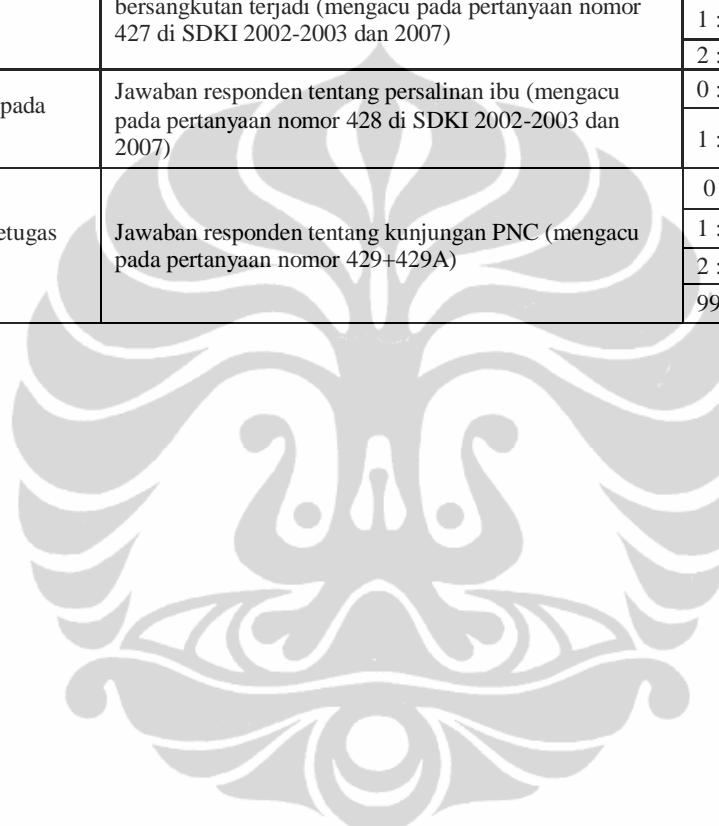
3.2. Definisi Operasional

No.	Variabel	Defenisi Operasional	Cara Ukur	Hasil Ukur	Skala Ukur
	Waktu Ketahanan Hidup	Umur BBLR bertahan hidup sejak dilahirkan hingga pengamatan selama 28 hari	Jawaban responden di dalam riwayat kelahiran di dalam kuesioner.	Umur anak dalam hitung hari	Numerik
Variabel Dependen					
1	Status Kehidupan	Status kehidupan BBLR selama 28 hari kehidupan.	Jawaban responden tentang tentang riwayat kelahiran bayi yang meninggal pada 28 hari setelah kelahiran (mengacu pada pertanyaan nomor 216+220 di SDKI 2002-2003 dan 2007)	1 : Lahir hidup dan meninggal saat neonatal	Nominal
				0 : Lahir hidup dan tetap hidup lebih dari 28 hari setelah kelahiran	
Variabel Independen					
2	Waktu Disusui Pertama	Waktu pertama kali ibu menyusui BBLR setelah lahir.	Jawaban responden tentang waktu disusui pertama yang dilakukannya (mengacu pada pertanyaan nomor 441 di SDKI 2002-2003 dan 2007)	0 : Waktu Disusui Pertama < 1 jam	Nominal
				1 : Waktu disusui pertama 1 -23 jam	
				2 : Waktu disusui pertama ≥ 1hari	
				999 : Tidak diketahui	
3	Berat Lahir	Berat bayi <2500 gram saat dilahirkan	Jawaban responden tentang berat bayinya saat dilahirakan (mengacu pada pertanyaan nomor 425 pada SDKI 2002-2003 dan 2007 dengan <i>cut off</i> point < 2500 gram)	0 : 2201 -2499 gram	Nominal
				1 : 2000 -2200 gram	
				2 : 1500 – 1999 gram	

4	Jenis Kelamin Bayi	Jenis kelamin bayi	Jawaban responden tentang jenis kelamin bayi (mengacu pada pertanyaan nomor 214 di SDKI 2002-2003 dan 2007)	1 : laki-laki	Nominal
				2 : perempuan	
5	Preterm	Bayi yang lahir kurang dari 9 bulan	Jawaban responden tentang umur kadnudungan saat lahir (mengacu pada pertanyaan nomor 414C di SDKI 2002-2003 dan 2007)	0 : Cukup bulan/preterm	Nominal
				1 : Kurang bulan/preterm	
6	Pemberian ASI Exclusive	Makanan bayi yang diberikan selama 3 hari setelah kelahiran tanpa tambahan zat lain kecuali obat, vitamin, dan air setelah lahir hingga 28 hari	Jawaban responden tentang ASI exclusive (mengacu pada pertanyaan nomor 442+443 di SDKI 2002-2003 dan 2007)	0 : Non - ASI Exclusive	Nominal
				1 : ASI Exclusive	
				2 : Tidak Diketahui	
7	Umur Ibu	Umur responden/ ibu saat wawancara	Jawaban responden tentang umur ibu saat wawancara (mengacu pada pertanyaan nomor 106 di SDKI 2002-2003 dan 2007)	0 : 20 – 35 tahun	Nominal
				1 : 15 – 19 tahun	
				2 : > 35 tahun	
7.	Riwayat Abortus/Lahir Mati	Riwayat tentang abortus, lahir mati yang pernah dialami oleh ibu bayi	Jawaban responden tentang riwayat abortus ibu (mengacu pada pertanyaan nomor 229 di SDKI 2002-2003 dan 2007)	0 : Tidak	Nominal
				1 : Ya	
8.	Komplikasi Selama Kehamilan	Komplikasi/masalah kesehatan yang dialami ibu selama masa kehamilan	Jawaban responden tentang komplikasi masalah kesehatan selama kehamilan (mengacu pada pertanyaan nomor 414C dan 414B di SDKI 2002-2003 dan 2007)	0 : Tidak ada komplikasi	Nominal
				1 : Terdapat komplikasi	
9	Komplikasi Persalinan	Komplikasi/masalah kesehatan yang dialami ibu saat persalinan	Jawaban responden tentang komplikasi masalah kesehatan saat persalinan (mengacu pada pertanyaan nomor 428A di SDKI 2002-2003 dan 2007)	0 : Tidak ada komplikasi	Nominal
				1 : Terdapat komplikasi	
10	Paritas	Jumlah kelahiran ibu	Jawaban responden tentang paritas ibu (mengacu pada pertanyaan nomor 208 di SDKI 2002-2003 dan 2007)	0 : 1 kali	Ordinal
				1 : 2-3 kali	
				2 : >= 4 kali	
11	Jarak Kelahiran	Jarak kelahiran antara anak satu dengan anak yang lain	Jawaban responden tentang jarak kelahiran (mengacu pada pertanyaan 215 F di SDKI 2002-2003 dan 2007)	0 : > 2 tahun	Nominal
				1 : ≤ 2 tahun	
				999 : Tidak Diketahui	

12	Frekuensi Kunjungan Ante Natal Care	Frekuensi kunjungan ante natal care. Jika sesuai dengan standar minimal maka kunjungan tersebut 1 x kunjungan pada trimester 1, 1 kali pada smester 2, dan 2 x pada trimester ketiga	Kombinasi jawaban responden tentang frekuensi ANC (mengacu pada pertanyaan nomor 408+409 di SDKI 2002-2003 dan 2007)	0 : Sesuai standar 1 : Tidak sesuai standar 2 : Tidak diperiksa	Ordinal
13.	Pemeriksa ANC	Tenaga kesehatan <i>most qualified</i> yang memeriksa kandungan ibu selama kehamilan	Jawaban responden tentang pemeriksa kehamilan (mengacu pada pertanyaan 407 di SDKI 2002-2003 dan 2007)	0 : Tenaga kesehatan <i>most qualified</i> (dokter, dokter kandungan, bidan desa, dan bidan) 1: Non tenaga kesehatan <i>most qualified</i>	
14	Tingkat Kesejahteraan	karakteristik yang digunakan SDKI (kuintil 20 %) sebagai pendekatan untuk menentukan standar hidup yang didasarkan pada karakteristik kediaman (tempat tinggal), kepemilikan sumber air minum, kepemilikan toilet, dan karakteristik lain yang berhubungan dengan status social ekonomi	Jawaban responden tentang tingkat kesejahteraan yang diukur dari kepemilikan (mengacu pada pertanyaan nomor 24+26+27+30+31+32++33+34+35+36+37+39+40+41) dan kemudian dikelompokkan ke dalam kategori wealth index oleh SDKI 2002-2003 dan 2007 ke dalam variabel QHWLTHI	1 : paling miskin 2 : miskin 3 : menengah 4 : kaya 5 : paling kaya	Ordinal
15				1 : Urban 2 : Rural	
16				0 : tidak bekerja 1 : bekerja	
17				0 : Tidak sekolah 1 : SD 2 : SLTP 3 : SMA	
18				0 : Tenaga kesehatan <i>most qualified</i> (dokter, dokter kandungan, bidan desa, dan bidan) 1: Non tenaga kesehatan <i>most qualified</i>	

19	Tempat Bersalin	Tempat persalinan terjadi	Jawaban responden tentang tempat persalinan anak yang bersangkutan terjadi (mengacu pada pertanyaan nomor 427 di SDKI 2002-2003 dan 2007)	0 : bersalin di pelayanan kesehatan (pemerintah dan swasta) 1 : bersalin di rumah 2 : bersalin di perjalanan	Ordinal
20	Jenis Persalinan	Jenis Persalinan yang dilakukan ibu pada bayi yang menjadi responden	Jawaban responden tentang persalinan ibu (mengacu pada pertanyaan nomor 428 di SDKI 2002-2003 dan 2007)	0 : Per vaginam 1 : Caesaria Sectio	Nominal
21	Kunjungan PNC	Kunjungan pasca melahirkan oleh petugas kesehatan yang diperoleh bayi	Jawaban responden tentang kunjungan PNC (mengacu pada pertanyaan nomor 429+429A)	0 : 0 -2 hari 1 : 3- 6 hari 2 : 7- 41 hari 999 : Tidak diketahui	Interval



3.3 Hipotesis

Waktu disusui pertama dapat meningkatkan ketahanan hidup BBLR dalam masa neonatal setelah faktor bayi, maternal, pelayanan kesehatan, dan sosial demografi ibu dikendalikan.

Analisis tersebut akan dilakukan pada kelompok berikut.

1. Waktu disusui pertama memberikan efek yang berbeda terhadap ketahanan kelompok bayi BBLR 1500-2200 gram dengan kelompok bayi BBLR 2201-2499 gram
2. Waktu disusui pertama memberikan efek yang berbeda terhadap ketahanan kelompok bayi BBLR yang lahir di fasilitas kesehatan dengan kelompok bayi BBLR yang lahir di tempat selain fasilitas kesehatan.

BAB 4

METODOLOGI PENELITIAN

4.1 Desain Penelitian

Penelitian ini merupakan studi analitik terhadap data skunder Survei Demografi dan Kesehatan Indonesia (SDKI) pada tahun 2002-2003 dan 2007 yang mempunyai desain *cross-sectional*. Desain yang dipilih dalam penelitian ini adalah kohort retrospektif. Desain dipilih karena penelitian ingin melihat peranan waktu disusui pertama sebagai *exposure* bayi dengan berat lahir rendah (BBLR) dalam perjalanan waktunya (*outcome*) sehingga menimbulkan kematian neonatal sebagai *event of interest*.

Event dikatakan gagal jika bayi BBLR meninggal dalam kurun waktu 28 hari setelah kelahiran. Sedangkan *event* dikatakan sukses jika bayi dengan BBLR dapat hidup melebih 28 hari setelah kelahiran.

Eksposure utama dalam penelitian ini adalah waktu disusui pertama. Selain itu, penelitian juga mengukur faktor bayi/janin seperti jenis kelamin, preterm, dan pemberian ASI. Sedangkan faktor maternal yang dinilai antara lain: umur ibu, riwayat abortus pada ibu, komplikasi selama kehamilan, komplikasi persalinan, paritas, jarak kelahiran. Di samping itu, pengukuran juga dilakukan terhadap faktor pelayanan kesehatan (ANC, penolong persalinan, tempat bersalin, jenis persalinan, dan kunjungan PNC) dan faktor sosial demografi ibu (tingkat kesejahteraan keluarga, tempat tinggal, dan pendidikan ibu)

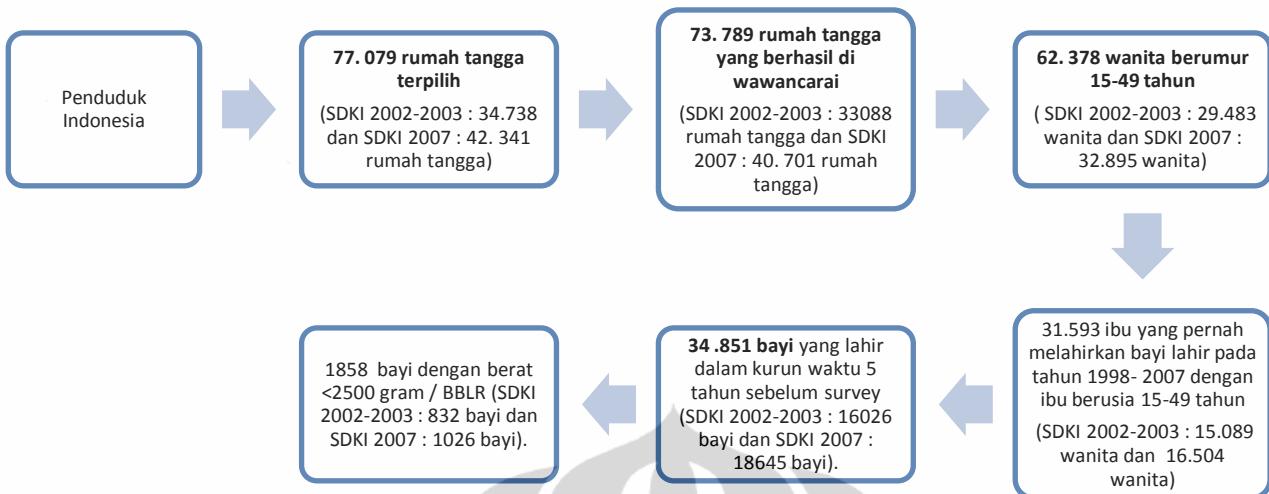
4.2 Waktu dan Lokasi

Survei Demografi dan Kesehatan Indonesia tahun 2002-2003 dan 2007 dilakukan oleh Macro International (MEASURE DHS) bekerjasama dengan Badan Pusat Statistik (BPS), Badan Koordinasi Keluarga Berencana Nasional (BKKBN), dan Kementerian Kesehatan Republik Indonesia di seluruh wilayah Indonesia pada tahun 2002-2003 dan 2007. Sedangkan penelitian ini sendiri dilakukan pada bulan Mei 2012.

4.3 Populasi dan sampel

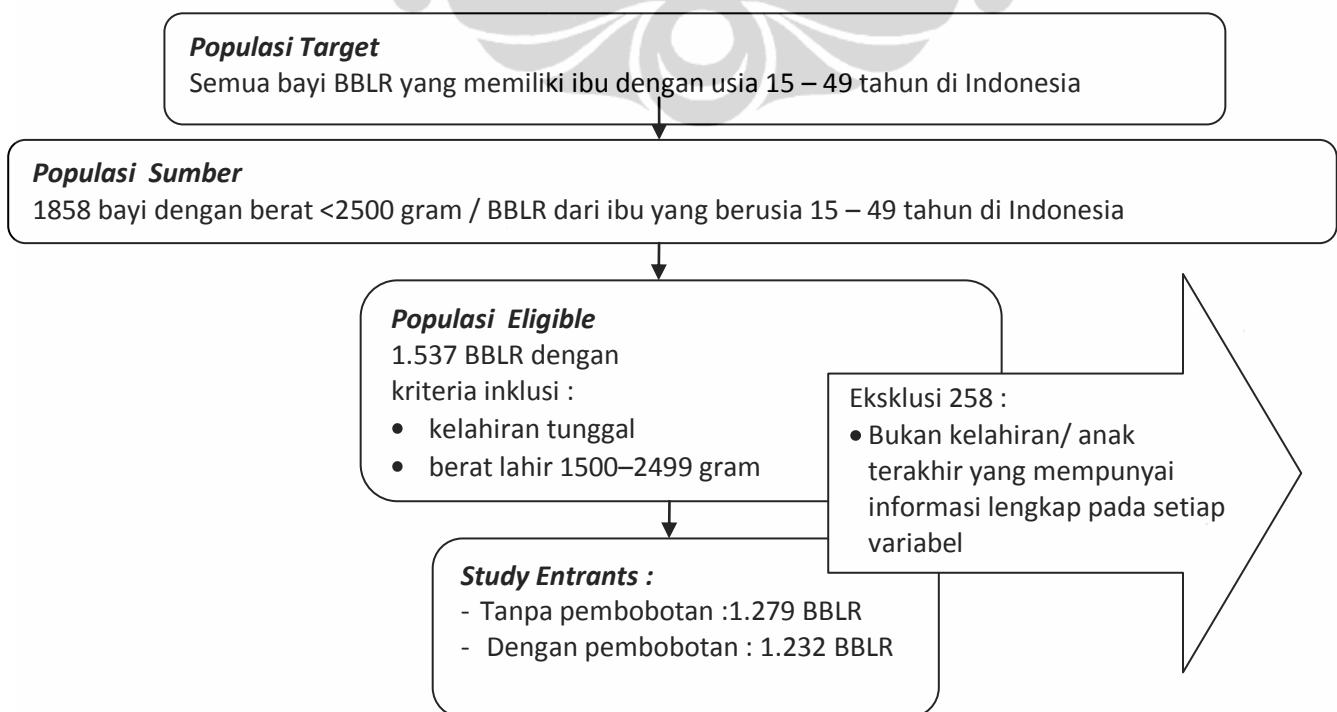
Populasi penelitian meliputi 26 propinsi pada SDKI 2002-2003 dan 33 propinsi yang ada di Indonesia pada SDKI 2007. Propinsi Nanggroe Aceh Darussalam, Maluku, Maluku Utara, Papua, dan Papua Barat hanya ikut serta dalam SDKI 2007. Selain itu, 2 propinsi baru yakni Kepulauan Riau dan Sulawesi Barat juga hanya berpartisipasi dalam SDKI 2007. Sampel penelitian diambil melalui dua tahap (*two stages sampling*). Pada tahap pertama dilakukan pemilihan sampel 3.286 blok sensus (SDKI 2002-2003 sebanyak 1592 blok sensus dan SDKI 2007 sebanyak 1.694 blok sensus). Pemilihan tersebut dilakukan oleh BPS dengan menggunakan cara *pps* (*probability proportional to size*). Pada tahap kedua, sebanyak 25 rumah tangga dipilih secara sistematik dari masing-masing blok sensus terpilih. Dengan demikian, sejumlah 77.079 rumah tangga terpilih (SDKI 2002-2003 sebanyak 34.738 dan SDKI 2007 sebanyak 42. 341 rumah tangga).

Pengumpulan data pada rumah tangga terpilih dilakukan melalui wawancara langsung (tatap muka) antara pewawancara dengan responden. Dari seluruh rumah tangga tersebut, terdapat 73.789 rumah tangga yang berhasil diwawancara (SDKI 2002-2003 sebanyak 33.088 rumah tangga dan SDKI 2007 sebanyak 40.701 rumah tangga). Dan di dalamnya terdapat 62. 378 wanita berumur 15-49 tahun (SDKI 2002-2003 sebanyak 29.483 wanita dan SDKI 2007 sebanyak 32.895 wanita). Dari seluruh wanita tersebut, terdapat 31.593 wanita yang pernah mengandung bayi lahir pada tahun 1998- 2007 (SDKI 2002-2003 sebanyak 15.089 wanita dan SDKI 2007 sebanyak 16.504 wanita). Seluruh wanita yang pernah mempunyai bayi lahir hidup memiliki 34. 851 bayi yang lahir dalam kurun waktu 5 tahun sebelum survey (SDKI 2002-2003 sebanyak 16.026 bayi lahir hidup dan SDKI 2007 sebanyak 18.645 bayi lahir hidup). Kemudian populasi tersebut disaring kembali guna memilih bayi dengan berat lahir <2500 gram (BBLR) yang disebut dengan populasi sumber. Dan didapatkan 1.858 BBLR (SDKI 2002-2003 sebanyak 832 bayi dan SDKI 2007 sebanyak .1026 bayi). Diagram pemilihan sampel dapat dilihat sebagai berikut:



Gambar 4.3.1 Pemilihan Populasi Sumber

Dari populasi sumber tersebut, responden kemudian dipilih berdasarkan kriteria inklusi, yaitu kelahiran tunggal dengan berat minimal 1500 gram sehingga sejauhnya terpilih 1.537 BBLR. Kemudian, karena tidak memiliki data pada beberapa variabel, sebanyak 258 BBLR yang bukan kelahiran terakhir juga dikeluarkan dari penelitian sehingga sampel yang *eligible* sebesar 1.279 sampel. Untuk menyamakan peluang terpilih pada setiap strata, sampel dibobot. Dengan demikian sampel yang masuk ke dalam analisis berjumlah 1.232 BBLR. Diagram pemilihan sampel dapat dilihat sebagai berikut:



Gambar 4.3.2 Pemilihan Sampel

4.4 Besar Sampel

$$n = \frac{\left[Z_{1-\alpha/2} \sqrt{2\{\bar{P}(1-\bar{P})\}} + Z_{1-\beta} \sqrt{\{P_1(1-P_1) + P_2(1-P_2)\}} \right]^2}{(P_1 - P_2)^2} \times d_{eff}$$

Dengan : $P_1 = RR * P_2$
 $= 0.383 * 0.087 = 0.033$
 $\bar{P} = \frac{(P_1 + P_2)}{2}$
 $= (0.033 + 0.087) / 2$
 $= 0.06$

Maka, diperoleh :

$$n = \frac{\left[Z_{1-\alpha/2} \sqrt{2\{0.06(1-0.06)\}} + Z_{1-\beta} \sqrt{\{0.033(1-0.033) + 0.087(1-0.087)\}} \right]^2}{(0.0348 - 0.087)^2} \times 2$$

$$n = 303 \times 2 = 606 \text{ untuk tiap kelompok}$$

Dengan demikian, sampel yang dibutuhkan sebesar 1212 .

Keterangan

n = jumlah sampel

Z_{1-β} = kekuatan uji (80%)

Z_{1-α/2} = standar normal deviasi ($α = 0.05$) → 1.96

RR = Besar resiko kematian neonatal pada kelompok yang tidak Waktu disusui pertama = 1/2.61 = 0,383 (Edmond, 2007)

P₁ = Proporsi kelompok BBLR yang Waktu disusui pertama yang meninggal pada masa neonatal = 0,033

P₂ = Proporsi kelompok BBLR yang tidak Waktu disusui pertama dan meninggal pada masa neonatal = 8,7 % (Ribiero)

deff = design effect = perbandingan varians yang diperoleh pada desain sampel yang kompleks

4.5 Pengolahan Data

Data merupakan data skunder SDKI 2002-2003 dan 2007. Dengan demikian, tahapan pengolahan data yang akan dilalui adalah :

1. *Cleaning data*

Membersihkan dan memperbaiki informasi yang *missing*, tidak masuk di akal, atau ekstrim di dalam database.

2. *Recoding*

Pengelompokan ulang data SDKI 2002-2003 dan 2007 ke dalam kategori yang disesuaikan dengan kerangka konsep.

4.6. Analisis dan Penyajian Data

Analisis yang akan dilakukan adalah analisis ketahanan hidup (*survival analysis*) dalam survey. Analisis ini betujuan untuk memperkirakan probabilitas ketahanan hidup, kekambuhan, kematian, dan peristiwa-peristiwa lainnya pada periode waktu tertentu. Selain itu, analisis ketahanan hidup digunakan untuk menilai efikasi suatu perlakuan klinis dan efektifitas strategi intervensi program kesehatan masyarakat (Murti, 1997).

4.6.1 Analisis Univariat

Analisis univariat dilakukan untuk karakteristik setiap variabel. Data kategorik akan menampilkan frekuensi dari setiap varaiel yang distarifikasi menurut kelompok waktu disusui pertama.

4.6.2 Analisis Bivariat

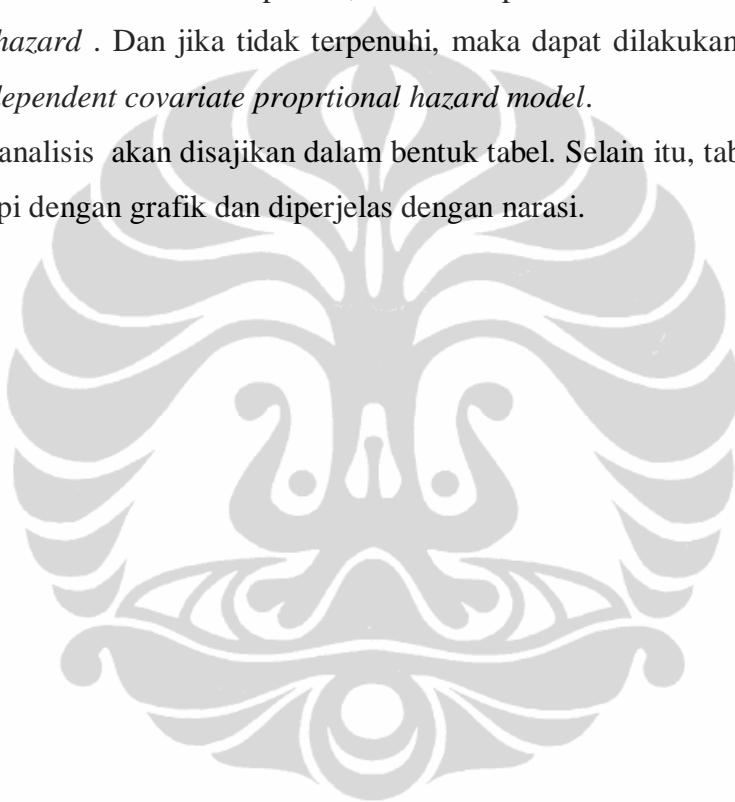
Sedangkan analisis bivariat dilakukan untuk melihat perbedaan dan besarnya probabilitas ketahanan hidup BBLR dengan Waktu disusui pertama dan BBLR tanpa Waktu disusui pertama. Metode statistik yang digunakan adalah metode *Kaplan Meier*. Metode ini merupakan salah satu metode aproksimasi yang cocok dan cukup akurat untuk menghitung *Cumulative Incidens* (CI) pada populasi berukuran sedang hingga besar. Sedangkan kemaknaan perbedaan tersebut dilihat dengan melakukan uji *log rank*. Selain itu, hubungan asosiasi

antara variabel independen dengan dependen akan dinilai dengan menggunakan *cox proportional hazard model*

4.6.3 Analisis Multivariat

Untuk mengetahui variabel yang menentukan ketahanan hidup BBLR dilakukan dengan analisis multivariat. Sebelum variabel kandidat masuk ke dalam analisis multivariat, dilakukan uji *proportional hazard*. Jika asumsi *proportional hazard* terpenuhi, maka dapat dilakukan analisis *cox proportional hazard*. Dan jika tidak terpenuhi, maka dapat dilakukan analisis *time dependent covariate proportional hazard model*.

Hasil analisis akan disajikan dalam bentuk tabel. Selain itu, tabel tersebut akan dilengkapi dengan grafik dan diperjelas dengan narasi.

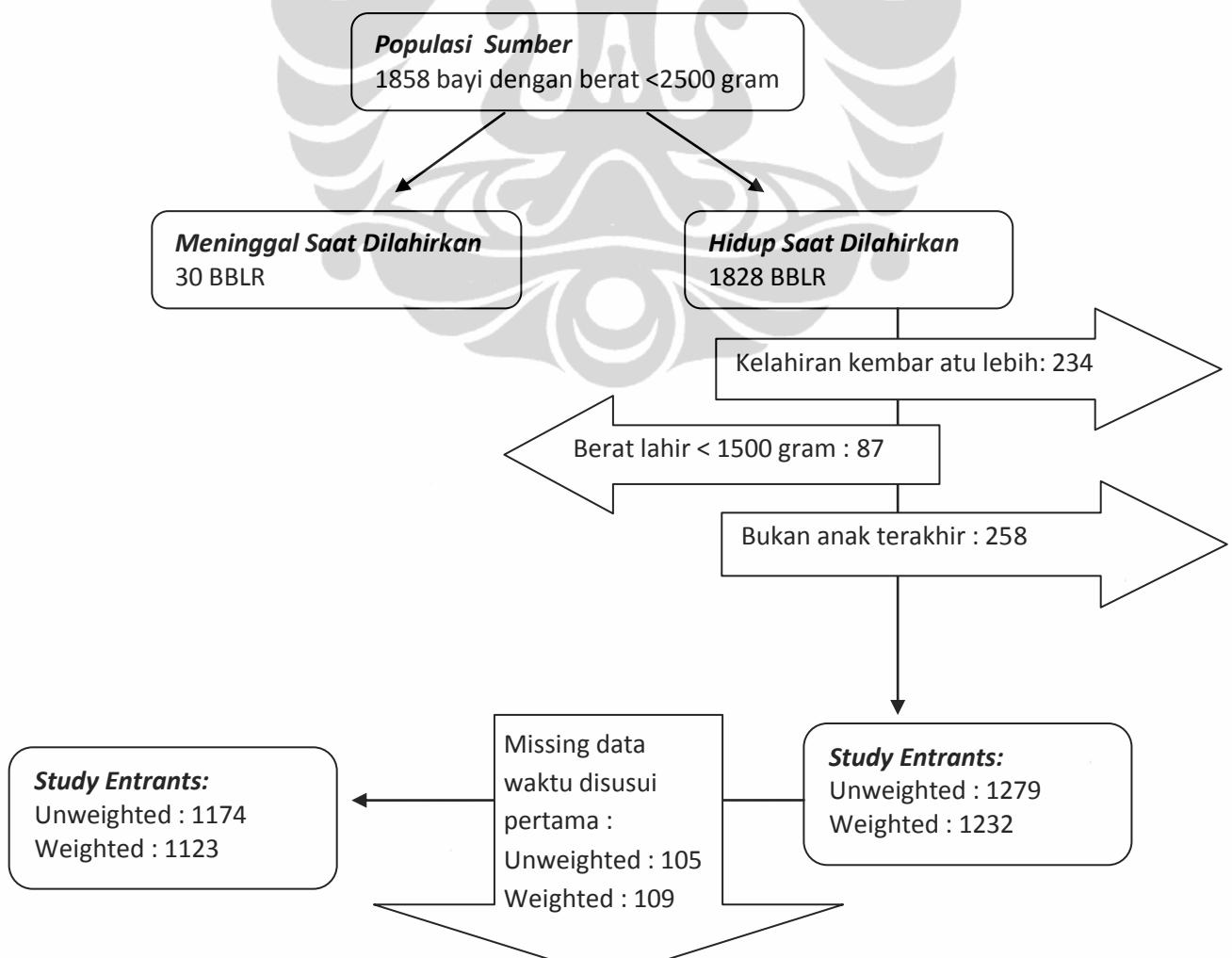


BAB 5

HASIL PENELITIAN

5.1 Populasi Sampel

Subjek dalam penelitian ini bersumber dari sampel yang mengikuti Suvey Demografi dan Kesehatan Indonesia pada tahun 2002-2003 dan 2007. Sebanyak 1858 dari 34.851 bayi lahir hidup merupakan bayi dengan berat lahir < 2500 gram (BBLR) menjadi populasi sumber dari penelitian ini. Sebanyak 30 BBLR di antara mereka merupakan BBLR yang meninggal pada saat mereka dilahirkan. Sebesar 120 lainnya meninggal dalam kurun 3 tahun setelah kelahiran. Dan sisanya, sebesar 1708 BBLR dinyatakan masih hidup saat survey berlangsung.

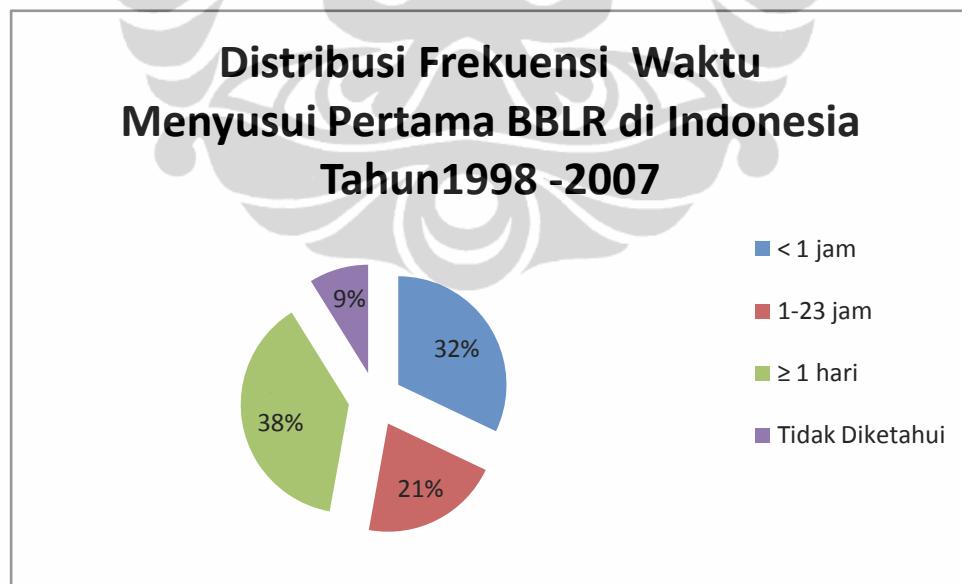


Gambar 4.3 Poplasi Sampel

Kemudian, sebanyak 1537 BBLR terpilih dalam penelitian karena terlahir dengan kelahiran tunggal dan memiliki berat 1500 – 2499 gram. BBLR yang bukan terlahir sebagai anak terakhir dikeluarkan dari penelitian. Dengan demikian, subjek yang ikut dalam penelitian ini sebesar 1279 BBLR. Karena penelitian ini merupakan penelitian survey, maka sampel perlu dibobot sehingga sampel menjadi 1232 BBLR. Pada analisis hubungan bivariat dan multivariat, hanya 1174 yang dapat dianalisis karena mempunyai data waktu disusui pertama yang lengkap.

5.2 Karakteristik Sampel

Hasil penelitian menggambarkan bahwa sebagian besar (38 %) BBLR disusui pertama kali minimal 1 hari setelah kelahiran dan 21 % BBLR disusui pertama dalam kurun waktu 1 -23 jam setelah kelahiran. Sementara 32 % BBLR lainnya dalam waktu < 1 jam setelah kelahiran telah disusui untuk pertama kali. Sedangkan sisanya, sebanyak 9 % BBLR tidak diketahui statusnya.



Gambar 5.2.1 Diagram Pie Distribusi Frekuensi Waktu Disusui Pertama BBLR di Indonesia Tahun 1998-2007

Jika dilihat dari ketahanan hidup, kelompok 1-23 jam mempunyai proporsi BBLR yang bertahan yang lebih banyak dibandingkan kelompok lainnya. Pada kelompok tersebut, 99,61 % dari 256 BBLR dapat bertahan dalam kurun waktu 28 hari kehidupan. Sedangkan pada kelompok waktu disusui pertama < 1 jam, terdapat 386 dari 395 BBLR (97,72 %) dapat bertahan. Sementara terdapat 99,50 % BBLR yang bertahan pada kelompok ≥ 1 hari dan 80,59 % pada kelompok tidak diketahui status waktu disusui pertamanya. Gambaran tersebut dapat dilihat dalam tabel 5.1.1

Tabel 5.2.1 Status Kehidupan BBLR di Indonesia Pada Tahun 1998-2007
Berdasarkan Pola Waktu Disusui Pertama

Variabel	n bobot	Presentase (%)	Waktu disusui pertama							
			< 1 jam		1 – 23 jam		≥ 1 hari		Tidak Diketahui	
			n	%	n	%	n	%	n	%
Hidup	1199	97,35	386	97,72	255	99,61	470	99,50	88	80,59
Meninggal	33	2,65	9	2,18	1	0,39	2	0,47	21	19,10
	1232		395		256		472		109	

5.2.1 Karakteristik Sampel Berdasarkan Faktor Bayi

Faktor BBLR yang diduga mempengaruhi ketahanan hidupnya adalah berat lahir, jenis kelamin, dan usia kelahiran (preterm/tidak). Sebagian besar sampel merupakan BBLR dengan berat lahir 2000 – 2200 gram (46, 23 %). Sedangkan sisanya merupakan bayi dengan berat 1500-1999 gram (19,74 %) dan 2201 -2499 gram (34,03 %). BBLR yang tergabung dalam studi terdiri dari 587 bayi laki-laki (47, 66 %) dan 645 bayi perempuan (52,34 %). Berdasarkan usia kandungan, sebesar 673 BBLR (54,65 %) dilahirkan cukup bulan dan 76 BBLR (6,16 %) dilahirkan kurang bulan. Sementara itu, 483 BBLR lainnya (39,19 %) tidak diketahui statusnya.

Distribusi frekuensi antara kelompok disusui < 1 jam, 1-23 jam, ≥ 1 hari hampir sama. Seluruh kelompok didominasi oleh BBLR dengan berat lahir 2000-2200 gram. Selain itu, mayoritas BBLR di semua kelompok juga dilahirkan cukup bulan. Perbedaan antara kelompok hanya terlihat dari variabel jenis kelamin. Berbeda dengan ketiga kelompok lain yang didominasi perempuan, 55,28 %

BBLR yang waktu disusui pertama pada saat ≥ 1 hari merupakan BBLR berjenis kelamin laki-laki. Untuk lebih jelas, distribusi frekuensi tersebut dapat dilihat pada tabel 5.2.2

Tabel 5.2.2 Distribusi Frekuensi BBLR di Indonesia Pada Tahun 1998 -2007
Berdasarkan Faktor Bayi

Variabel	n weight (1232)	%	Waktu disusui pertama							
			< 1 jam n = 395		1 - 23 jam n = 256		≥ 1 hari n = 472		Tidak Diketahui n = 109	
			n	%	n	%	n	%	n	%
Berat Lahir										
2201-2499 gram	419	34,03	149	37,72	88	34,38	153	32,42	29	26,61
2000-2200 gram	570	46,23	189	47,85	122	47,66	222	47,01	37	33,94
1500-1999 gram	243	19,74	57	14,43	46	17,97	97	20,57	43	39,45
	1232		395		256		472		109	
Jenis Kelamin										
Laki-laki	587	47,66	184	46,58	97	37,89	261	55,28	45	41,28
Perempuan	645	52,34	211	53,42	159	62,11	211	44,71	64	58,72
	1232		395		256		472		109	
Preterm										
Tidak	673	54,65	228	57,72	137	53,52	254	53,81	54	49,54
Ya	76	6,16	21	5,32	6	2,34	37	7,84	12	11,01
Tidak Diketahui	483	39,19	146	36,96	113	44,14	181	38,35	43	39,45
	1232		395		256		472		109	

5.2.2 Karakteristik BBLR Berdasarkan Faktor Maternal

Faktor maternal yang diperkirakan mempengaruhi ketahanan hidup BBLR di Indonesia adalah umur ibu, riwayat aborsi, komplikasi kehamilan, komplikasi persalinan, paritas, dan jarak kelahiran. Mayoritas sampel merupakan BBLR dengan ibu berusia 20 -35 tahun (75,84%); tidak memiliki riwayat aborsi (88,2%); tidak ada komplikasi kehamilan (82,37%) dan persalinan (51,31%); mempunyai

paritas sebanyak 2- 3 kali (43,06%); dan memiliki jarak kelahiran anak ≥ 2 tahun (50,84%).

Kelompok waktu disusui pertama < 1 jam dan kelompok 1-23 jam memiliki distibusi yang sama dengan distrbusi sampel secara keseluruhan. Pada kelompok waktu disusui pertama < 1 jam, sebanyak 315 dari 395 BBLR (79,95%) merupakan BBLR dari ibu berumur 20-35 tahun. Sementara itu, pada kelompok waktu disusui pertama 1-23 jam, 186 dari 256 BBLR (72,66%) termasuk BBLR dengan ibu berusia 20-35 tahun. Kedua kelompok juga didominasi oleh BBLR dengan ibu yang tidak memiliki komplikasi saat hamil dan persalinan, memiliki paritas 2-3 kali, dan jarak kelahiran ≥ 2 tahun.

Tabel 5.2.3 Distribusi Frekuensi BBLR di Indonesia Pada Tahun 1998 -2007
Berdasarkan Faktor Ibu

Variabel	n weight (1232)		Waktu Disusui Pertama						Tidak Diketahui n = 109	
			< 1 jam n = 395		1 - 23 jam n = 256		≥ 1 hari n = 472			
			n	%	n	%	n	%		
Umur Ibu										
15-19 tahun	52	4,21	10	2,53	12	4,69	29	6,21	0	0,00
20-35 tahun	934	75,84	315	79,75	186	72,66	356	75,51	77	70,64
>35 tahun	246	19,96	70	17,72	58	22,66	86	18,27	32	29,36
	1232		395		256		472		109	
Riwayat Aborsi										
Tidak	1087	88,20	357	90,38	228	89,06	404	85,54	98	89,91
Ya	145	11,80	38	9,62	28	10,94	68	14,46	11	10,09
	1232		395		256		472		109	
Komplikasi Kehamilan										
Tidak ada komplikasi	1015	82,37	329	83,29	227	88,67	380	80,50	79	72,48
Terdapat komplikasi	217	17,63	66	16,71	29	11,33	92	19,50	30	27,52
	1232		395		256		472		109	
Komplikasi Persalinan										
Tidak ada komplikasi	632	51,31	232	58,73	131	51,17	229	48,52	40	36,70
Terdapat komplikasi	600	48,69	163	41,27	125	48,83	243	51,48	69	63,30
	1232		395		256		472		109	
Paritas										
1 kali	511	41,48	137	34,68	93	36,33	221	46,82	60	55,05
2-3 kali	530	43,06	190	48,10	119	46,48	191	40,47	30	27,52
≥ 4 kali	191	15,47	68	17,22	44	17,19	60	12,71	19	17,43
	1232		395		256		472		109	

Variabel	n weight (1232)		Waktu Disusui Pertama							
			< 1 jam n = 395		1 - 23 jam n = 256		≥ 1 hari n = 472		Tidak Diketahui n = 109	
			n	%	n	%	n	%	n	%
Jarak Kelahiran										
> 2 tahun	626	50,84	232	58,73	133	51,95	223	47,25	38	34,86
≤ 2 tahun	95	7,68	26	6,58	30	11,72	28	5,93	11	10,09
Tidak Diketahui	511	41,48	137	34,68	93	36,33	221	46,82	60	55,05
	1232		395		256		472		109	

Tabel di atas juga memperlihatkan perbedaan distibusi frekuensi pada kelompok BBLR yang disusui pertama ≥ 1 hari dan status waktu disusui pertama tidak diketahui. Jika kelompok waktu disusui pertama < 1 jam dan 1-23 jam didominasi oleh BBLR dengan ibu tanpa komplikasi persalinan, sebagian besar anggota kedua kelompok lainnya ini merupakan BBLR dengan ibu yang mengalami komplikasi saat persalinan. Komplikasi tersebut dialami oleh 243 dari 472 BBLR (51,48 %) pada kelompok disusui ≥ 1 hari dan 69 dan 109 BBLR (63,30 %) di kelompok yang tidak diketahui statusnya.

5.2.3 Karakteristik BBLR Berdasarkan Faktor Pelayanan Kesehatan

Hasil penelitian menggambarkan sebagian besar BBLR memiliki ibu yang telah melakukan pelayanan antenatal sesuai standar (96,44%). Sebanyak 876 dari 1232 BBLR memeriksa ANC tersebut ke tenaga kesehatan profesional. Selain itu, lebih dari setengah (53,61%) BBLR dilahirkan di pelayanan kesehatan dan sebesar 58,99% kelahiran BBLR ditolong oleh tenaga kesehatan profesional. Hasil penelitian juga menunjukkan bahwa 90,13% BBLR dilahirkan dengan cara non *caesaria sectio*. Sedangkan pada variabel pemberian ASI Eksklusif selama 3 hari pertama, 57,66% BBLR tidak melakukan ASI eksklusif. PNC yang menunjukkan hasil bahwa 72,33% BBLR melakukan kunjungan PNC pertama kali dalam kurun waktu 0-2 hari. Dengan demikian, secara keseluruhan, BBLR dapat dikatakan telah mendapat pelayanan kesehatan yang mumpuni.

Pada kelompok waktu disusui pertama 1-23 jam dan ≥ 1 hari, subjek penelitian memiliki karakteristik yang sama. Mereka merupakan BBLR yang mempunyai ibu yang berkunjung ke pelayanan ANC sesuai standar dengan

pemeriksanya adalah tenaga kesehatan. Kedua kelompok juga didominasi oleh BBLR yang tidak mendapatkan ASI secara eksklusif pada 3 hari pertama.

Tabel 5.2.4 Distribusi Frekuensi BBLR di Indonesia Pada Tahun 1998 -2007 Berdasarkan Faktor Pelayanan Kesehatan

Variabel	n bobot =1232		Waktu Disusui Pertama							
			< 1 jam n = 395		1 - 23 jam n = 256		≥ 1 hari n = 472		Tidak Diketahui n = 109	
			n	%	n	%	n	%	N	%
Kunjungan ANC										
Sesuai Standar	1188	96,44	377	95,44	251	98,05	453	95,97	107	98,17
Tidak sesuai standar	37	3,03	16	4,05	4	1,56	16	3,39	1	0,92
Tidak diperiksa	7	0,55	2	0,51	1	0,39	3	0,64	1	0,92
	1232		395		256		472		109	
Pemeriksa ANC										
Tenaga Kesehatan	876	71,12	284	71,9	185	72,27	340	72,03	67	61,47
Non Tenaga Kesehatan	356	28,88	111	28,1	71	27,73	132	27,97	42	38,53
	1232		395		256		472		109	
Penolong Persalinan										
Tenaga Kesehatan	727	58,99	229	57,97	139	54,3	296	62,67	63	57,8
Non Tenaga Kesehatan	505	41,01	166	42,03	117	45,7	176	37,33	46	42,2
	1232		395		256		472		109	
Tempat Persalinan										
Pelayanan Kesehatan	660	53,61	204	51,65	117	45,7	263	55,72	76	69,72
Non Pelayanan Kesehatan	572	46,39	191	48,35	139	54,3	209	44,28	33	30,28
	1232		395		256		472		109	
Jenis Persalinan										
Non- Caesaria Section	1110	90,13	371	93,92	245	95,7	407	86,27	87	79,82
Caesaria Section	117	9,52	21	5,32	11	4,3	63	13,39	22	20,18
Tidak Diketahui	5	0,36	3	0,76	0	0	2	0,34	0	0
	1232		395		256		472		109	
ASI Eksklusif										
Ya	475	38,55	265	67,09	118	46,09	35	7,42	57	52,29
Tidak	710	57,66	130	32,91	138	53,91	437	92,58	5	4,59
Tidak Diketahui	47	3,8	0	0	0	0	0	0	47	43,12
	1232		395		256		472		109	
Kunjungan Post Natal Care										
0-2 hari	891	72,33	298	75,44	182	71,09	330	69,92	81	74,31
3-6 hari	79	6,38	28	7,09	21	8,2	29	6,14	1	0,92
7-41 hari	131	10,65	25	6,33	20	7,81	69	14,62	17	15,6
Tidak Diketahui	131	10,63	44	11,14	33	12,89	44	9,32	10	9,17
	1232		395		256		472		109	

Sementara itu, pada kelompok waktu disusui pertama < 1 jam dan tidak diketahui, karakteristik terlihat berbeda pada variabel pemberian ASI eksklusif. Sebanyak 265 dari 395 BBLR (67,05 %) yang disusui dalam waktu < 1 jam mendapatkan ASI eksklusif selama 3 hari pertama setelah kelahiran. Pada kelompok BBLR yang tidak diketahui status waktu disusui pertama-nya, sebesar 57 dari 109 BBLR (52,29 %) mengalami hal yang serupa.

5.2.4 Karakteristik BBLR Berdasarkan Sosial Demografi Ibu

Berdasarkan karakter sosial demografi ibu, secara keseluruhan, mayoritas BBLR yang ikut dalam penelitian memiliki ibu yang digolongkan sebagai tingkat kesejahteraan “kaya” (23,27 %); bertempat tinggal di daerah rural (57,77 %); dengan ibu yang tidak bekerja (57,15 %); dan berpendidikan sekolah dasar (50,27 %). Namun, jika dilihat secara terperinci (menurut kelompok waktu disusui pertama), karakter tiap kelompok tampak berbeda.

Mayoritas BBLR pada kelompok waktu disusui pertama < 1 jam memiliki ibu dengan tingkat kesejahteraan “sangat miskin”. Sementara itu, sebanyak 66 dari 256 BBLR di kelompok waktu disusui pertama 1-23 jam lahir dari ibu dengan tingkat kesejahteraan berlabel “miskin”. Sedangkan kelompok waktu disusui pertama ≥ 1 hari dan status disusui “tidak diketahui” didominasi oleh BBLR dengan ibu yang tingkat kesejahteraannya berlabel “kaya”.

Jika dilihat dari tempat tinggal, keempat kelompok memiliki distribusi yang sama. Semua kelompok tersebut didominasi oleh BBLR yang mempunyai ibu dengan tempat tinggal di daerah rural (pedesaan).

Berdasarkan pekerjaan ibu, perbedaan terlihat pada kelompok waktu disusui pertama < 1 jam. Sebanyak 213 dari 395 BBLR di kelompok waktu disusui pertama < 1 jam merupakan BBLR dengan ibu bekerja. Sementara kelompok yang lain didominasi oleh BBLR dengan ibu tidak bekerja.

Menurut variabel pendidikan ibu, perbedaan terlihat pada BBLR di kelompok ≥ 1 hari. BBLR pada kelompok tersebut didominasi oleh BBLR dengan ibu berlatar belakang pendidikan terakhir SLTP. Sementara mayoritas BBLR pada kelompok lain mempunyai ibu dengan pendidikan terakhir sekolah dasar. Gambaran frekuensi faktor sosial demografi ibu dapat dilihat pada tabel 5.2.4

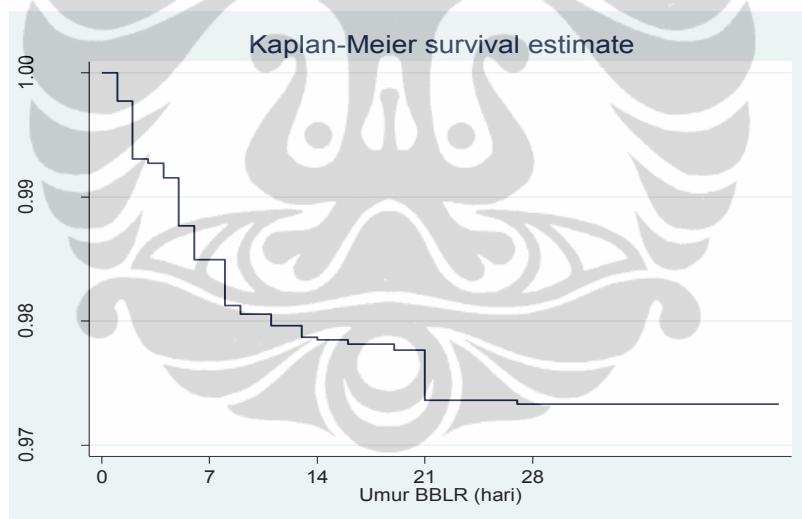
Tabel 5.2.5 Distribusi Frekuensi BBLR di Indonesia Pada Tahun 1998-2007
Berdasarkan Faktor Sosial Demografi Ibu

Variabel	n weight (1232)	% n %	Waktu Disusui Pertama							
			< 1 jam n = 395		1 - 23 jam n = 256		≥ 1 hari n = 472		Tidak Diketahui n = 109	
			n	%	n	%	n	%	n	%
Tingkat Kesejahteraan										
Sangat Miskin	251	20,34	103	26,08	50	19,49	88	18,69	9	8,59
Miskin	263	21,35	82	20,76	66	25,84	94	19,94	21	19,55
Menengah	209	16,97	56	14,16	42	16,41	89	18,79	22	20,46
Kaya	287	23,27	91	22,99	46	17,95	119	25,19	31	28,37
Sangat Kaya	222	18,06	63	16,06	52	20,45	82	17,38	25	22,61
	1232		395		256		472		109	
Tempat Tinggal										
Urban	520	42,23	148	37,47	101	39,45	222	47,03	49	44,95
Rural	712	57,77	247	62,53	155	60,55	250	52,97	60	55,05
	1232		395		256		472		109	
Ibu bekerja										
Tidak	704	57,15	181	45,82	139	54,30	314	66,53	70	64,22
Ya	526	42,7	213	53,92	117	45,70	157	33,26	39	35,78
Tidak Diketahui	2	0,15	1	0,25	0	0,00	1	0,21	0	0,00
	1232		395		256		472		109	
Pendidikan Ibu										
Tidak Berpendidikan	38	3,07	25	6,33	3	1,17	10	2,12	0	0,00
Sekolah dasar	619	50,27	208	52,66	151	58,98	205	43,43	55	50,46
SLTP	485	39,33	136	34,43	81	31,64	229	48,52	38	34,86
SLTA	90	7,33	26	6,58	21	8,20	28	5,93	16	14,68
	1232		395		256		472		109	

5.3. Probabilitas Ketahanan Hidup BBLR

Ketahanan hidup BBLR pada masa neonatal dapat dilihat dari status kehidupan dan umur kelangsungan hidup saat seorang BBLR lahir hingga usia 28 hari . Jika BBLR mengalami kematian disebut dengan *event* dan jika BBLR hidup hingga usia 28 hari disebut *sensor*. Probabilitas ketahanan hidup BBLR tersebut dapat digambarkan dengan fungsi survival.

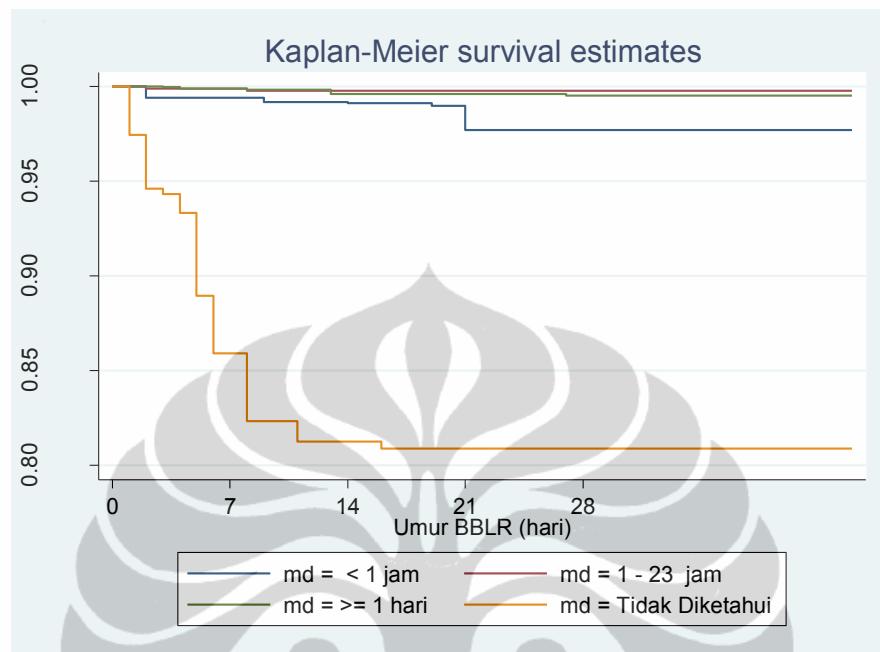
Secara keseluruhan, ketahanan hidup BBLR setelah 28 hari kelahiran di Indonesia pada tahun 1998-2007 sebesar 97,33 %. Kisaran waktu kematian paling awal terjadi pada hari kedua setelah lahir. Sedangkan kematian paling akhir diperkirakan terjadi pada hari ke-27. Median ketahanan hidup BBLR tidak diperoleh karena kematian tidak terjadi pada 50 % BBLR hingga akhir pengamatan.



Gambar 5.3.1. Kurva Ketahanan Hidup BBLR di Indonesia Pada Tahun 1998-2007

Jika dilihat dari perilaku waktu disusui pertama, pada hari ke-28, ketahanan hidup BBLR paling tinggi terdapat pada kelompok waktu disusui pertama 1- 23 jam (99,61 %). Sedangkan kelompok yang waktu disusui pertama < 1 jam memiliki angka ketahanan hidup sebesar 97,72 % dan kelompok yang waktu disusui pertama \geq 1 hari memiliki angka ketahanan hidup sebesar 99,50 %.

Sedangkan kelompok yang tidak diketahui status waktu disusui pertama-nya mempunyai angka ketahanan hidup sebesar 80,59 %.



Gambar 5.3.2 Kurva Ketahanan Hidup BBLR di Indonesia Pada Tahun 1998-2007 Berdasarkan Perilaku Waktu Disusui Pertama

5.3.1. Probabilitas Kumulatif Ketahanan Hidup BBLR Berdasarkan Faktor Bayi

Hasil penelitian menunjukkan bahwa BBLR dengan berat lahir 2201-2499 gram memiliki angka ketahanan hidup yang lebih tinggi (98,47 %) dibandingkan dengan BBLR dengan berat lahir dibawah berat tersebut. Selain itu, penelitian juga memperlihatkan bahwa angka ketahanan hidup BBLR laki-laki (97,87 %) lebih tinggi daripada BBLR perempuan (96,84 %) dan BBLR yang lahir cukup bulan memiliki ketahanan hidup yang lebih bagus dibandingkan BBLR yang lahir kurang bulan dan tidak diketahui usia kandungan ibu saat ia dilahirkan.

Pada kelompok waktu disusui pertama 1-23 jam, tidak ada satu pun BBLR dengan berat 1500-1999 gram yang meninggal dunia dalam kurun waktu 28 hari (angka ketahanan hidup sebesar 100 %). Angka ketahanan hidup BBLR perempuan pada kelompok ini juga lebih tinggi dibanding BBLR laki-laki. Selain itu, BBLR yang terlahir kurang bulan pada kelompok ini juga tidak meninggal

dunia dalam kurun waktu 28 hari tersebut. Untuk lebih jelas, angka ketahanan hidup di atas dapat dilihat pada tabel 5.2.1.

Tabel 5.3.1 Probabilitas Kumulatif Ketahanan Hidup BBLR di Indonesia Pada Tahun 1998-2007 Berdasarkan Faktor Bayi

Variabel	n	Overall Survival	p	Waktu disusui pertama							
				< 1 jam (n=395)		1 -23 jam (n=256)		≥1 hari (n=472)		Tidak Diketahui (n=109)	
				Survival Function	p	Survival Function	p	Survival Function	p	Survival Function	p
Berat Lahir			0,34		0,46		0,00		0,00		0,84
2201-2499 gram	419	98,45		99,01		99,70		100,00		84,13	
2000-2200 gram	570	96,95		96,52		99,71		99,28		76,17	
1500-1999 gram	243	96,22		98,09		100,00		99,27		82,17	
	1232										
Jenis Kelamin			0,38		0,11		0,00		0,98		0,74
Laki-laki	587	97,83		99,23		99,36		99,51		79,00	
Perempuan	645	96,83		96,36		100,00		99,51		81,77	
	1232										
Preterm			0,04		0,01		0,00		0,00		0,71
Tidak	673	98,05		98,77		99,55		99,42		84,86	
Ya	76	90,04		78,27		100,00		100,00		73,86	
Tidak Diketahui	483	97,41		98,74		100,00		99,53		77,14	
	1232										

5.3.2 Probabilitas Kumulatif Ketahanan Hidup BBLR Berdasarkan Faktor Ibu

Jika dilihat dari faktor ibu, secara keseluruhan, probabilitas kumulatif ketahanan hidup BBLR berada di atas 90 %. BBLR dengan ibu yang berumur 15-19 tahun memiliki ketahanan hidup lebih tinggi (99,30 %) daripada BBLR dengan ibu yang lebih tua daripada umur tersebut (20-35 tahun = 97,27 % dan >35 tahun = 97,16%). Selain itu, BBLR yang memiliki ibu dengan riwayat pernah mengalami aborsi (97,46%) juga memiliki angka ketahanan hidup lebih tinggi dibanding dengan BBLR yang mempunyai ibu tanpa riwayat aborsi (97,31 %). Di samping itu, angka ketahanan hidup yang lebih tinggi juga diperoleh BBLR dengan ibu yang tidak mengalami komplikasi kehamilan atau persalinan.

Tabel 5.3.2 Probabilitas Kumulatif Ketahanan Hidup BBLR di Indonesia Pada Tahun 1998-2007 Berdasarkan Faktor Ibu

Variabel	n	Overall Survival	p	Waktu disusui pertama							
				< 1 jam (n=395)		1 -23 jam (n=256)		≥1 hari (n=472)		Tidak Diketahui (n=109)	
				Survival Function	p	Survival Function	p	Survival Function	p	Survival Function	p
Umur Ibu			0,43		0,00		0,00		0,00		0,95
15-19 tahun	52	99,30		100,00		100,00		98,80		-	
20-35 tahun	934	97,27		97,33		99,86		99,45		80,64	
>35 tahun	246	97,16		99,14		99,40		100,00		81,46	
	1232										
Riwayat Aborsi			0,94		0,00		0,00		0,00		0,25
Tidak	1087	97,31		97,46		99,73		99,43		82,53	
Ya	145	97,46		100,00		100,00		100,00		65,91	
	1232										
Komplikasi Kehamilan			0,01		0,01		0,00		0,00		0,29
Tidak ada komplikasi	1015	98,21		99,20		99,73		99,39		83,98	
Terdapat komplikasi	217	93,28		90,25		100,00		100,00		72,73	
	1232										
Komplikasi Persalinan			0,01		0,58		0,00		0,40		0,03
Tidak ada komplikasi	632	98,75		98,27		100,00		99,30		94,27	
Terdapat komplikasi	600	95,86		96,92		99,51		99,71		73,16	
	1232										
Paritas			0,12		0,76		0,00		0,00		0,13
1 kali	511	96,61		96,76		100,00		99,54		80,39	
2-3 kali	530	98,55		98,05		99,78		99,34		91,89	
≥ 4 kali	191	95,84		98,71		99,23		100,00		64,54	
	1232										
Jarak Kelahiran			0,48		0,38		0,00		0,00		0,31
≥ 2 tahun	626	98,05		98,61		99,54		100,00		78,18	
< 2 tahun	95	96,49		94,76		100,00		95,45		93,34	
Tidak Diketahui	511	96,61		96,76		100,00		99,54		80,39	
	1232										

Berdasarkan paritas, BBLR yang dilahirkan dari ibu dengan paritas 2-3 kali memiliki ketahanan hidup yang lebih bagus dibandingkan dengan BBLR yang dilahirkan dari ibu dengan paritas 1 atau ≥ 4 kali. BBLR dengan ibu yang memiliki jarak kelahiran > 2 tahun juga memiliki angka ketahanan hidup yang

lebih tinggi dibandingkan dengan BBLR dengan ibu yang memiliki jarak kelahiran kurang dari 2 tahun.

Hasil penelitian menunjukkan tidak ada satu pun BBLR meninggal pada kelompok BBLR dengan ibu yang pernah mengalami abortus dan waktu disusui pertama < 1 jam atau 1-23 jam atau ≥ 1 hari. Dengan kata lain, ketiga kelompok waktu disusui pertama memiliki angka ketahanan hidup 100 % pada kategori itu. Sementara kelompok yang tidak diketahui status waktu disusui pertama-nya menunjukkan angka ketahanan hidup sebesar 65,91 % pada kategori kelompok tersebut.

Perbedaan yang cukup menonjol juga terlihat pada variabel komplikasi persalinan. Kelompok waktu disusui pertama ≥ 1 hari mempunyai angka ketahanan hidup yang lebih tinggi pada kategori “terdapat komplikasi persalinan” sementara kelompok lain mempunyai angka ketahanan hidup yang lebih besar pada kategori “tidak terdapat komplikasi persalinan”.

5.3.3. Probabilitas Kumulatif Ketahanan Hidup BBLR Berdasarkan Faktor Pelayanan Kesehatan

Menurut faktor pelayanan kesehatan, secara keseluruhan, angka ketahanan hidup BBLR juga berada di atas 90 %. Pada variabel kunjungan ANC, BBLR yang termasuk kategori melakukan pemeriksaan tidak sesuai standar dan tidak diperiksa mempunyai angka ketahanan hidup sebesar 100%. BBLR yang mempunyai angka ketahanan hidup lebih tinggi adalah mereka yang mempunyai ibu yang memeriksa ANC pada petugas kesehatan, melakukan persalinan dengan ditolong non tenaga kesehatan, dan mereka yang melakukan persalina bukan di pelayanan kesehatan. Selain itu, angka ketahanan hidup juga tinggi pada mereka yang lahir bukan dengan metode *caesar* (97,435%). Di samping itu, BBLR yang tidak mendapatkan ASI eksklusif mempunyai angka ketahanan hidup lebih besar daripada BBLR yang mendapat ASI eksklusif selama 3 hari setelah kelahiran. Pada variabel kunjungan PNC, BBLR yang berkunjung pada kurun waktu 7-41 hari mempunyai angka ketahanan hidup sebesar 100 %. Angka ketahanan hidup tersebut dapat dilihat pada tabel 5.3.3.

Tabel 5.3.3 Probabilitas Kumulatif Ketahanan Hidup BBLR di Indonesia Pada Tahun 1998-2007 Berdasarkan Faktor Pelayanan Kesehatan

Variabel	n	Overall Survival	p	Waktu Disusui Pertama							
				< 1 jam (n=395)		1 -23 jam (n=256)		≥1 hari (n=472)		Tidak Diketahui (n=109)	
				Survival Function	p	Survival Function	p	Survival Function	p	Survival Function	p
Kunjungan ANC			0,00		0,00		0,00		0,00		0,00
Sesuai Standar	1188	97,23		97,59		99,76		99,49		80,63	
Tidak sesuai standar	37	100,00		100,00		100,00		100,00		100,00	
Tidak diperiksa	7	100,00		100,00		100,00		100,00		-	
Pemeriksa ANC			0,33		0,93		0,00		0,55		0,40
Tenaga Kesehatan	876	97,75		97,64		99,67		99,43		84,48	
Non Tenaga Kesehatan	356	96,31		97,88		100,00		99,72		75,06	
Penolong Persalinan			0,86		0,58		0,00		0,00		0,72
Tenaga Kesehatan	727	97,23		97,20		99,56		99,22		82,89	
Non Tenaga Kesehatan	505	97,48		98,41		100,00		100,00		78,10	
Tempat Persalinan			0,42		0,61		0,76		0,03		0,54
Pelayanan Kesehatan	660	96,83		97,15		99,70		99,18		83,39	
Non Pelayanan Kesehatan	572	97,92		98,30		99,81		99,93		75,12	
Jenis Persalinan			0,00		0,00		0,00		0,00		0,95
Non Caesaria Sectio	1110	97,43		97,56		99,75		99,51		80,76	
Caesaria Section	117	96,27		100,00		100,00		99,52		81,37	
Tidak Diketahui	5	100,00		100,00		100,00		100,00		-	
ASI Eksklusif			0,00		0,36		0,93		0,00		0,00
Ya	475	96,82		98,49		99,78		100,00		81,01	
Tidak	710	98,92		96,13		99,75		99,47		100,00	
Tidak Diketahui	47	78,64								78,64	
Kunjungan Post Natal Care			0,00		0,00		0,00		0,00		0,00
0-2 hari	891	96,80		97,58		99,67		99,52		76,67	
3-6 hari	79	97,24		93,24		100,00		98,81		100,00	
7-41 hari	131	100,00		100,00		100,00		100,00		100,00	
Tidak Diketahui	131	98,62		100,00		100,00		99,17		82,08	

Berdasarkan perilaku waktu disusui pertama, angka ketahanan hidup BBLR kelompok waktu disusui pertama < 1 jam, 1-23 jam, dan ≥ 1 hari lebih tinggi pada kategori pemeriksa ANC pada bukan petugas kesehatan daripada kategori petugas kesehatan sebagai pemeriksa ANC. Sementara BBLR pada kelompok yang tidak diketahui status waktu disusui pertama-nya mengalami hal yang sebaliknya.

Perbedaan kelompok yang tidak diketahui status waktu disusui pertama dengan kelompok lain juga terlihat pada variabel lain. Saat kelompok lain memiliki angka ketahanan hidup yang lebih tinggi pada kategori penolong persalinan non tenaga kesehatan, kelompok yang tidak diketahui statusnya

mempunyai angka ketahanan yang lebih tinggi pada kategori penolong persalinan tenaga kesehatan. Atau saat kelompok lain menunjukkan angka ketahanan hidup yang lebih tinggi pada tempat persalinan non pelayanan kesehatan, kelompok ini justru memperlihatkan angka ketahanan hidup yang lebih tinggi pada tempat persalinan di pelayanan kesehatan.

5.3.4 Probabilitas Kumulatif Ketahanan Hidup BBLR Berdasarkan Faktor Sosial Demografi Ibu

Menurut variabel sosial demografi, hasil penelitian menunjukkan bahwa angka ketahanan hidup BBLR tertinggi pada kelompok menengah (98,05%); BBLR yang bertempat tinggal di daerah urban (97,98%); dan BBLR dengan ibu tidak bekerja (97,70%). Pada variabel pendidikan, angka ketahanan hidup tertinggi berada pada kategori BBLR dengan ibu tidak berpendidikan (100%) dan disusul oleh BBLR dengan ibu yang memiliki latar berlakang pendidikan sekolah dasar

Tabel 5.3.4 Probabilitas Kumulatif Ketahanan Hidup BBLR di Indonesia Pada Tahun 1998-2007 Berdasarkan Faktor Sosial Demografi Ibu

Variabel	n	Overall Survival	p	Waktu disusui pertama							
				< 1 jam		1 -23 jam		≥1 hari		Tidak Diketahui	
				Survival Function	p	Survival Function	p	Survival Function	p	Survival Function	p
Tingkat Kesejahteraan			0,65		0,00		0,00		0,00		0,92
Sangat Miskin	251	97,95		97,29		99,47		98,67		90,43	
Miskin	263	97,85		100,00		100,00		99,85		74,23	
Menengah	209	98,05		100,00		100,00		100,00		81,72	
Kaya	287	97,51		98,05		100,00		99,74		83,66	
Sangat Kaya	222	95,15		92,97		99,34		99,14		78,67	
Tempat Tinggal			0,39		0,46		0,64		0,90		0,46
Urban	520	97,98		98,80		99,66		99,55		84,90	
Rural	712	96,86		97,04		99,83		99,48		77,58	
Ibu bekerja			0,00		0,00		0,00		0,00		0,65
Tidak	704	97,70		98,73		100,00		99,63		81,87	
Ya	526	96,83		96,82		99,48		99,28		79,12	
Tidak Diketahui	2	100,00		100,00		100,00		100,00			
Pendidikan Ibu			0,00		0,00		0,00		0,00		0,49
Tidak Berpendidikan	38	100,00		100,00		100,00		100,00		-	
Sekolah dasar	619	97,95		98,20		99,83		99,83		84,95	
SLTP	485	97,01		96,10		100,00		99,15		81,14	
SLTA	90	93,73		100,00		98,36		100,00		65,97	

Jika dilihat secara mendetail, angka ketahanan hidup BBLR tersebut lebih beragam. Menurut variabel tingkat kesejahteraan, angka ketahanan hidup BBLR terendah di kelompok yang tidak diketahui status waktu disusui pertamanya terdapat pada kategori miskin (74,23 %) dan disusul oleh sangat kaya (78,67 %). Berbeda dengan kelompok disusui < 1 jam, ≥ 1 hari, dan tidak diketahui statusnya yang memiliki angka ketahanan hidup lebih tinggi pada kelompok urban, kelompok waktu disusui pertama 1-23 jam memiliki angka ketahanan hidup lebih tinggi pada kelompok rural. Angka ketahanan hidup yang terbilang rendah terlihat pada BBLR di kelompok tidak diketahui status waktu disusui pertamanya dengan ibu berlatar belakang pendidikan SMA, yaitu sebesar 65,97 %.

5.4 Hubungan Variabel Independen Dengan Ketahanan Hidup BBLR

Hasil penelitian menunjukkan bahwa waktu disusui pertama kali < 1 hari tidak berhubungan secara signifikan dengan ketahanan hidup BBLR dengan pvalue sebesar 0,186 (HR 3,05; 95%CI: 0,678 – 13,69). Namun, hubungan terlihat signifikan jika waktu disusui dikelompokkan ke dalam tiga kategori (< 1 jam, 1-23 jam, dan ≥ 1 hari). Waktu disusui 1-23 jam memberikan efek protektif sebesar 0,1 (95 % CI: 0,017 – 0,607) terhadap BBLR dibandingkan BBLR yang disusui pertama kali < 1 jam. Sementara jika waktu disusui tersebut adalah ≥ 1 hari, maka efek protektif tersebut berkurang menjadi 0,21 (95% CI : 0,04 – 0,99). Nilai asosiasi selengkapnya dapat dilihat pada tabel 5.4.1

Tabel 5.4.1 Hubungan Waktu Disusui Pertama dengan Ketahanan Hidup BBLR di Indonesia Pada Tahun 1998-2007

Kategori Waktu Disusui Pertama	HR (95 % CI)	p	Kategori Waktu Disusui Pertama	HR (95 % CI)	p
2 kategori			3 kategori		
≥ 1 hari	1,00		< 1 jam	1,00	
< 1 hari	3,05 (0,678 – 13,69)	0,186	1-23 jam	0,1 (0,017 - 0,607)	0,01
			≥ 1 hari	0,21 (0,04 - 0,99)	0,05

5.4.1 Hubungan Faktor Bayi Dengan Ketahanan Hidup BBLR

Hasil yang tidak signifikan juga terjadi pada variabel terkait faktor bayi. Walaupun demikian, semakin ringan berat lahir BBLR akan semakin beresiko untuk mengalami kematian neonatal. Penelitian ini juga mengatakan bahwa BBLR perempuan memiliki resiko sebesar 1,49 (95% CI: 0,61 – 3,63) untuk meninggal dunia pada masa neonatal dibandingkan dengan BBLR laki-laki.

Namun preterm memiliki p value yang signifikan. BBLR yang lahir kurang bulan memiliki resiko sebesar 5,22 kali untuk meninggal dunia pada masa neonatal daripada BBLR yang lahir cukup bulan.

Tabel 5.4.2 Hubungan Variabel Faktor Bayi dengan Ketahanan Hidup BBLR di Indonesia Pada Tahun 1998-2007

Variabel	HR (95 % CI)	p
Berat Lahir		
2201-2499 gram	1,00	
2000-2200 gram	1,98 (0,54 - 7,26)	0,32
1500-1999 gram	2,51 (0,73 - 8,60)	0,14
Jenis Kelamin		
Laki-laki	1,00	
Perempuan	1,49 (0,61 - 3,63)	0,38
Preterm		
Tidak	1,00	
Ya	5,22 (1,43 - 19,06)	0,01

5.4.2 Hubungan Faktor Ibu Dengan Ketahanan Hidup BBLR

Pada variabel umur ibu, hasil penelitian juga mengungkapkan hubungan yang tidak signifikan. Namun, terlihat bahwa BBLR dengan ibu berusia > 35 tahun memiliki resiko yang hampir sama dengan BBLR dengan ibu berusia 20-35 tahun. Sementara BBLR dengan ibu yang berumur di bawah usia tersebut justru memberikan efek protektif terhadap kematian neonatal.

Hasil serupa juga diperoleh dari variabel riwayat aborsi. BBLR dengan ibu yang memiliki riwayat aborsi memiliki resiko yang sama dengan BBLR dengan ibu tanpa riwayat aborsi. Nilai HR hubungan tersebut adalah 0,95 (95% CI : 0,26-3,38)

Selain itu, hasil penelitian juga menunjukkan hubungan yang tidak signifikan antara variabel paritas dengan ketahanan hidup BBLR. Walaupun demikian, hasil penelitian menggambarkan bahwa BBLR yang lahir dari ibu dengan paritas ≥ 4 kali memiliki resiko sebesar 1,24 kali (95% CI :0,37-4,10) untuk meninggal pada masa neonatal. Sedangkan BBLR yang lahir dari ibu dengan paritas 2-3 kali memberikan efek protektif terhadap kematian neonatal daripada BBLR yang lahir dari ibu dengan paritas 1 kali.

Tabel 5.4.3 Hubungan Variabel Faktor Ibu dengan Ketahanan Hidup BBLR di Indonesia Pada Tahun 1998 -2007

Variabel	HR (95 % CI)	p
Umur Ibu		
15-19 tahun	0,26 (0,03 - 2,04)	0,20
20-35 tahun	1,00	
>35 tahun	1,04 (0,32 - 3,4)	0,94
Riwayat Aborsi		
Tidak	1,00	
Ya	0,95 (0,26 -3,38)	0,94
Komplikasi Kehamilan		
Tidak ada komplikasi	1,00	
Terdapat komplikasi	3,82 (1,45 -10,06)	0,01
Komplikasi Persalinan		
Tidak ada komplikasi	1,00	
Terdapat komplikasi	3,34(1,33 - 8,42)	0,01
Paritas		
1 kali	1,00	
2-3 kali	0,42 (0,15 - 1,18)	0,10
≥ 4 kali	1,24 (0,37 - 4,10)	0,73
Jarak Kelahiran		
≥ 2 tahun	1,00	
< 2 tahun	1,79 (0,55 - 5,89)	0,33

Hasil yang signifikan ditunjukkan oleh variabel komplikasi, baik komplikasi kehamilan atau kelahiran. BBLR dari ibu yang pernah mengalami komplikasi, baik kehamilan atau kelahiran, mempunyai resiko lebih dari tiga kali

untuk meninggal dunia dalam kurun waktu 28 hari setelah kelahiran. Pada komplikasi kehamilan, resiko tersebut sebesar 3,82 (95%CI: 1,45-10,06). Sedangkan resiko pada komplikasi persalinan sebesar 3,34 (95% CI: 1,33-8,42).

5.4. 3. Hubungan Faktor Pelayanan Kesehatan Dengan Ketahanan Hidup BBLR

Faktor pelayanan kesehatan yang diukur antara lain adalah kunjungan ANC, pemeriksa ANC, penolong persalinan, tempat persalinan, jenis persalinan, pemberian ASI eksklusif tiga hari, dan kunjungan PNC. Kemaknaan hubungan tersebut dapat dilihat pada tabel 5.3.4

Tabel 5.4.4 Hubungan Variabel Faktor Pelayanan Kesehatan dengan Ketahanan Hidup BBLR di Indonesia Pada Tahun 1998-2007

Variabel	HR (95 % CI)	p
Kunjungan ANC		
Sesuai Standar	1,00	
Tidak sesuai standar	1.62e-15 (8.45e-16 - 3.09e-15)	0,00
Tidak diperiksa	1.62e-15 (6.76e-16 - 3.86e-15)	0,00
Pemeriksa ANC		
Tenaga Kesehatan	1,00	
Non Tenaga Kesehatan	1,66 (0,59 - 4,59)	0,33
Penolong Persalinan		
Tenaga Kesehatan	1,00	
Non Tenaga Kesehatan	0,91(0,32 - 2,56)	0,86
Tempat Persalinan		
Pelayanan Kesehatan	1,00	
Non Pelayanan Kesehatan	0,65 (0,23 - 1,84)	0,42
Jenis Persalinan		
Non Caesaria Section	1,00	
Caesaria Section	1,46 (0,56 - 3,86)	0,44
Tidak Diketahui	1.30e-14 (4.98e-15 - 3.40e-14)	0,00
ASI Eksklusif		
Ya	1,00	
Tidak	2,98 (0,72 - 12,19)	0,13
Tidak Diketahui	22,68 (5,88 - 87,42)	0,00
Kunjungan Post Natal Care		
0-2 hari	1,00	
3-41 hari	0,816 (0,54 -1, 85)	0,88

Hasil penelitian menunjukkan hubungan tidak signifikan pada BBLR dengan pemeriksa ANC, penolong persalinan, dan tempat persalinan. Namun penelitian dapat memperlihatkan bahwa resiko terhadap kematian neonatal lebih tinggi pada BBLR dengan ibu yang memeriksa ANC di tenaga non kesehatan dibandingkan dengan BBLR yang memiliki ibu yang memeriksakan kehamilannya di tenaga kesehatan ($HR = 1,66$ (95%CI : 0,59-4,59)). Sementara itu, resiko kematian hampir tidak berbeda antara BBLR yang dilahirkan dengan bantuan tenaga kesehatan atau non kesehatan ($HR= 0,91$). Sedangkan BBLR yang dilahirkan di fasilitas non kesehatan justru lebih protektif terhadap kematian neonatal daripada BBLR yang lahir di fasilitas kesehatan. Di samping itu, BBLR yang terlahir dengan *caesaria sectio* memiliki resiko sebesar 1,46 dibandingkan BBLR yang terlahir dengan non *caesaria sectio*.

Pemberian ASI eksklusif selama 3 hari setelah kelahiran memberikan efek yang sangat besar terhadap kematian neonatal. BBLR yang tidak diberikan ASI eksklusif dalam kurun waktu 3 hari memiliki resiko sebesar 2, 98 (95% CI : 0,72-12,19) untuk meninggal dunia dalam kurun waktu tersebut.

5.4.4 Hubungan Faktor Sosial Demografi Ibu Dengan Ketahanan Hidup BBLR

Hasil penelitian menunjukkan bahwa resiko terbesar untuk mengalami kematian neonatal terjadi pada BBLR yang terlahir dari ibu dengan tingkat kesejahteraan sangat kaya ($HR= 2,38$; 95% CI : 0,70-8,02).

Jika dilihat dari tempat tinggal, BBLR dengan ibu yang bertempat tinggal di daerah rural memiliki resiko sebesar 1,56 kali (95% CI : 0,57-4,28) untuk meninggal pada masa neonatal dibandingkan BBLR dengan ibu yang bertempat tinggal di daerah urban.

Tabel 5.4.5 Hubungan Variabel Faktor Sosial Demografi Ibu dengan Ketahanan Hidup BBLR di Indonesia Pada Tahun 1998-2007

Variabel	HR (95 % CI)	p
Tingkat Kesejahteraan		
Sangat Miskin	1,00	
Miskin	1,05 (0,25 - 4,25)	0,94
Menengah	0,96 (0,27 - 3,37)	0,95
Kaya	1,22 (0,31 - 4, 85)	0,77
Sangat Kaya	2,38 (0,70 - 8,02)	0,16
Tempat Tinggal		
Urban	1,00	
Rural	1,56 (0,57 - 4,28)	0,39
Ibu bekerja		
Tidak	1,00	
Ya	1,38 (0,53 - 3,63)	0,51
Pendidikan Ibu		
Sekolah dasar	1	
Sekolah Lanjut	1,83 (0,67 – 5,02)	

5.5 Analisis Multivariat Terhadap Ketahanan Hidup BBLR

5.5.1. Uji Asumsi *Proportional Hazard*

Sebelum melakukan analisis *cox regresion model*, pengecekan asumsi *proportional hazard* perlu dikerjakan terlebih dahulu. Teknik pengecekan yang dilakukan dalam penelitian ini adalah dengan teknik *global test*. Dengan teknik tersebut, variabel yang memiliki $p > 0,05$ dikatakan telah memenuhi kaidah *proportional hazard*. Sedangkan variabel yang memiliki $p < 0,05$ dikatakan tidak memenuhi kaidah *proportional hazard model*.

Tabel 5.5.1 Pengecekan Asumsi Proportional Hazard Paa Seluruh Variabel Dengan Menggunakan Teknik *Global Test*

No.	Variabel	Prob > chi2 (global test)	Keterangan
1	Waktu disusui pertama	0,97	Memenuhi asumsi PH
4	BBLR	0,99	Memenuhi asumsi PH
5	Jenis Kelamin	0,19	Memenuhi asumsi PH
6	Preterm	0,88	Memenuhi asumsi PH
7	Umur Ibu	0,03	Tidak memenuhi asumsi PH
8	Riwayat Aborsi	0,13	Memenuhi asumsi PH
9	Komplikasi Kehamilan	0,41	Memenuhi asumsi PH
10	Komplikasi Persalinan	0,99	Memenuhi asumsi PH
11	Paritas	0,21	Memenuhi asumsi PH
12	Jarak Kelahiran	0,77	Memenuhi asumsi PH
13	Kunjungan ANC	0,99	Memenuhi asumsi PH
14	Pemeriksa ANC	0,72	Memenuhi asumsi PH
15	Penolong Persalinan	0,29	Memenuhi asumsi PH
16	Tempat Persalinan	0,36	Memenuhi asumsi PH
17	Jenis Persalinan	0,99	Memenuhi asumsi PH
18	ASI Eksklusif	0,03	Tidak memenuhi asumsi PH
19	Kunjungan Post Natal Care	0,62	Memenuhi asumsi PH
20	Tingkat Kesejahteraan	0,64	Memenuhi asumsi PH
21	Tempat Tinggal	0,87	Memenuhi asumsi PH
22	Ibu bekerja	0,99	Memenuhi asumsi PH
23	Pendidikan Ibu	0,87	Memenuhi asumsi PH

Berdasarkan teknik tersebut, hasil penelitian menunjukkan seluruh variabel waktu disusui pertama, umur ibu dan ASI eksklusif tidak memenuhi kaidah *proportional hazard model*. Oleh karena itu, agar variabel yang tidak

memenuhi kaidah tersebut dapat terkontrol, analisis akan menggunakan *time dependent covariat*.

5.5.2 Evaluasi Interaksi Dengan Analisis Stratifikasi

Untuk mengetahui keberadaan interaksi antara variabel waktu disusui pertama dengan variabel covariat lain, analisis stratifikasi dilakukan. Variabel dikatakan berinteraksi dengan waktu disusui pertama jika p pada tes homogenitas Breslow Day menunjukkan nilai $p < 0,05$. Dengan demikian, jika nilai p lebih dari 0,05, maka variabel tersebut dikatakan tidak berinteraksi dengan waktu disusui pertama.

Tabel 5.5.2 Evaluasi Interaksi Waktu Disusui Pertama Dengan Variabel Covariat Lain

Variabel	p value	chi2	df	Keterangan
Berat Lahir	0,535	0,390	2	Bukan Interaksi
Jenis Kelamin	0,672	0,180	1	Bukan Interaksi
Preterm	0,089	2,890	2	Bukan Interaksi
Umur Ibu	0,914	0,010	2	Bukan Interaksi
Riwayat Aborsi	-	-	1	Bukan Interaksi
Komplikasi Kehamilan	-	-	1	Bukan Interaksi
Komplikasi Persalinan	0,696	0,150	1	Bukan Interaksi
Paritas	0,209	1,580	2	Bukan Interaksi
Jarak Kelahiran	0,148	2,080	1	Bukan Interaksi
Pemeriksa ANC	0,927	0,010	1	Bukan Interaksi
Penolong Persalinan	-	-	1	Bukan Interaksi
Tempat Persalinan	0,251	1,320	1	Bukan Interaksi
Jenis Persalinan	0,826	0,050	1	Bukan Interaksi
ASI Eksklusif	-	-	1	Bukan Interaksi
Kunjungan Post Natal Care	0,844	0,340	1	Bukan Interaksi
Tingkat Kesejahteraan	0,701	1,420	4	Bukan Interaksi
Tempat Tinggal	0,213	1,550	1	Bukan Interaksi
Ibu bekerja	0,101	2,690	1	Bukan Interaksi
Pendidikan Ibu	0,150	1,980	1	Bukan Interaksi

Hasil evaluasi menunjukkan bahwa variabel-variabel tersebut bersifat homogen. Dengan kata lain, tidak terdapat variabel *covariat* lain yang berinteraksi dengan waktu disusui pertama untuk menimbulkan kematian neonatal sebagai

event dari ketahanan hidup BBLR. Oleh karena itu, pembuatan variabel interaksi tidak perlu dilakukan.

5.5.3 Evaluasi Confounder

Pemilihan model yang robust dan parsimonious juga memperhitungkan keberadaan *confounder*. Untuk menilai keberadaan confounder tersebut, penelitian menggunakan metode *enter*. Metode tersebut dimulai dengan menganalisis seluruh variabel bersama sama dalam *full model*. Selanjutnya, setiap model mengeluarkan satu variabel *covariat* yang diduga sebagai *confounder*. Evaluasi confounder dilakukan dengan membandingkan rentang hazard ratio pada *confidence interval* dengan dan tanpa variabel *confounder*. Jika rentang confidence interval pada model tersebut melebar, maka varaiel yang dikeluarkan dari model merupakan *confounder*. Hasil evaluasi tersebut ditampilkan dalam tabel 5.4.2.

Tabel 5.5.3 Hasil Pemeriksaan Variabel Potnesial Confounder

Eliminasi Variabel	HR waktu disusui pertama	95% Confidence Interval		Keterangan
		Lower	Upper	
Full model	2,210	13,820	13,47	
Berat Lahir	2,017	14,310	14,03	Melebar
Jenis Kelamin	2,596	18,094	17,72	Melebar
Preterm	2,161	11,470	11,06	Menyempit
Umur Ibu	2,159	13,414	13,07	Menyempit
Riwayat Aborsi	1,891	10,415	10,07	Menyempit
Komplikasi Kehamilan	2,282	12,305	11,88	Menyempit
Komplikasi Persalinan	2,146	15,010	14,70	Melebar
Paritas	2,286	13,728	13,35	Menyempit
Jarak Kelahiran	2,883	13,798	13,20	Menyempit
Pemeriksa ANC	2,176	10,847	10,41	Menyempit
Penolong Persalinan	2,123	15,134	14,84	Melebar
Tempat Persalinan	2,165	13,640	13,30	Menyempit
Jenis Persalinan	2,483	16,114	15,73	Melebar
ASI Eksklusif	2,114	14,977	14,68	Melebar
Kunjungan Post Natal Care	1,909	7,229	6,73	Menyempit
Tingkat Kesejahteraan	2,638	20,636	20,30	Melebar
Tempat Tinggal	2,902	13,785	13,17	Menyempit
Ibu bekerja	2,281	11,657	11,21	Menyempit
Pendidikan Ibu	2,151	14,768	14,45	Melebar

5.5.4 Model Akhir Penentu Ketahanan Hidup BBLR di Indonesia

Hasil evaluasi pada tabel 5.4.2 menunjukkan bahwa model yang paling sesuai untuk menentukan ketahanan hidup BBLR selama masa neonatal adalah model yang melibatkan berat lahir, jenis kelamin, komplikasi persalinan, penolong persalinan, jenis persalinan, pemberian ASI eksklusif selama 3 hari setelah kelahiran, tingkat kesejahteraan, dan pendidikan ibu. Karena secara substansi preterm dan komplikasi kehamilan memiliki andil dalam ketahanan hidup BBLR, maka kedua varabel tersebut juga diikutsertakan ke dalam model. Analisis multivariat untuk model tersebut ditampilkan pada tabel 5.4.3.

Setelah dikontrol, waktu disusui pertama < 1 hari tidak berhubungan secara signifikan dengan ketahanan hidup BBLR. Dengan kata lain, variabel lain dalam model tidak merubah kemaknaan hubungann tersebut.

Selain waktu disusui pertama, hubungan tidak signifikan juga terjadi pada variabel berat lahir, preterm, dan pemberian ASI 3 hari. Dan semua variabel di atas memberikan efek yang tidak signifikan lebih kecil daripada nilai *crude*-nya.

Hubungan tidak signifikan juga terjadi pada beberapa kategori mengalami peningkatan efek protektif dibanding nilai *crudenya*. Nilai HR *crude* BBLR yang ditolong oleh non tenaga kesehatan menunjukkan nilai hazard ratio sebesar 0,91 (95% CI : 0,32- 2,56). Setelah dikontrol, nilai HR *adjustednya* menjadi 0,37 (95% CI : 0,097 – 1,41)

Tabel 5.5.4 Model Akhir Penentu Ketahanan Hidup BBLR di Indonesia

Variabel	Hazard Ratio	95 % Confidence Interval	p value
Waktu Disusui Pertama			
≥ 1 hari	1,00		
< 1 hari	2,69	0,78- 9,18	0,114
Berat Lahir			
2201-2499 gram	1,00		
2000-2200 gram	2,71	0,63 – 11,71	0,181
1500-1999 gram	1,47	0,20-10,62	0,699
Jenis Kelamin			
Laki-laki	1,00		
Perempuan	1,50	0,51 – 4,45	0,460
Preterm			
Tidak	1,00		
Ya	3,92	0,79 – 19,61	0,096
Komplikasi Kehamilan			
Tidak ada komplikasi	1,00		
Terdapat komplikasi	4,12	0,64- 26,65	0,136
Komplikasi Persalinan			
Tidak ada komplikasi	1,00		
Terdapat komplikasi	0,57	0,19 - 1,70	0,307
Penolong Persalinan			
Tenaga Kesehatan	1,00		
Non Tenaga Kesehatan	0,43	0,15 - 1,26	0,146
Jenis Persalinan			
Non- Caesaria Section	1,00		
Caesaria Section	0,22	0,020 - 2,40	0,239
Tempat Persalinan			
Pelayanan Kesehatan	1,00		
Non Pelayanan Kesehatan	0,22	0,033 – 5,022	0,214
ASI Eksklusif			
Tidak	1,00		
Ya	1,18	0,43-3,27	0,74
Tingkat Kesejahteraan			
Sangat Miskin	1,00	1,000	
Miskin	0,018	0,0007 -0,47	0,016
Menengah	0,001	2,56e-17 - 3,84e-16	0,000
Kaya	0,26	0,005 – 11,67	0,489
Sangat Kaya	0,61	0,03 – 12,12	0,747
Pendidikan Ibu			
Pendidikan Dasar	1,00	1,000	
Pendidikan Lanjut	1,52	0,33 - 6,95	0,592

5.6 Ketahanan Hidup BBLR Berdasarkan Berat Lahir

Hasil penelitian memperlihatkan bahwa beberapa variabel seperti waktu disusui pertama, komplikasi kehamilan, komplikasi persalinan, dan ASI eksklusif tidak memiliki hubungan bermakna dengan ketahanan hidup BBLR pada kedua kelompok berat lahir. Namun resiko tampak terlihat pada kelompok berat lahir memiliki resiko yang lebih tinggi pada kelompok berat lahir 2201-2499 gram dibanding kelompok 1500-2200 gram. Sementara itu, jenis kelamin, preterm penolong persalinan, jenis persalinan, tingkat kesejahteraan, dan pendidikan ibu justru mengalami resiko yang lebih rendah pada kelompok tersebut.

Tabel 5.6 .1 Ketahanan Hidup BBLR Berdasarkan Berat Lahir

Variabel	Kategori	Berat Lahir	
		2201 -2499 gram	1500 -2200 gram
		HR (95% CI)	HR (95% CI)
Waktu Disusui Pertama	≥ 1 hari	1	1
	< 1 hari	5,83e+15 (0,18e+14 - 1,07e+17)	2,15 (0,56 - 8,26)
Jenis Kelamin	Laki-laki	1	1
	Perempuan	2,34e-18 (1,76e-19 - 3,12e-17)	2,08 (0,53 - 8,01)
Preterm	Tidak	1	1
	Ya	5,78e-22	14,75 (1,24 - 175,36)
Komplikasi Kehamilan	Tidak ada komplikasi	1	1
	Terdapat komplikasi	8,02e+18	0,87 (0,56 - 13,54)
Komplikasi Persalinan	Tidak ada komplikasi	1	1
	Terdapat komplikasi	6,55e+08 (1,25e+08 - 3,44e+09)	0,547 (0,14 - 2,05)
Penolong Persalinan	Tenaga Kesehatan	1	1
	Non Tenaga Kesehatan	1,08e-19	0,54 (0,11 - 2,55)
Jenis Persalinan	Non- Caesaria Section	1	1
	Caesaria Section	0, 02	0,49 (0,037 - 6,59)
Tempat Persalinan	Pelayanan Kesehatan	1	1
	Non Pelayanan Kesehatan	2, 83e+10 (2,83e+10 5,36e+10)	0,55 (0,03 - 11,52)
ASI Eksklusif	Tidak	1	1
	Ya	1,10 (0,08 - 14,73)	0,99 (0,22 - 4,48)
Tingkat Kesejahteraan	Sangat Miskin	1	1
	Miskin	6,87e-38	0,04 (0,003- 0,60)
	Menengah	2,84e-29	2,67e-18 (3,18e-19 - 2,24e-17)
	Kaya	1,77e-14	0,67 (0,023 - 19,30)
	Sangat Kaya	1,24e-28	2,59 (0,16 - 40,71)
Pendidikan Ibu	Pendidikan Dasar	1	1
	Pendidikan Lanjut	6,46e-09 (1,51e-10 - 2,75e-07)	1,14 (0,19 - 6,66)

5.7 Ketahanan Hidup BBLR Berdasarkan Tempat Persalinan

Penelitian juga memperlihatkan hubungan yang tidak bermakna antara waktu disusui pertama dengan ketahanan hidup BBLR baik yang dilahirkan di pelayanan kesehatan maupun di luar pelayanan kesehatan

Tabel 5.7.1 Ketahanan Hidup BBLR Berdasarkan Tempat Persalinan

Variabel	Kategori	Tempat Persalinan	
		Pelayanan Kesehatan	Non Pelayanan Kesehatan
		HR (95% CI)	HR (95% CI)
Waktu Disusui Pertama	≥ 1 hari	1	1
	< 1 hari	3,67 (0,59 - 22, 92)	6,98 (0,382 - 127, 39)
Berat Lahir	2201-2499 gram	1	1
	2000-2200 gram	5,52 (0,89 - 33, 86)	0,36 (0,07 - 1,88)
	1500-1999 gram	3,79 (0,50 - 28,78)	0,16 (0,004 - 5,24)
Jenis Kelamin	Laki-laki	1	1
	Perempuan	0,73 (0,15-3,44)	60,24 (0,12 -5,24)
Preterm	Tidak	1	1
	Ya	15,540	1,45e-19 (9,46e-21 - 2,22e-18)
Komplikasi Kehamilan	Tidak ada komplikasi	1	1
	Terdapat komplikasi	2,51 (0,14 - 43, 21)	44, 35 (1,57 - 125,74)
Komplikasi Persalinan	Tidak ada komplikasi	1	1
	Terdapat komplikasi	0,58 (0,15 - 2,27)	0,59 (0,10-3,20)
Penolong Persalinan	Tenaga Kesehatan	1	1
	Non Tenaga Kesehatan	$1,17 \times 10^{-16}$ ($2,03e-17$ - $6,73e-16$)	2,62 (0,32 -21,48)
Jenis Persalinan	Non- Caesaria Section	1	1
	Caesaria Section	0,25 (0,01 - 4,27)	6.69e-15
ASI Eksklusif	Tidak	1	1
	Ya	2,27 (0,31 - 16,43)	2,24 (0,38 - 13, 33)
Tingkat Kesejahteraan	Sangat Miskin	1	1
	Miskin	$1,19e-19$ ($6,79e-22$ - $2,10e-17$)	0,10 (0,006 - 1,63)
	Menengah	$1,81e-18$ ($8,36e-20$ - $3,90e-17$)	$5,70e-17$ ($1,46e-17$ - $2,23e-16$)
	Kaya	0,006 (0,001 - 0,177)	6,39 (0,20 - 204,34)
	Sangat Kaya	0,084 (0,01 - 0,62)	$2,85e-16$ ($2,33e-17$ - $3,49e-15$)
Pendidikan Ibu	Pendidikan Dasar	1	1
	Pendidikan Lanjut	13,69 (0,79 - 237,031)	0,13 (0,013 - 1,17)

BAB 6

PEMBAHASAN

6.1 Ringkasan Hasil Penelitian

Penelitian menduga semakin cepat waktu disusui pertama kali dapat meningkatkan ketahanan hidup BBLR dalam masa neonatal. BBLR yang waktu disusui pertama memang mempunyai angka ketahanan hidup yang lebih tinggi daripada BBLR yang tidak diketahui status waktu disusui pertama-nya. Namun, angka ketahanan hidup BBLR yang waktu disusui pertama < 1 jam lebih rendah dibandingkan dengan angka ketahanan hidup kelompok waktu disusui pertama 1-23 jam dan ≥ 1 hari. Oleh karena itu, penelitian ini tidak dapat membuktikan hipotesis yang dibangun.

Jika dilihat dari nilai hazardnya, waktu disusui pertama kali dalam kurun waktu < 1 hari tidak memiliki hubungan signifikan dengan ketahanan hidup BBLR. Setelah dikontrol dengan berat lahir, jenis kelamin, preterm, komplikasi kehamilan, komplikasi kelahiran, penolong persalinan, jenis persalinan, pemberian ASI eksklusif 3 hari, tingkat kesejahteraan, dan pendidikan ibu, hubungan tersebut tetap tidak signifikan.

Berdasarkan berat lahir, waktu disusui pertama dinilai mampu meningkatkan ketahanan hidup BBLR pada semua kategori berat lahir. Di antara semua kategori berat lahir, angka ketahanan hidup BBLR tertinggi dimiliki oleh BBLR dengan berat lahir 2000-2200 gram, yaitu sebesar 99,71 %. Jika dilihat dari nilai hazardnya pada analisis multivariat, waktu disusui juga memiliki hubungan yang tidak signifikan dengan ketahanan hidup BBLR di kedua kelompok berat lahir, 1500-2200 gram dan 2201-2499 gram.

Berdasarkan tempat persalinan, waktu disusui pertama juga mampu meningkatkan ketahanan hidup BBLR, baik yang lahir di pelayanan kesehatan maupun tidak. Angka ketahanan hidup BBLR yang waktu disusui pertama lebih tinggi pada kelompok yang tidak lahir di pelayanan kesehatan. Sedangkan angka ketahanan hidup BBLR yang tidak diketahui statusnya lebih tinggi di kelompok yang lahir di pelayanan kesehatan. Jika dilihat dari nilai hazard pada analisis

multivariat, waktu disusui pertama < 1 hari juga tidak memiliki hubungan yang bermakna dengan ketahanan hidup BBLR pada kedua kelompok, lahir di pelayanan kesehatan atau pun di luar pelayanan kesehatan.

6.2 Keterbatasan dan Kekuatan Penelitian

6.2.1 Keterbatasan Penelitian

Studi observasional seringkali mempunyai keterbatasan dalam masalah metodologi penelitian. Penelitian ini diduga masih dipengaruhi bias seleksi. Terdapat kemungkinan 109 BBLR yang tidak diketahui waktu disusui pertamanya merupakan kelompok yang disusui pertama kali < 1 hari atau ≥ 1 hari. Kesalahan dalam pegelompokan di atas disebabkan ketiadaan informasi di dalam data base SDKI. Ketiadaan kelompok ini membuat participation rate dalam penelitian sebesar 91%. Jika dibandingkan dengan *participant* dalam penelitian, kelompok ini merupakan kelompok yang didominasi dengan berat lahir lebih rendah 1500-1999 gram, mengalami komplikasi saat persalinan, dan sebanyak 20 % memiliki ibu dengan tingkat kesejahteraan lebih kaya. Kelompok ini juga memiliki angka kematian neonatal lebih banyak dibanding kelompok yang diketahui waktu menyusui pertama kali. Dengan demikian, ancaman validitas internal dapat terancam.

Keterbatasan lain dalam penelitian ini adalah kesalahan dalam mengukur eksposure utama, yaitu waktu disusui pertama. Pertanyaan tentang waktu disusui pertama yang digunakan dalam SDKI adalah “Berapa lama setelah lahir ibu meletakkan bayi di dada ibu?”. Pertanyaan tersebut memungkinkan ibu salah menginterpretasikannya. Kemungkinan pertama ibu menerjemahkan pertanyaan tersebut dengan “kapan ibu disusui pertama kali?”. Dengan interpretasi tersebut, ibu yang bayinya diletakkan di dada ibu dalam kurun waktu satu jam namun tidak keluar ASI-nya telah menjawab pertanyaan tersebut dengan waktu disusui pertama 1-23 jam atau ≥ 1 hari. Jika terminologi yang terpatri pada pewawancara saat itu adalah terminologi IMD yang telah direvisi (bayi merangkak dan mencari puting susu ibu), ibu mungkin juga dapat memberikan informasi yang berbeda dengan maksud dari pertanyaan di dalam kuesioner. Kondisi di atas

menggambarkan bahwa penelitian mengalami *non-differential misclassification* sehingga hasilnya *underestimate* terhadap hasil yang sebenarnya.

Bias informasi juga terjadi pada pengumpulan data terkait berat lahir. Walaupun terdapat kategori berat lahir dari Kartu Menuju Sehat (KMS) di dalam kuesioner, database SDKI yang diperoleh peneliti tidak dapat memperlihatkan hal tersebut. Informasi berat lahir yang digunakan dalam penelitian ini diduga hanya berdasarkan ingatan ibu saja. Dengan demikian, kesalahan dalam mengingat (*recall bias*) ini mungkin terjadi saat ibu menjawab pertanyaan tersebut. Jika kelahiran BBLR tersebut terjadi beberapa tahun lalu akan memperburuk kesalahan tersebut. Kesalahan serupa (*recall bias*) juga terjadi pada beberapa pertanyaan yang terkait dengan informasi di masa lampau seperti berat lahir.

Beberapa faktor yang menjadi pengangu ketahanan hidup BBLR tidak ditanyakan dalam SDKI. Dengan keterbatasan tersebut, penelitian tidak dapat menggambarkan atas temporalitas waktu disusui dengan ketahanan BBLR. Terdapat sebuah kemungkinan BBLR yang tidak disusui merupakan BBLR yang telah meninggal dunia sesaat setelah lahir akibat komplikasi saat persalinan maupun kehamilan sehingga tidak ada kesempatan baginya untuk disusui.

Selain itu, hasil penelitian menunjukkan rentang confidence interval yang lebar pada nilai hazard beberapa variabel. Hal ini mungkin disebabkan oleh kurangnya sampel dalam penelitian ini. Beberapa penelitian yang hampir serupa menggunakan sampel jauh lebih besar daripada besar sampel yang digunakan dalam penelitian ini.

6.2.2 Kekuatan Penelitian

Di balik keterbatasan tersebut, penelitian ini memiliki beberapa kekuatan. Salah satu kekuatan dalam penelitian ini adalah pengontrolan confounding dengan teknik restriksi pada kelahiran tunggal dan berat lahir 1500-2499 gram. Dengan demikian, efek menyimpang dari kedua faktor tersebut telah dieliminasi.

Karena penelitian ini merupakan penelitian yang berbasai pada data survey dengan metode *multistage sampling*, maka analisis yang digunakan telah menggunakan teknik analisis data survey sehingga hasil mendekati hasil yang sesungguhnya.

Jika dilihat dari spesifisitas, penelitian ini mempunyai spesifisitas pada berat lahir juga dibagi ke dalam beberapa kategori (1500-1999 gram, 2000-2200 gram,dan 2201-2499 gram).

6.3 Ketahanan Hidup BBLR di Indonesia

Angka ketahanan hidup BBLR di Indonesia terbilang cukup bagus (97,73 %). Jika dilihat dari jumlah BBLR, sebanyak 1199 dari 1232 BBLR dapat bertahan (97, 32%). Jumlah ini hampir sama dengan jumlah BBLR di atas 1500 yang dapat bertahan di dalam penelitian Ribeiro di Brazil. Di dalam penelitiannya, 3816 dari 3892 bayi dengan berat 2000 -2499 gram dapat bertahan dalam kurun waktu 28 hari (Ribeiro, 2009).

Event kematian dalam penelitian ini terjadi pada 2, 65 % (33 dari 1232 BBLR). Angka ini jauh lebih kecil dibandingkan dengan angka kematian BBLR pada masa neonatal di Brazil yaitu sebesar 8,7 %. Data status kematian pada penelitian ini terlihat kecil karena data dikumpulkan dari wanita yang masih hidup saja sehingga kematian BBLR dari ibu yang meninggal tersebut tidak terukur.

Kematian terbanyak terjadi pada minggu pertama setelah kelahiran yaitu sebesar 21 dari 33 kematian pada masa neonatal. Dengan kata lain, 63,67 % kematian neonatal terjadi pada masa *early neonatal*. Presentase ini lebih kecil jika dibandingkan dengan presentase kematian neonatal yang dilansir oleh WHO, yaitu sebesar 75 % di masa early neonatal. Menurut WHO, kematian pada minggu pertama terkait dengan komplikasi saat kehamilan dan preterm (WHO, 2006). Pada penelitian ini, dengan tabulasi silang, terlihat bahwa 8 orang BBLR yang meninggal dunia merupakan BBLR dengan yang terlahir preterm. Sedangkan 15 BBLR yang meninggal merupakan BBLR dengan ibu yang mengalami komplikasi saat kehamilan.

6.4 Efek Waktu Disusui Pertama Terhadap Ketahanan Hidup BBLR

Jika dibandingkan dengan kelompok yang tidak diketahui waktu disusui pertama kali, hasil penelitian telah memperlihatkan bahwa angka ketahanan hidup BBLR yang waktu disusui pertama lebih tinggi daripada BBLR yang tidak diketahui status waktu disusui pertamanya. Mereka yang waktu disusui pertama

mempunyai angka ketahanan hidup di atas 90 %. Sedangkan BBLR yang tidak diketahui statusnya memiliki angka ketahanan hidup sebesar 80,59%.

Rendahnya angka ketahanan hidup BBLR pada kelompok yang tidak diketahui statusnya tersebut dipengaruhi oleh karakteristiknya. Kelompok yang tidak diketahui statusnya waktu disusui pertamanya didominasi oleh bayi dengan berat lahir 1500-1999 gram. Seiring dengan rendahnya angka ketahanan hidup, kematian neonatal di kelompok yang tidak diketahui statusnya ini lebih tinggi dibandingkan dengan kelompok lainnya. Kematian yang lebih besar juga terjadi pada penelitian Sohely Yasmin. Di dalam penelitian tersebut, kematian pada kelompok 1500-1999 gram sebesar 204 per 1000 bayi lahir hidup sementara kematian pada kelompok 2000-2499 sebesar 52 per 1000 bayi lahir hidup (Yasmin dkk, 2001).

Selain itu, hal yang mempengaruhi rendahnya angka ketahanan hidup BBLR pada kelompok yang tidak diketahui statusnya adalah pengaruh faktor komplikasi persalinan. Sebesar 63,30 % BBLR dalam kelompok ini merupakan BBLR dengan ibu yang mengalami komplikasi saat persalinan seperti : persalinan macet, pendarahan, demam/mual, *convulsion*, dan ketuban pecah. Sementara kelompok lain didominasi oleh kelompok BBLR dengan ibu yang tidak mengalami komplikasi saat persalinan. Komplikasi yang terjadi saat persalinan dapat menghambat BBLR saat akan disusui dini. Pada saat tersebut, penanganan komplikasi ibu didahulukan daripada pelaksanaan waktu disusui pertama.

Terlepas dari kelompok yang tidak diketahui tersebut, setelah dikontrol, waktu disusui < 1 hari tidak memiliki hubungan dengan ketahanan BBLR pada masa neonatal. Hal ini tidak sejalan dengan penelitian Edmod yang mengatakan semakin cepat waktu menyusui maka resiko kematian neoantak akan menurun (Edmond, 2007). Tidak adanya hubungan tersebut dapat disebabkan oleh ketidaksiapan BBLR untuk disusui dalam waktu yang < 1 hari. BBLR diatas 1500 telah memiliki kesiapan untuk disusui namun ia cukup sering berhenti dan memakan waktu lama. Selain itu, saat disusui, BBLR juga memerlukan topangan di kepala yang lebih banyak daripada bayi yang lebih besar (Departemen Kesehatan RI,2003).

BBLR yang disusui dalam kurun waktu <1 hari mungkin mempunyai organ tubuh yang belum berfungsi dengan baik sehingga teknik menyusui yang tidak benar mengakibatkan fungsi tubuh tersebut bertambah buruk dan berujung pada kematian. Selain itu, kondisi tersebut juga dapat disebabkan kematian yang terjadi pada kelompok ini merupakan kematian yang diakibatkan oleh kondisi ibu saat hamil atau persalinan sehingga efek imun dari ASI pada saat menyusui tidak berpengaruh (Edmond, 2007). Namun, karena keterbatasan data, kondisi kesakitan bayi saat lahir tersebut tidak dapat digambarkan di dalam penelitian ini.

Apabila kategori < 1 hari dikelompokkan ke dalam dua kelas, hasil penelitian menggambarkan bahwa kelompok waktu disusui pertama 1-23 jam memiliki angka ketahanan hidup BBLR paling tinggi, yaitu sebesar 99,61 % di antara kategori waktu disusui pertama (< 1 jam dan ≥ 1 hari). Nilai *crude hazard* kelompok ini sangat protektif, yaitu sebesar 0,1 (95% CI :0,017 – 0,607). Hal ini mungkin dipengaruhi dengan karakteristik BBLR dalam kelompok tersebut. Jika dibandingkan dengan kelompok waktu disusui pertama < 1 jam, kelompok ini didominasi oleh BBLR dengan ibu yang memiliki tingkat kesejahteraan yang lebih baik. Menurut Lawn, sosial ekonomi yang rendah meningkatkan resiko infeksi pada ibu. Selain itu, ekonomi yang rendah juga mengangu akses ibu terhadap pelayanan kesehatan (Lawn, 2005).

Selain itu, mayoritas ibu (54,30 %) pada kelompok ini tidak bekerja sementara kelompok disusui < 1 jam didominasi oleh BBLR dengan ibu bekerja (53,92 %). Ibu yang bekerja diasosiasikan mempunyai waktu istirahat lebih sedikit dibandingkan dengan ibu yang tidak bekerja. Keadaan tersebut menghambat ibu dalam merawat bayi sehingga ketahanan hidup BBLR menjadi lemah. Kombinasi kedua faktor tersebut (ekonomi rendah dan ibu bekerja) akan semakin merendahkan ketahanan hidup BBLR.

6.5 Efek Waktu disusui pertama Terhadap Ketahanan Hidup BBLR Berdasarkan Berat Lahir

Secara keseluruhan, hasil penelitian menunjukkan bahwa semakin ringan berat lahir subjek akan semakin rendah angka ketahanan hidupnya. Dengan kata lain, semakin rendah berat lahir seorang bayi, resiko kematian neonatal bayi

tersebut semakin tinggi. Fakta ini sesuai dengan hasil penelitian Sohely Yasmin di Bangladesh. Penelitian tersebut juga menyebutkan bahwa semakin rendah berat lahir seorang bayi akan semakin beresiko untuk meninggal pada masa neonatal.

Kondisi tersebut dapat disebabkan oleh bayi dengan berat lebih rendah mempunyai fungsi tubuh yang kurang bagus. Menurut Klaus dan Fanaroff, bayi dengan berat lahir rendah tidak mendapat dukungan plasenta yang dekuat sehingga tidak terdapat asupan glukosa dari ibu, persediaan karbohidrat menurun, dan oksigenasi terbatas. Oleh karena itu, semakin rendah berat bayi akan semakin sulit mentoleransi dengan baik kekurangan aliran darah plasenta dan oksigen saat persalinan sehingga bayi mengalami *deselerasi* denyut jantung (Klaus dan Fanaroff, 1998).

Berdasarkan hasil perhitungan tabulasi silang, terlihat bahwa sebagian besar bayi yang terlahir preterm merupakan bayi dengan berat 1500-1999 gram. Dan mungkin mereka lah yang tidak dapat bertahan dalam kurun waktu 28 hari setelah kelahiran.

Tabel 6.1 Tabulasi Silang Preterm dengan Berat Lahir

Berat Lahir	Preterm			Total
	Tidak	Ya	Tidak Diketahui	
2201-2499 gram	239	3	177	419
2000-2200 gram	300	34	235	569
1500-1999 gram	134	39	71	244
Total	673	76	483	1232

Berdasarkan perilaku waktu disusui pertama, penelitian memperlihatkan gambaran yang berbeda. Pada kelompok waktu disusui pertama < 1 jam, dose-response tidak terlihat. Peningkatan berat lahir tidak diikuti dengan peningkatan angka ketahanan hidup. Angka ketahanan hidup BBLR tertinggi terletak pada berat 2201 -2499 gram dan terendah terletak pada berat lahir 2000-2200 gram. Tidak adanya dose response juga terjadi pada kelompok yang tidak diketahui status waktu disusui pertama-nya.

Sedangkan kelompok waktu disusui pertama 1 -23 jam mempunyai *dose response*. Pada kelompok ini, semakin tinggi berat lahir semakin rendah angka

ketahanan hidupnya. Bahkan tidak ada satu pun bayi dengan berat lahir 1500-1999 gram dalam kelompok ini yang meninggal dunia dalam masa neonatalnya. Sementara itu, gradasi sebaliknya terjadi pada kelompok waktu disusui pertama ≥ 1 hari. Pada kelompok ini, semakin tinggi berat lahir semakin tinggi angka ketahanan hidupnya.

Perbedaan ini dapat disebabkan oleh karakteristik kelompok – kelompok tersebut. Jika dilihat dari tabulasi silang antara variabel berat lahir dengan preterm pada kelompok waktu disusui pertama < 1 jam, terlihat bahwa 13 yang terlahir preterm merupakan bayi dengan berat 2000 -2200 gram. Sementara BBLR preterm pada kelompok lain merupakan bayi dengan berat lahir 1500-1999 gram.

Tabel 6.2 Tabulasi Silang Preterm dengan Berat Lahir
Pada Kelompok Waktu disusui pertama < 1 jam

Berat Lahir	Preterm			Total
	Tidak	Ya	Tidak Diketahui	
2201-2499 gram	86	2	62	150
2000-2200 gram	109	13	66	188
1500-1999 gram	34	6	17	57
Total	229	21	145	395

Jika dilihat dari nilai resiko (*hazard*), waktu disusui pertama < 1 hari tidak memiliki hubungan bermakna dengan berat lahir di kedua kelompok, baik 2201-2499 gram maupun kelompok 1500-2200 gram. Kedua kelompok tersebut sebenarnya telah mempunyai kemampuan untuk mencari-cari dan melekat ke payudara namun perlu tahap mengatur waktu disusui dengan jeda yang panjang. Dengan demikian waktu < 1 hari tidak cukup untuk menyelamatkan hidup BBLR, apalagi disusui < 1 jam.

Jika dilihat dari nilai resikonya, efek disusui pertama kali lebih beresiko pada kelompok dengan berat 2201-2499 gram. Hal ini dapat disebabkan manajemen penanganan *pasca* persalinan kelompok BBLR dengan berat 2201 - 2499 gram tidak secermat bayi yang lebih kecil karena dianggap lebih mampu bertahan hidup. Dengan alasan tersebut, BBLR dipersilahkan disusui tanpa

mengindahkan teknik menyusui yang tepat sehingga BBLR mungkin tersedak atau mengalami gangguan fungsi organ lain dan berakibat pada kematian.

Sementara, bayi yang lebih kecil memiliki resiko lebih rendah dapat disebabkan oleh kontak kulit ke kulit yang dilakukan ibu terhadapnya. Walaupun efek imun dari ASI tidak dapat diberikan pada saat tersebut, efek disusui pertama dapat disebabkan oleh kontak kulit antara ibu dengan anak sehingga anak terhindar dari hipotermia, terutama pada bayi yang terlahir preterm (Edmond, 2006).

6.6 Efek Waktu Disusui Pertama Terhadap Ketahanan Hidup BBLR Berdasarkan Tempat Persalinan

Secara keseluruhan, angka ketahanan hidup BBLR yang lahir bukan di pelayanan kesehatan (rumah dan perjalanan) lebih baik daripada BBLR yang lahir di pelayanan kesehatan (rumah sakit dan klinik). Hal tersebut dapat disebabkan karena bayi yang dilahirkan di tempat tersebut merupakan BBLR dengan ibu yang tidak memiliki masalah pada kehamilannya sehingga tidak memerlukan rujukan ke rumah sakit. Alasan tersebut dapat dibuktikan melalui tabulasi silang antara tempat persalinan dengan komplikasi kehamilan. Dan terlihat 156 orang dari 218 ibu (72 %) yang mengalami komplikasi kehamilan melahirkan bayinya di tempat pelayanan kesehatan.

Tabel 6.3 Tabulasi Silang Tempat Persalinan Dengan Komplikasi Kehamilan

Tempat Persalinan	Komplikasi Kehamilan		Total
	tidak ada	ada	
Pelayanan Kesehatan	504	156	660
Non Pelayanan Kesehatan	510	62	572
Total	1014	218	1232

Jika dilihat lebih rinci, 26 % komplikasi kehamilan pada ibu yang melahirkan BBLR di pelayanan kesehatan adalah pendarahan. Pendarahan tersebut mungkin terjadi pada bulan ke-7 hingga ke-9 kehamilan sehingga resiko kematian BBLR pada kelompok ini lebih besar.

Berdasarkan waktu disusui pertama kali, angka ketahanan hidup mereka yang diketahui waktu disusui pertama kali juga menunjukkan hal yang sama, lebih besar pada kelompok BBLR yang dilahirkan di bukan pelayanan kesehatan. Hal yang berbeda terjadi pada kelompok yang tidak diketahui waktu disusui pertama. Angka ketahanan hidup kelompok ini jauh lebih besar pada BBLR yang dilahirkan di pelayanan kesehatan, yaitu sebesar 83, 39 %.

Kondisi ini dapat disebabkan faktor penolong dalam persalinan di pelayanan kesehatan. Sebesar 28 % mereka yang tidak diketahui waktu disusui pertama merupakan kelompok orang kaya sehingga akses untuk mendapatkan penolong kesehatan yang lebih bagus dan lebih mudah. Hal ini dibuktikan dengan melihat distribusi frekuensi penolong persalinan pada kelompok ini. Analisis tersebut menyebutkan bahwa 36 orang BBLR dalam kelompok ini ditolong oleh dokter kandungan. Menurut WHO, penolong persalinan yang terlatih mempunyai kaitan yang kuat dengan penurunan angka kematian neonatal terutama 24 jam setelah kelahiran (WHO, 2006).

Jika mengacuhkan kelompok yang tidak diketahui tersebut, waktu disusui pertama < 1 hari tidak berhubungan dengan ketahanan hidup BBLR, baik yang dilahirkan di luar atau di dalam pelayanan kesehatan. Ketidak ada hubungan ini pun terkait dengan ketidaksiapan dan teknik disusui.

Namun, efek lebih besar terjadi pada BBLR yang dilahirkan di bukan pelayanan kesehatan. Hal ini terkait dengan manajemen pasca melahirkan yang kurang mumpuni di luar pelayanan kesehatan. Jika persalinan di lakukan di pelayanan kesehatan, penolong persalinan yang telah terlatih dan terdidik mempunyai keterampilan untuk membuat bayi merasa hangat (US Coaltion For Child Survival, 2009). Selain itu, penolong persalinan di pelayanan kesehatan juga dapat memberikan pengarahan cara menyusui yang baik agar BBLR tetap aman dan selamat.

6.7 Keterwakilan Penelitian Terhadap Populasi

Pada variabel waktu disusui pertama kali, terdapat 109 orang yang tidak diketahui statusnya. Ketiadaan kelompok ini dalam analisa mengakibatkan *participation rate* menjadi 91 %. Jika dibandingkan dengan *participant* dalam

penelitian, kelompok ini merupakan kelompok yang didominasi dengan berat lahir lebih rendah 1500-1999 gram, mengalami komplikasi saat persalinan, dan sebanyak 20 % memiliki ibu dengan tingkat kesejahteraan lebih kaya. kelompok ini juga memiliki angka kematian neonatal lebih banyak dibanding kelompok yang diketahui waktu menyusui pertama kali. Dengan demikian, penelitian sukar diterapkan ke dalam populasi *eligible*-nya

Penelitian ini membatasi pada BBLR dengan berat lahir 1500 -2499 gram, kelahiran tunggal, dan anak terakhir. Dengan batasan tersebut penelitian ini tidak dapat mewakili bayi dengan berat < 1500 gram dan kelahiran kembar yang mempunyai kesiapan berbeda saat diberikan ASI. Sebesar 16, 78 % (258 orang) BBLR yang bukan anak terakhir dikeluarkan dari penelitian didasari oleh keterbatasan data beberapa variabel untuk anak lain. Dan karakteristik anak terakhir dan bukan anak terakhir tidak memiliki perbedaan sehingga penelitian telah mewakili mereka yang bukan anak terakhir.

Namun, pada variabel berat lahir, sebesar 24,46 % bayi tidak ditimbang. Terdapat kemungkinan bahwa kelompok ini merupakan kelompok BBLR yang seharusnya menjadi subjek dalam penelitian. Jika hal ini terjadi, penelitian mengalami bias seleksi sehingga penelitian sulit untuk mewakili populasi target, yaitu penduduk Indonesia.

BAB 7 **KESIMPULAN DAN SARAN**

7.1. Kesimpulan

Berdasarkan hasil penelitian, kesimpulan yang diperoleh adalah sebagai berikut :

1. Sebesar 97,33 % BBLR 1500 - 2499 gram di Indonesia dapat bertahan hidup selama 28 hari kelahiran.
2. Setelah memperhitungkan faktor bayi, ibu, pelayanan kesehatan, dan sosial ekonomi keluarga; waktu disusui pertama < 1 hari tidak memiliki hubungan dengan ketahanan hidup BBLR selama masa neonatal. Artinya, gagalnya BBLR bertahan bukan disebabkan karena waktu disusui pertama namun dikarenakan kondisi kesakitan bayi yang tidak tergambar dalam SDKI sebagai sumber data penelitian ini.
3. Berdasarkan berat lahir, 1500-2200 gram dan 2201 -2499 gram, efek waktu disusui pertama juga tidak memiliki hubungan dengan ketahanan hidup BBLR pada kedua kelompok berat lahir.
4. Berdasarkan tempat persalinan, di luar atau di dalam pelayanan kesehatan, efek waktu disusui pertama juga tidak memiliki hubungan dengan ketahanan hidup BBLR pada kedua kelompok tempat pelayanan kesehatan.

7.2. Saran

Berdasarkan hasil penelitian, pembahasan, dan kesimpulan, saran yang dapat diberikan adalah sebagai berikut :

1. Waktu disusui pertama dapat diterapkan pada BBLR 1500 -2499 gram jika BBLR dilahirkan dari ibu yang tidak mengalami komplikasi persalinan dan bayi tidak mengalami kesakitan apa pun setelah lahir.
2. Untuk mengukur efek waktu disusui pertama terhadap ketahanan hidup BBLR, definisi waktu disusui pertama perlu diperjelas. Pertanyaan yang kurang spesifik menyebabkan responden mungkin mengalami kesalahan dalam menjawab pertanyaan tersebut.

3. Selain itu, untuk mengukur efek waktu disusui pertama terhadap ketahanan hidup BBLR, kondisi bayi harus diketahui/ diperhitungkan
4. Untuk penelitian serupa berikutnya, penelitian perlu dibatasi pada subjek yang bertahan hingga hari ke-tiga atau ke-tujuh. Hal ini ditujukan untuk melihat efek murni disusui pertama terhadap ketahanan hidup BBLR tanpa pengaruh dari kondisi bayi terkait masa janinnya.
5. Selain itu, jumlah sampel perlu ditambah untuk penelitian berikutnya. Hal ini ditujuangkan untuk mengurangi efek *chance* dalam penelitian.



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Indonesia



Demographic and
Health Survey

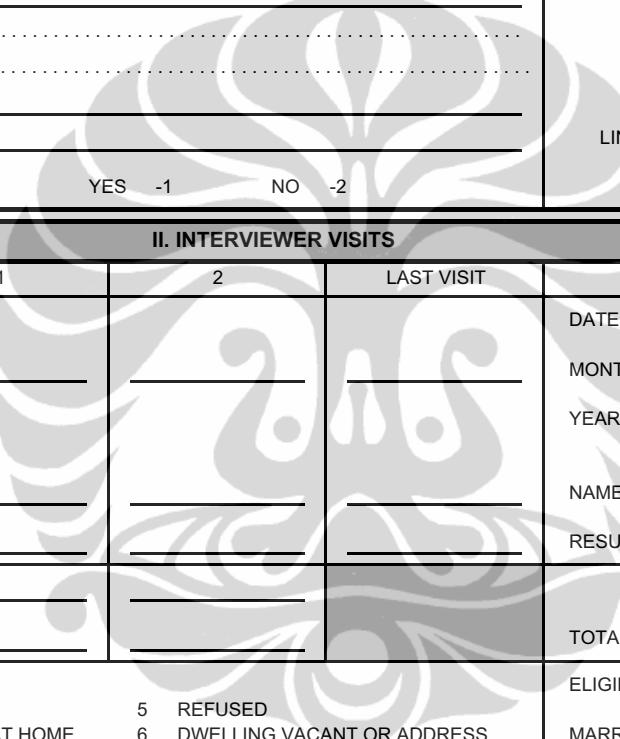
2007



07IDHS-HH

**2007 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE**

Confidential

I. IDENTIFICATION LOCATION				CODE										
1. PROVINCE _____				 <div style="position: absolute; top: 190px; left: 790px; width: 100px; height: 100px; background-color: black; opacity: 0.5;"></div> <div style="position: absolute; top: 260px; left: 850px; width: 100px; height: 100px; background-color: black; opacity: 0.5;"></div> <div style="position: absolute; top: 310px; left: 850px; width: 100px; height: 100px; background-color: black; opacity: 0.5;"></div> <div style="position: absolute; top: 360px; left: 850px; width: 100px; height: 100px; background-color: black; opacity: 0.5;"></div> <div style="position: absolute; top: 410px; left: 850px; width: 100px; height: 100px; background-color: black; opacity: 0.5;"></div> <div style="position: absolute; top: 460px; left: 850px; width: 100px; height: 100px; background-color: black; opacity: 0.5;"></div> <div style="position: absolute; top: 510px; left: 850px; width: 100px; height: 100px; background-color: black; opacity: 0.5;"></div> <div style="position: absolute; top: 560px; left: 850px; width: 100px; height: 100px; background-color: black; opacity: 0.5;"></div> <div style="position: absolute; top: 610px; left: 850px; width: 100px; height: 100px; background-color: black; opacity: 0.5;"></div> <div style="position: absolute; top: 660px; left: 850px; width: 100px; height: 100px; background-color: black; opacity: 0.5;"></div>										
2. REGENCY/MUNICIPALITY ¹⁾ _____														
3. SUBDISTRICT _____														
4. VILLAGE _____														
5. URBAN/RURAL ²⁾ _____	URBAN -1	RURAL -2												
6. CENSUS BLOCK NUMBER _____														
7. 2007 IDHS SAMPLE CODE														
8. HOUSEHOLD NUMBER														
9. NAME OF HOUSEHOLD HEAD _____														
10. NAME OF RESPONDENT _____														
11. SELECTED FOR MALE SURVEY YES -1 NO -2														
				LINE NUMBER <input type="text"/> <input type="text"/>										
II. INTERVIEWER VISITS														
DATE OF INTERVIEW	1	2	LAST VISIT	FINAL VISIT										
	_____	_____	_____	DATE _____										
	MONTH _____	YEAR _____	2 0 0 7											
INTERVIEWER'S NAME _____	_____	_____	NAME _____											
RESULT ³⁾ _____	_____	_____	RESULT _____											
NEXT VISIT DATE	TIME	_____	TOTAL NO. OF VISIT <input type="text"/>											
³⁾ RESULT CODES <table style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;">1 COMPLETED</td> <td style="width: 50%;">5 REFUSED</td> </tr> <tr> <td>2 NO HOUSEHOLD MEMBER AT HOME OR COMPETENT RESPONDENT AT HOME AT TIME OF VISIT</td> <td>6 DWELLING VACANT OR ADDRESS NOT A DWELLING</td> </tr> <tr> <td>3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME</td> <td>7 DWELLING DESTROYED</td> </tr> <tr> <td>4 POSTPONED</td> <td>8 DWELLING NOT FOUND</td> </tr> <tr> <td></td> <td>9 OTHER _____ (SPECIFY)</td> </tr> </table>				1 COMPLETED	5 REFUSED	2 NO HOUSEHOLD MEMBER AT HOME OR COMPETENT RESPONDENT AT HOME AT TIME OF VISIT	6 DWELLING VACANT OR ADDRESS NOT A DWELLING	3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME	7 DWELLING DESTROYED	4 POSTPONED	8 DWELLING NOT FOUND		9 OTHER _____ (SPECIFY)	ELIGIBLE RESPONDENT
1 COMPLETED	5 REFUSED													
2 NO HOUSEHOLD MEMBER AT HOME OR COMPETENT RESPONDENT AT HOME AT TIME OF VISIT	6 DWELLING VACANT OR ADDRESS NOT A DWELLING													
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME	7 DWELLING DESTROYED													
4 POSTPONED	8 DWELLING NOT FOUND													
	9 OTHER _____ (SPECIFY)													
				MARRIED MEN AGE 15-54 <input type="text"/>										
				EVER-MARIED WOMEN AGE 15-49 <input type="text"/>										
				NEVER-MARIED AGE 15-24 <input type="text"/>										
LANGUAGE IN INTERVIEW _____ DAILY SPOKEN LANGUAGE _____ USE INTERPRETER YES -1 NO -2														
SUPERVISOR NAME _____ <input type="text"/> <input type="text"/> DATE _____		FIELD EDITOR NAME _____ <input type="text"/> <input type="text"/> DATE _____		OFFICE EDITOR <input type="text"/> <input type="text"/> KEYED BY <input type="text"/> <input type="text"/>										

¹⁾ Cross out category not used

²⁾ Circle the selected category

III. LIST OF HOUSEHOLD MEMBERS AND VISITORS

NO.	USUAL RESIDENTS AND VISITORS (NAME)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE			AGE	AGE 0-4	AGE ≥15
				Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME) at last birthday?		BIRTH CERTIFICATE	MARITAL STATUS
	<p>Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household</p> <p>AFTER LISTING ALL NAMES, RELATIONSHIP AND SEX, ASK QUESTIONS 1)-5) BELOW TO MAKE SURE THAT ALL NAMES HAVE BEEN WRITTEN.</p> <p>THEN FINISH COLUMNS (5)-(19) FOR EACH LINE.</p>	" SEE CODES BELOW	Is (NAME) male or female?	CIRCLE ONE OF THE CODES	CIRCLE ONE OF THE CODES	CIRCLE ONE OF THE CODES	AGE MUST BE FILLED IF > 95 WRITE '95'	Does (NAME) have birth certificate? IF 'NO', ASK: Has (NAME) ever been registered to the Civil Registration Office?	What is (NAME) marital status? **) SEE CODES BELOW ***) SEE CODES BELOW
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
01		<input type="checkbox"/> <input checked="" type="checkbox"/>	M 1 2	F 1 2	YES 1 2	NO 1 2	YEAR(S) <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02		<input checked="" type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	1 2	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>
03		<input type="checkbox"/> <input checked="" type="checkbox"/>	1 2	1 2	1 2	1 2	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/>
04		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
05		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
06		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
07		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
08		<input type="checkbox"/> <input checked="" type="checkbox"/>	1 2	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
09		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/> <input type="checkbox"/>	1 2	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

") CODES FOR COLUMN (3): RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | |
|-----------------------------|------------------------|
| 01 = HEAD OF HOUSEHOLD | 08 = BROTHER OR SISTER |
| 02 = WIFE OR HUSBAND | 09 = OTHER RELATIVE |
| 03 = CHILD | 10 = ADOPTED CHILD |
| 04 = SON OR DAUGHTER-IN-LAW | 11 = STEPCHILD |
| 05 = GRANDCHILD | 12 = NOT RELATED |
| 06 = PARENT | 98 = DON'T KNOW |
| 07 = PARENT-IN-LAW | |

") CODES FOR COLUMN (8): BIRTH CERTIFICATE

- | |
|---------------------------|
| 1 = HAS BIRTH CERTIFICATE |
| 2 = REGISTERED |
| 3 = NEITHER |
| 8 = DON'T KNOW |

"" CODES FOR COLUMN (9): MARITAL STATUS

- | | |
|-------------|--------------|
| 1 = SINGLE | 3 = DIVORCED |
| 2 = MARRIED | 4 = WIDOWED |

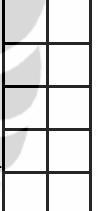
PEOPLE WHO SPENT THE NIGHT IN THIS HOUSEHOLD

			AGE 0 - 14 YEARS				IF AGE 5 OR OLDER			
ELIGIBILITY			PARENTAL SURVIVORSHIP AND RESIDENCE				EDUCATION			
			NATURAL MOTHER		NATURAL FATHER					
MARRIED MAN, AGE 15-54 YEARS	WOMAN MARRIED, DIVORCED OR WIDOWED, AGE 15-49 YEARS	UN- MARRIED MAN/ WOMAN AGE 15-24 YEARS	Is (NAME)'s natural mother alive?	IF STILL ALIVE	Is (NAME)'s natural father alive?	IF STILL ALIVE	Has (NAME) ever been to school?	What is the highest level of school (NAME) has attended?	IF AGE 5-24 YEARS	Is (NAME) still in school?
			IF CODE '2' OR '8' IS CIRCLED, GO TO COLUMN (15)	Did (NAME)'s natural mother live in this household or stay here last night? IF 'YES': What is her name? RECORD MOTHER'S LINE NUMBER. RECORD '00' IF NOT IN HH SCHEDULE	IF CODE '2' OR '8' IS CIRCLED, GO TO COLUMN (15)	Does (NAME)'s natural father live in this household? IF 'YES': What is his name? RECORD MOTHER'S LINE NUMBER. RECORD '00' IF NOT IN HH SCHEDULE	IF CODE '2' IS CIRCLED, GO TO NEXT HOUSE- HOLD MEMBER	What is the highest grade (NAME) completed at that level? ****) SEE CODES BELOW		
(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
01	01	01	YES NO DK 1 2 8	<input type="checkbox"/> <input type="checkbox"/>	YES NO DK 1 2 8	<input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2	LEVEL <input type="checkbox"/> <input type="checkbox"/>	GRADE <input type="checkbox"/> <input type="checkbox"/>	YES NO 1 2
02	02	02	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2
03	03	03	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2
04	04	04	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2
05	05	05	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2
06	06	06	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2
07	07	07	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2
08	08	08	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2
09	09	09	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2
10	10	10	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2
11	11	11	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2
12	12	12	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2
13	13	13	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2 8	<input type="checkbox"/> <input type="checkbox"/>	1 2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	1 2
**) CODE FOR COLUMN (18): EDUCATION			TICK HERE ✓ IF CONTINUATION SHEET USED <input type="checkbox"/>							
LEVEL: 1 = PRIMARY SCHOOL 2 = JUNIOR HIGH SCHOOL 3 = SENIOR HIGH SCHOOL 4 = ACADEMY/ D1/D2/ D3 5 = UNIVERSITY 8 = DON'T KNOW			GRADE: 0 = FIRST YEAR 1-6 = GRADE 1-6 7 = COMPLETED 8 = DON'T KNOW				Just to make sure that I have a complete listing: 1) Are there other persons such as small children or infants that we have not listed? 2) Are there any other people who may not be members of your family, such as domestic servants, lodgers or friend who usually live here? 3) Are there guests or temporary visitors staying here, or anyone else who for six months or more, who have not been listed? 4) Are there any other people who usually live here, but have been away for less than 6 months? 5) Are there any people who have been listed as members of household have been away for less than 6 months but intended to move?			
							YES <input type="checkbox"/> NO <input type="checkbox"/> <input type="checkbox"/> → ENTER EACH IN TABLE <input type="checkbox"/> <input type="checkbox"/> → ENTER EACH IN TABLE <input type="checkbox"/> <input type="checkbox"/> → ENTER EACH IN TABLE <input type="checkbox"/> <input type="checkbox"/> → ENTER EACH IN TABLE <input type="checkbox"/> <input type="checkbox"/> → CROSS OUT <input type="checkbox"/>			

IV. HOUSING CONDITION

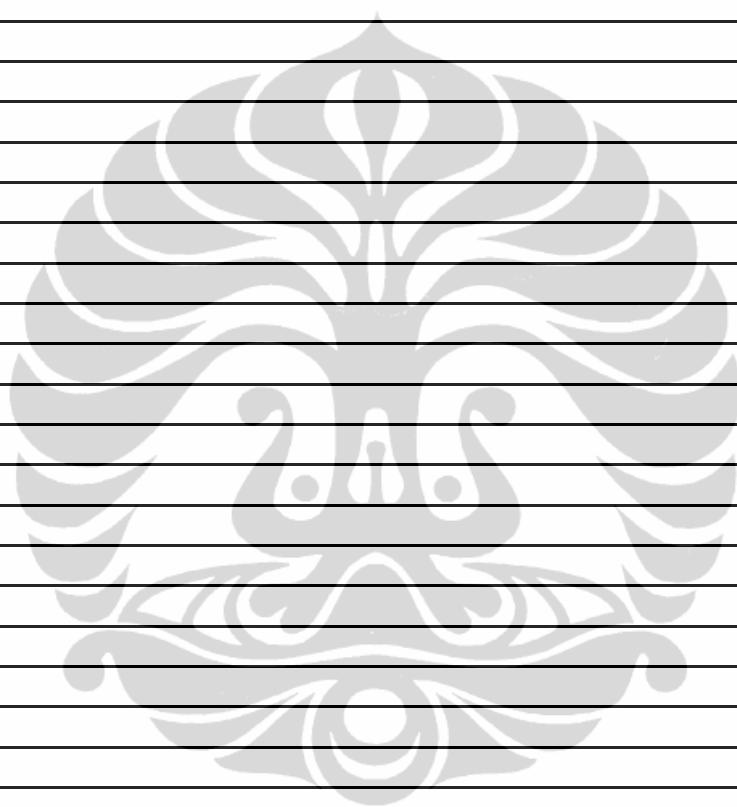
NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
20	What is the main source of drinking water for this household?	PIPED WATER INTO DWELLING 11 INTO YARD/PLOT 12 PUBLIC TAP 13 OPEN WELL IN DWELLING 21 IN YARD/POLT 22 OPEN PUBLIC WELL 23 PROTECTED WELL IN DWELLING 31 IN YARD/PLOT 32 PUBLIC WELL 33 SPRING 41 RIVERS/STREAM 42 POND/LAKE 43 DAM 44 RAIN WATER 51 TANKER TRUCK 61 BOTTLED WATER 71 OTHER _____ (SPECIFY) 96	<input type="checkbox"/> 24 <input type="checkbox"/> 22 <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 24 <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 24 <input type="checkbox"/> 24 <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 24 <input type="checkbox"/> 24 <input type="checkbox"/> 24 <input type="checkbox"/> 24
21	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER INTO DWELLING 11 INTO YARD/PLOT 12 PUBLIC TAP 13 OPEN WELL WELL IN DWELLING 21 WELL IN YARD/POLT 22 PUBLIC WELL 23 PROTECTED WELL WELL IN DWELLING 31 WELL IN YARD/PLOT 32 PUBLIC WELL 33 SPRING 41 RIVERS/STREAM 42 POND/LAKE 43 DAM 44 RAIN WATER 51 TANKER TRUCK 61 BOTTLED WATER 71 OTHER _____ (SPECIFY) 96	<input type="checkbox"/> 24 <input type="checkbox"/> 24
22	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> AT HOME 000 DON'T KNOW 998	<input type="checkbox"/> 24
23	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1 ADULT MAN 2 FEMALE UNDER 15 YEARS OLD 3 MALE UNDER 15 YEARS OLD 4	
24	Do you do anything to the water to make it safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) C SOLAR DISINFECTION D LET IT STAND AND SETTLE E NOTHING Y OTHER _____ (SPECIFY) X DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
26	What kind of toilet facility do members of your household usually use? IF PRIVATE TOILET, ASK WHETHER WITH SEPTIC TANK OR WITHOUT SEPTIC TANK	PRIVATE WITH SEPTIC TANK 11 WITH NO SEPTIC TANK 12 SHARED/PUBLIC 21 RIVER/STREAM/CREEK 31 PIT 41 YARD/BUSH/FOREST 51 OTHER _____ (SPECIFY) _____	28
27	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 0 10 OR MORE HOUSEHOLDS 95 DON'T KNOW 98	
28	CHECK 20: WELL (CODE 21, 22, 23, 31, 32, 33) <input type="checkbox"/> OTHER THAN CODE 21, 22, 23, 31, 32, 33 <input type="checkbox"/>		30
29	How far is the distance between the well and the nearest septic tank? (ROUNDED UP IN METER). IF > 95 RECORD '95'	DISTANCE (IN METER) <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 98	
30	What is the ownership status of this dwelling unit?	OWNED 1 CONTRACT/RENT 2 FREE 3 OFFICIAL 4 PARENT'S/FAMILY'S/RELATIVE'S 5 OTHER _____ (SPECIFY) _____	
31	MAIN MATERIAL OF THE FLOOR. (RECORD OBSERVATION).	DIRT/EARTH 11 BAMBOO 21 WOOD 22 BRICK/CONCRETE 31 TILE 32 CERAMIC/MARBLE/GRANITE 33 OTHER _____ (SPECIFY) _____	
32	What is the floor area of this house? (IN SQUARE METERS) IF > 995 RECORD '995'	SQUARE METERS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 998	
33	What is the primary construction material of the outer walls of this house?	BRICK 1 WOOD 2 BAMBOO 3 OTHER _____ (SPECIFY) _____	
34	What is the primary construction material of the roof?	BRICK/CONCRETE 1 WOOD 2 TILE 3 ASBESTOS/ZINC 4 LEAVES 5 OTHER _____ (SPECIFY) _____	
35	Does your household have: Electricity? Radio? Color television? Telephone/Mobile phone? Refrigerator?	YES NO ELECTRICITY 1 2 RADIO 1 2 COLOR TELEVISION 1 2 TELEPHONE/MOBILE PHONE 1 2 REFRIGERATOR 1 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
36	Does any member of this household own: A bicycle/rowboat? A motorcycle or motorboat? A car/truck?	YES NO BICYCLE/ROWBOAT 1 2 MOTORCYCLE/MOTOR BOAT 1 2 CAR/TRUCK 1 2	
37	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 BIOGAS 03 KEROSENE 04 COAL 05 CHARCOAL 06 WOOD 07 STRAW/SHRUBS/GRASS 08 NO FOOD COOKED IN HOUSEHOLD 95 OTHER 96 (SPECIFY)	→ 40
39	Does this (fire/stove) have a chimney, a hood, or neither of these?	CHIMNEY 1 HOOD 2 NEITHER 3	
40	Is the cooking usually done in the house, in a separate building, or outdoor?	IN THE HOUSE 1 IN A SEPARATE BUILDING 2 OUTDOORS 3 OTHER 6 (SPECIFY)	→ 42
41	Do you have a separate room which is used as a kitchen?	YES 1 NO 2	
42	How many of the following animals does this household own? Cattle/milk cows/bulls? Horses, donkeys, or mules? Goats/sheep? Pig? Poultry? IF NONE, RECORD '00' IF MORE THAN 95, RECORD '95' IF RESPONDENT DOESN'T KNOW, RECORD '98'	CATTLE/COWS/BULLS HORSES/DONKEYS/MULES GOATS/SHEEP PIG POULTRY 	
42A	LOOK AROUND THE RESPONDENT'S HOUSE TO OBSERVE WHETHER THERE ARE POULTRY ROAMING AROUND. IF "YES, CIRCLE 1. IF "NO", ask: Are there poultry which roam around the house?	YES 1 NO 2	
43	Does your household have any mosquito nets that can be used while sleeping?	YES 1 NO 2	→ FINISH
44	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS 	

NO.	QUESTIONS AND FILTERS	NET # 1	NET # 2	NET # 3
45	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2	OBSERVED 1 NOT OBSERVED 2
46	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGC <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGC 95 NOT SURE 98	MONTHS AGC <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGC 95 NOT SURE 98	MONTHS AGC <input type="text"/> <input type="text"/> 37 OR MORE MONTHS AGC 95 NOT SURE 98
47	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET, E.G., Where did you get this net from? Have you ever received free net from the government or non-government organization? If YES, what is the brand name?	FREE NET PERMANET/ NET PERMA ... 11 OLYSET NET ... 16 (51) ← OTHER FREE NET 21 (49) ← HAND MADE/ PURCHASED ... 31 DON'T KNOW ... 98	FREE NET PERMANET/ NET PERMA ... 11 OLYSET NET ... 16 (51) ← OTHER FREE NET 21 (49) ← HAND MADE/ PURCHASED ... 31 DON'T KNOW ... 98	FREE NET PERMANET/ NET PERMA ... 11 OLYSET NET ... 16 (51) ← OTHER FREE NET 21 (49) ← HAND MADE/ PURCHASED ... 31 DON'T KNOW ... 98
48	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
49	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES 1 NO 2 (51) ← DON'T KNOW 8	YES 1 NO 2 (51) ← DON'T KNOW 8	YES 1 NO 2 (51) ← DON'T KNOW 8
50	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGC <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGC 95 NOT SURE 98	MONTHS AGC <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO 95 NOT SURE 98	MONTHS AGC <input type="text"/> <input type="text"/> 25 OR MORE MONTHS AGO 95 NOT SURE 98
51	Who slept under this mosquito net last night? Anyone else? WRITE NAME AND LINE NUMBER. MAKE SURE YOU HAVE LISTED ALL NAME AND LINE NUMBER.	NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/>	NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/>	NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/> NAME <input type="text"/> <input type="text"/>
53		GO TO 45 FOR THE NEXT BED NET; IF NO MORE BED NET, END INTERVIEW.	GO TO 45 FOR THE NEXT BED NET; IF NO MORE BED NET, END INTERVIEW.	GO TO 45 FOR THE NEXT BED NET; IF NO MORE BED NET, END INTERVIEW.

NOTE





2007 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY WOMEN'S QUESTIONNAIRE

Confidential

I. IDENTIFICATION				CODE
1. PROVINCE				<div style="float: right; margin-top: 10px;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </div>
2. REGENCY/MUNICIPALITY*)				
3. SUBDISTRICT				
4. VILLAGE*)				
5. URBAN/RURAL**) URBAN -1 RURAL -2				
6. CENSUS BLOCK NUMBER				
7. 2007 IDHS SAMPLE CODE				
8. HOUSEHOLD NUMBER				
9. NAME OF HOUSEHOLD HEAD				
10. NAME OF RESPONDENT				
11. RESPONDENT LINE NUMBER				
II. INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 7 INT. NUMBER <input type="checkbox"/> RESULT <input type="checkbox"/>
INTERVIEWER'S NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	
RESULT***)	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NEXT VISIT DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	
TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL NUMBER OF VISITS <input type="text"/>
***) RESULT CODES				
1 COMPLETED		3 POSTPONED	5 PARTLY COMPLETED	7 OTHER <input style="width: 100px; height: 15px; vertical-align: middle;" type="text"/>
2 NOT AT HOME		4 REFUSED	6 INCAPACITATED	
LANGUAGE IN INTERVIEW: _____				
DAILY SPOKEN LANGUAGE: _____				
USE INTERPRETER:		YES -1	NO -2	
NAME	FIELD EDITOR		SUPERVISOR	
DATE	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
			OFFICE EDITOR	KEYED BY
			<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

*) Cross out category not used

**) Circle selected category

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I work for the Badan Pusat Statistik. We are conducting a national survey about the health of women, men, and children. We would very much appreciate your participation in this survey. I want to ask questions about your health and the health of your children. This information will help the government to plan health services. The survey usually takes between 30 and 40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED ... 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
101	RECORD THE TIME.	HOUR MINUTES	<table border="1" style="float: right;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
105	In what month and year were you born?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	<table border="1" style="float: right;"><tr><td></td><td></td></tr></table>				
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. IF LESS THAN 15 OR OLDER THAN 49 END INTERVIEW. CORRECT 07IDHS-HH BLOCK III COLUMN (7).	AGE IN COMPLETED YEARS	<table border="1" style="float: right;"><tr><td></td><td></td></tr></table>				
106A	Are you now married, divorced or widowed?	MARRIED 1 DIVORCED 2 WIDOWED 3					
107	Have you ever attended school?	YES 1 NO 2	→ 111				
108	What is the highest level of school you attended: primary, junior high, senior high, academy or university?	PRIMARY SCHOOL 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5					
109	What is the highest (grade/year) you completed at that level? FIRST YEAR = 0, COMPLETED = 7, DON'T KNOW = 8	GRADE	<table border="1" style="float: right;"><tr><td></td></tr></table>				
110	CHECK 108: PRIMARY SCHOOL <input type="checkbox"/> JUNIOR HIGH SCHOOL OR HIGHER <input type="checkbox"/>		→ 114				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE.. 3	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
113	CHECK 111: CODE '2', '3' CIRCLED <input type="checkbox"/> CODE '1' CIRCLED <input type="checkbox"/>		→ 115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	What is your religion?	ISLAM 01 PROTESTANT 02 CATHOLIC 03 HINDU 04 BUDDHA 05 CONFUCIAN 06 OTHER 96	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME DAUGHTERS AT HOME	<table border="1" style="float: right; margin-left: 10px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE DAUGHTERS ELSEWHERE ..	<table border="1" style="float: right; margin-left: 10px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD GIRLS DEAD	<table border="1" style="float: right; margin-left: 10px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL	<table border="1" style="float: right; margin-left: 10px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 226								

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212 What name was given to your (first/next) baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COM- PLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSE- HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE- HOLD).	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?																
01 SING 1 BOY 1 MULT 2 GIRL 2			MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table>			YES ... 1 NO 2	LINE NUMBER <table border="1"><tr><td></td></tr></table> (NEXT BIRTH)		DAYS ... 1 MONTHS 2 YEARS .. 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
02 SING 1 BOY 1 MULT 2 GIRL 2			MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table>			YES ... 1 NO 2	LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table> (GO TO 221)			DAYS ... 1 MONTHS 2 YEARS .. 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							YES 1 NO 2
03 SING 1 BOY 1 MULT 2 GIRL 2			MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table>			YES ... 1 NO 2	LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table> (GO TO 221)			DAYS ... 1 MONTHS 2 YEARS .. 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							YES 1 NO 2
04 SING 1 BOY 1 MULT 2 GIRL 2			MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table>			YES ... 1 NO 2	LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table> (GO TO 221)			DAYS ... 1 MONTHS 2 YEARS .. 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							YES 1 NO 2
05 SING 1 BOY 1 MULT 2 GIRL 2			MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table>			YES ... 1 NO 2	LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table> (GO TO 221)			DAYS ... 1 MONTHS 2 YEARS .. 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							YES 1 NO 2
06 SING 1 BOY 1 MULT 2 GIRL 2			MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table>			YES ... 1 NO 2	LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table> (GO TO 221)			DAYS ... 1 MONTHS 2 YEARS .. 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							YES 1 NO 2
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212 (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	220 IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?													
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09	SING 1 BOY 1 MULT 2 GIRL 2	MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table>			YES ... 1 NO ... 2 ↓ 220	LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table> (GO TO 221)			DAYS ... 1 MONTHS 2 YEARS ... 3 <table border="1"><tr><td></td><td></td></tr></table>			YES 1 NO 2 <table border="1"><tr><td></td><td></td></tr></table>		
10	SING 1 BOY 1 MULT 2 GIRL 2	MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table>			YES ... 1 NO ... 2 ↓ 220	LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table> (GO TO 221)			DAYS ... 1 MONTHS 2 YEARS ... 3 <table border="1"><tr><td></td><td></td></tr></table>			YES 1 NO 2 <table border="1"><tr><td></td><td></td></tr></table>		
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12	SING 1 BOY 1 MULT 2 GIRL 2	MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table>			YES ... 1 NO ... 2 ↓ 220	LINE NUMBER <table border="1"><tr><td></td><td></td></tr></table> (GO TO 221)			DAYS ... 1 MONTHS 2 YEARS ... 3 <table border="1"><tr><td></td><td></td></tr></table>			YES 1 NO 2 <table border="1"><tr><td></td><td></td></tr></table>		
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.				YES NO		1 2															
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH (Q. 215): YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD (Q. 217): CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD (Q. 220): AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS (Q. 220).																					
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN JANUARY 2002 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2002, ENTER 'L' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'H's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'L' CODE.		
226	Are you pregnant now? BE CAREFUL WHEN ASKING THIS QUESTION TO A DIVORCED OR WIDOWED WOMAN.	YES 1 NO 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'H' IN COLUMN 1 OF THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS	
228	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH YEAR	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 2002 OR LATER ↓ LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2002		→ 237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'K' IN COLUMN 1 OF THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'H' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS	
233	Have you ever had any other pregnancies which did not result in a live birth?	YES 1 NO 2	→ 237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2002. ENTER 'K' IN COLUMN 1 OF THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'H' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies before January 2002 that ended in a miscarriage, abortion or stillbirth?	YES 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before January 2002 end?	MONTH YEAR	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
237	When did your last menstrual period start? <hr style="border-top: 1px solid black; margin-bottom: 10px;"/> (DATE, IF GIVEN)	<p>DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4</p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996</p>	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 239A
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	<p>JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8</p>	
239A	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/>		→ 239G
239B	Did your husband know when you had your last menstrual period?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 239D
239C	Did your husband ask about your condition regarding your last menstrual period, such as: Whether you had excessive bleeding? Whether the period was on time? The duration of the period? Whether you had excessive pain? Other concerns?	<p>YES NO</p> <p>BLEEDING 1 2 ON TIME 1 2 DURATION 1 2 EXCESSIVE PAIN 1 2 OTHER 1 2</p>	
239D	CHECK 214: HAS AT LEAST ONE DAUGHTER <input type="checkbox"/> NO DAUGHTER <input type="checkbox"/>		→ 239G
239E	CHECK 217: HAS DAUGHTER(S) AGE 10 OR OLDER <input type="checkbox"/> HAS NO DAUGHTER AGE 10 OR OLDER <input type="checkbox"/>		→ 239G
239F	Did your husband know when (any of) your teenage daughter(s) had her first menstrual period?	<p>YES 1 NO 2 DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
239G	Do you know the signs of danger during pregnancy?	YES 1 NO 2	→ 242
240	What kind of health problems can endanger a woman when she is pregnant? Any other problems? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PROLONGED LABOR A VAGINAL BLEEDING B FEVER C CONVULSIONS D BABY IN WRONG POSITION E SWOLLEN LIMBS F FAINT G BREATHLESSNESS H TIREDNESS I OTHER X	
241	What should she do if she experienced this problem? Any other problems? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	NOTHING A REST B TAKE MEDICATION C TAKE HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY H OTHER X DON'T KNOW Z	
242	What kind of problems can endanger a woman during labor and delivery? Any other problems? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	WATER BREAKS TOO SOON A EXCESSIVE BLEEDING DURING AND AFTER DELIVERY B FEVER C LONG LABOR D FAINT E CONVULSIONS F PLACENTA DID NOT COME OUT G BABY STILLBORN H OTHER X DON'T KNOW Z	→ 244
243	What should she do if she experienced this problem? Any other problems? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	NOTHING A REST B TAKE MEDICATION C TAKE HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY H OTHER X DON'T KNOW Z	
244	What kind of problems can happen to a woman after giving birth? Any other problems? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	EXCESSIVE BLEEDING A FAINT B CONVULSIONS C FEVER D FOUL-SMELLING DISCHARGE E SORE BREAST F SADNESS/DEPRESSION G OTHER X DON'T KNOW Z	→ 301
245	What should be done to a woman who experienced these problems? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	NOTHING A REST B TAKE MEDICATION C TAKE HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY H OTHER X DON'T KNOW Z	

SECTION 3. KNOWLEDGE AND USE OF CONTRACEPTION

<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 OR 2 IF METHOD IS RECOGNIZED, AND ASK 302 OR CIRCLE CODE 3 IF NOT RECOGNIZED.</p>				
301	Which ways or methods have you ever heard about?		302 Have you ever used (METHOD)?	
01	FEMALE STERILIZATION/TUBECTOMY Women can have an operation to avoid having any more children.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	Have you ever had an operation to avoid having any more children? YES 1 NO 2	
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	Have you ever had a husband who had an operation to avoid having any more children? YES 1 NO 2	
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2	
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one, two or three months.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2	
06	NORPLANT/IMPLANT Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2	
08	INTRAVAG/DIAPHRAGM Women can place a tissue or a thin flexible disk in the vagina before intercourse.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2	
09	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after child birth, a woman can use a method that requires she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2	
10	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2	
11	WITHDRAWAL Men can be careful and pull out before climax.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2	
12	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES, SPONTANEOUS 1 YES, PROBED ... 2 NO 3	YES 1 NO 2	
13	OTHERS. Other methods that can prevent pregnancy.	YES 1 _____ _____ NO 2	YES 1 _____ _____ NO 2	
303	<p>CHECK 302:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/></p> <p>AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/></p>			307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	ENTER '0' IN COLUMN 1 OF THE CALENDAR IN EACH BLANK MONTH.		→ 329
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 318
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 318
311	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST. IF INJECTABLE, ASK THE TYPE. IF IMPLANT, ASK THE TYPE.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES 1 MONTH E INJECTABLES 3 MONTH F IMPLANTS 3 YEARS G IMPLANTS 3 YEARS H CONDOM I INTRAVAG/DIAPHRAGM J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER X (SPECIFY)	→ 313 → 316A → 312H → 312K → 316A → 316B → 318
311A	CHECK 308: IF RIGHT BOX IS CHECKED, CIRCLE 'A' FOR FEMALE STERILIZATION.		
312	Do you have a package of pills in the house?	YES 1 NO 2	→ 312B
312A	Please show me the package of pills you are now using. (RECORD TYPE OF PILLS). COMBINATION: GRACIAL 28 GYNERA LYNDIOL MARVELON 28 MERCILON 28 MICROGYNON MIKRODIOL NORDETTE 28 OVOSTAT 28 LIVODIOL 28 TRINORDIOL 21/TRINORDIOL 28	SINGLE: EXCLUTON PACKAGE SEEN COMBINATION 1 SINGLE 2 OTHER 6 PACKAGE NOT SEEN 8	→ 312C

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312B	Why don't you have a/cannot show the package of pills?	RAN OUT 1 COST TOO MUCH 2 HUSBAND AWAY 3 MENSTRUATING 4 OTHER 6	<input type="checkbox"/> → 312E
312C	CHECK THE PACKET FOR PILL USE AND CIRCLE THE CORRECT CODE.	PILLS MISSING IN ORDER 1 PILLS MISSING OUT OF ORDER 2 NO PILLS MISSING 3	→ 312E
312D	Why is it that you have not taken the pill (in order)?	DOESN'T KNOW WHAT TO DO 1 HEALTH REASONS 2 FIELDWORKER'S INSTRUCTION 3 NEW PACKET 4 MENSTRUATING 5 OTHER 6	
312E	When was the last time you took a pill? IF TAKEN PILL TODAY, RECORD "00"	DAYS AGO <input type="checkbox"/> MORE THAN ONE MONTH AGO 97	
312F	CHECK 312E: MORE THAN TWO DAYS AGO <input type="checkbox"/> TWO DAYS AGO OR LESS <input type="checkbox"/>		→ 316A
312G	Why aren't you taking the pills these days?	HUSBAND AWAY 01 FORGOT 02 HEALTH REASON 03 COST TOO MUCH 04 NO NEED TO TAKE DAILY 05 RAN OUT 06 MENSTRUATING 07 OTHER 96	<input type="checkbox"/> → 316A
312H	How many weeks ago did have an injection?	WEEKS AGO <input type="checkbox"/>	
312I	CHECK 311/311A: INJECTABLE 1 MONTH CODE "E" CIRCLED <input type="checkbox"/>	CODE 'F' CIRCLED <input type="checkbox"/>	
312IA	CHECK 312H: MORE THAN 4 WEEKS AGO <input type="checkbox"/> 4 WEEKS OR LESS <input type="checkbox"/>	MORE THAN 13 WEEKS AGO <input type="checkbox"/> 13 WEEKS OR LESS <input type="checkbox"/>	316A
312J	Why haven't you had an injection lately?	HUSBAND AWAY 1 FORGOT 2 HEALTH REASON 3 COST TOO MUCH 4 OTHER 6	<input type="checkbox"/> → 316A
312K	When did you start using implant?	MONTH <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
312L	CHECK 312K: COUNT HOW MANY MONTHS USED IMPLANTS	DURATION IN MONTHS <input type="checkbox"/> <input type="checkbox"/>	
312M	CHECK 311/311A: CODE 'G' CIRCLED <input type="checkbox"/>	CODE H' CIRCLED <input type="checkbox"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
312N	CHECK 312L: MORE THAN 36 MONTHS AGO <input type="checkbox"/> WITHIN 36 MONTHS <input type="checkbox"/> 316A	MORE THAN 60 MONTHS AGO <input type="checkbox"/> WITHIN 60 MONTHS <input type="checkbox"/> 316A							
312O	Why haven't you had the implant taken out?	HUSBAND AWAY 1 FORGOT 2 HEALTH REASON 3 COST TOO MUCH 4 OTHER 6	→ 316B						
313	In what facility did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF BOTH CODE 'A' AND 'B' CIRCLED IN 311, ASK 313-317 ABOUT FEMALE STERILIZATION	PUBLIC SECTOR HOSPITAL 11 HEALTH CENTER 12 CLINIC 13 MOBILE UNIT 14 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL 21 MATERNITY HOSPITAL 22 MATERNITY CLINIC 23 CLINIC 24 DOCTOR 25 OBGYN 26 MOBILE UNIT 27 OTHER 28 (SPECIFY) OTHER 96 (SPECIFY) DON'T KNOW 98							
314	CHECK 311: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/> Before the sterilization operation, were you told that you would not be able to have any (more) children because of the operation? <input type="checkbox"/> Before the sterilization operation, was your husband told that he would not be able to have any (more) children because of the operation? <input type="checkbox"/>	YES 1 NO 2 DON'T KNOW 8							
314A	Have you ever heard about recanalisation, that is an operation to reverse sterilization?	YES 1 NO 2	→ 316						
314B	Do you know where a person can have an operation to reverse sterilization?	YES 1 NO 2							
316	In what month and year was the sterilization performed?	MONTH <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>							
316A	For how long have you been using (CURRENT METHOD) now without stopping? PROBE: In what month and year did you start using (CURRENT METHOD) continuously?	YEAR <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr></table>							
316B	What was the cost to get the sterilization/method, including consultation and registration?	COST RUPIAH <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																													
317	<p>CHECK 316/316A:</p> <p>YEAR IS 2002 OR LATER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>ENTER CODE FOR METHOD SOURCE IN CLIMUN 2 OF THE CALENDAR IN THE MONTH STRATING USE AND GO TO 318.</p>	<p>YEAR IS 2001 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2002.</p> <p>THEN SKIP TO → 327</p>																																														
318	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2002.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 1: * When was the last time you used a method? Which method was that? * When did you start using that method? How long after the birth of (NAME)? * How long did you use the method then?</p> <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 2: * Where did you obtain the method when you started using it? * Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]</p> <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE THE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 3: * Why did you stop using the (METHOD)? * Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <p>* How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>																																															
321	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<table> <tbody> <tr><td>NO CODE CIRCLED</td><td>00</td><td>→ 329</td></tr> <tr><td>FEMALE STERILIZATION</td><td>01</td><td></td></tr> <tr><td>MALE STERILIZATION</td><td>02</td><td>→ 327</td></tr> <tr><td>PILL</td><td>03</td><td></td></tr> <tr><td>IUD</td><td>04</td><td></td></tr> <tr><td>INJECTION 1 MONTH</td><td>05</td><td></td></tr> <tr><td>INJECTION 3 MONTHS</td><td>06</td><td></td></tr> <tr><td>IMPLANT 3 YEARS</td><td>07</td><td></td></tr> <tr><td>IMPLANT 5 YEARS</td><td>08</td><td></td></tr> <tr><td>CONDOM</td><td>09</td><td></td></tr> <tr><td>INTRAVAG/DIAPHRAGM</td><td>10</td><td></td></tr> <tr><td>LAM</td><td>11</td><td></td></tr> <tr><td>PERIODIC ABSTINENCE</td><td>12</td><td></td></tr> <tr><td>WITHDRAWAL</td><td>13</td><td></td></tr> <tr><td>OTHER METHOD</td><td>96</td><td>→ 327</td></tr> </tbody> </table>	NO CODE CIRCLED	00	→ 329	FEMALE STERILIZATION	01		MALE STERILIZATION	02	→ 327	PILL	03		IUD	04		INJECTION 1 MONTH	05		INJECTION 3 MONTHS	06		IMPLANT 3 YEARS	07		IMPLANT 5 YEARS	08		CONDOM	09		INTRAVAG/DIAPHRAGM	10		LAM	11		PERIODIC ABSTINENCE	12		WITHDRAWAL	13		OTHER METHOD	96	→ 327	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	You obtained (CURRENT METHOD) from (SOURCE OF METHOD) (FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→ 324
323	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 324
323A	Did you ask a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	
324	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
324A	Do you have any health problems in using (CURRENT METHOD IN 321)?	YES 1 NO 2	→ 325
324C	What is the main health problem?	WEIGHT GAIN 01 WEIGHT LOSS 02 BLEEDING 03 HYPERTENSION 04 HEADACHE 05 NAUSEA 06 NO MENSTRUATION 07 WEAK/TIRED 08 OTHER 96 DON'T KNOW 98	
325	When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning which you could use?	YES 1 NO 2	→ 327
326	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
327	CHECK 311/311A CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD/SPIRAL 04 INJECTION 1 MONTH 05 INJECTION 3 MONTHS 06 IMPLANT 3 YEARS 07 IMPLANT 5 YEARS 08 CONDOM 09 INTRAVAG/DIAPHRAGM 10 LAM 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER 96	→ 331 → 331

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
328	Where did you obtain (CURRENT METHOD) the last time? IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. <hr style="border-top: 1px solid black;"/> (NAME OF PLACE)	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11 HEALTH CENTER 12 CLINIC 13 FP FIELDWORKER 14 FP MOBILE UNIT 15 OTHER _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 21 MATERNITY HOSPITAL 22 MATERNITY CLINIC 23 CLINIC 24 DOCTOR 25 OBGYN 26 MIDWIFE 27 NURSE 28 VILLAGE MIDWIFE 29 PHARMACY/DRUG STORE 30 OTHER _____ 31 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>DELIVERY POST 41 HEALTH POST 42 FP POST 43 FRIENDS/RELATIVES 44 SHOP 45 OTHER _____ 46 (SPECIFY)</p>	
329	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 331
330	Where is that? IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. <hr style="border-top: 1px solid black;"/> (NAME OF PLACE) Any other place? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	<p>PUBLIC SECTOR</p> <p>HOSPITAL A HEALTH CENTER B CLINIC C FP FIELDWORKER D FP MOBILE UNIT E OTHER _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL G MATERNITY HOSPITAL H MATERNITY CLINIC I CLINIC J DOCTOR K OBGYN L MIDWIFE M NURSE N VILLAGE MIDWIFE O PHARMACY/DRUG STORE P OTHER _____ Q (SPECIFY)</p> <p>OTHER SOURCE</p> <p>DELIVERY POST R HEALTH POST S FP POST T FRIENDS/RELATIVES U SHOP V OTHER _____ X (SPECIFY)</p>	
331	In the last 6 months, were you visited by a fieldworker who talked to you about family planning?	YES 1 NO 2	
332	In the last 6 months, have you visited by a health facility for care for yourself (or your children)?	YES 1 NO 2	→ 401
333	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 2002 OR LATER <input type="checkbox"/> NO BIRTHS IN 2002 OR LATER <input type="checkbox"/>	→ 487	
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).		
<p>Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talkabout each separately.)</p>			
403	LINE NUMBER FROM 212 LINE NUMBER <input type="checkbox"/> <input type="checkbox"/>	LAST BIRTH LINE NUMBER <input type="checkbox"/> <input type="checkbox"/>	SECOND-FROM-LAST BIRTH LINE NUMBER <input type="checkbox"/> <input type="checkbox"/>
404	FROM 212 AND 216 NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 406A) ← LATER 2 NOT AT ALL 3 (SKIP TO 406A) ←	THEN 1 (SKIP TO 406A) ← LATER 2 NOT AT ALL 3 (SKIP TO 406A) ←
406	How much longer would you have liked to wait before having (NAME)?	MONTHS 1 <input type="checkbox"/> <input type="checkbox"/> YEARS 2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 998	MONTHS 1 <input type="checkbox"/> <input type="checkbox"/> YEARS 2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 998
406A	Does (NAME)'s have a birth certificate?	YES 1 NO 2 (SKIP TO 406D) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 406D) ← DON'T KNOW 8
406B	May I see the document? CHECK THE DOCUMENT PRODUCED BY THE RESPONDENT.	NOT SEEN 1 HOSPITAL RECORD 2 VILLAGE RECORD 3 PROOF OF BIRTH 4 (SKIP TO 407) ← BIRTH CERTIFICATE 5	NOT SEEN 1 HOSPITAL RECORD 2 VILLAGE RECORD 3 PROOF OF BIRTH 4 (SKIP TO 407) ← BIRTH CERTIFICATE 5
406C	How old was (NAME) when you registered his/her birth?	DAYS 1 <input type="checkbox"/> <input type="checkbox"/> WEEKS 2 <input type="checkbox"/> <input type="checkbox"/> MONTHS 3 <input type="checkbox"/> <input type="checkbox"/> YEARS 4 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 998 (SKIP TO 407) ←	DAYS 1 <input type="checkbox"/> <input type="checkbox"/> WEEKS 2 <input type="checkbox"/> <input type="checkbox"/> MONTHS 3 <input type="checkbox"/> <input type="checkbox"/> YEARS 4 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 998 (SKIP TO 423) ←
406D	Why didn't (NAME) have a birth certificate?	COST TOO MUCH 1 TOO FAR 2 DID NOT KNOW IT SHOULD BE REGISTERED 3 LATE, DID NOT WANT TO PAY FINE 4 DO NOT KNOW WHERE TO REGISTER 5 OTHER 6	COST TOO MUCH 1 TOO FAR 2 DID NOT KNOW IT SHOULD BE REGISTERED 3 LATE, DID NOT WANT TO PAY FINE 4 DO NOT KNOW WHERE TO REGISTER 5 OTHER 6

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
407	<p>Did you see anyone for antenatal care for this pregnancy?</p> <p>IF YES: Whom did you see?</p> <p>Anyone else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR A OBGYN B NURSE C MIDWIFE D VILLAGE MIDWIFE E TRADITIONAL BIRTH ATTENDANT F OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 414A) ←</p>	
407A	CHECK 407: CODE 'A', 'B', 'C', "D" OR 'E' CIRCLED	<input type="checkbox"/> CODE 'F' OR 'X' OR "Y" CIRCLED <input type="checkbox"/> → 407C	
407B	<p>Were you given an antenatal card (KMS) for pregnant mother or MCH book for this pregnancy?</p> <p>IF YES: May I see it, please?</p>	<p>YES, SEEN 1 YES, NOT SEEN 2 NO 3 DON'T KNOW 8</p>	
407C	Where did you go for antenatal care this pregnancy?	<p>HOME</p> <p>RESPONDENT'S HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>HOSPITAL 21 HEALTH CENTER 22 OTHER _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 31 MATERNITY HOSPITAL 32 MATERNITY CLINIC 33 CLINIC 34 DOCTOR 35 OBGYN 36 MIDWIFE 37 NURSE 38 VILLAGE MIDWIFE 39 OTHER _____ 40 (SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST 51 HEALTH POST 52 OTHER _____ 53 (SPECIFY)</p>	
407D	Did your husband accompany you in any antenatal care visits during this pregnancy?	<p>YES 1 NO 2</p>	
408	How many months pregnant were you when you first received antenatal care during this pregnancy?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
409	How many times did you receive antenatal care during this pregnancy?	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98 (SKIP TO 412) ←</p>	
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTE-NATAL CARE.	<p>MORE THAN ONCE <input type="checkbox"/> ONCE <input type="checkbox"/> (SKIP TO 412)</p>	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																
410A	<p>You made (NUMBER IN 409) antenatal care visits during this pregnancy. How many times did you receive antenatal care in</p> <p>a. The first 3 months? b. Between the 4th and 6th month? c. Between the 7th month and delivery?</p> <p>SUM IN a, b AND c MUST BE EQUAL TO NUMBER IN 409.</p>	<p>NUMBER OF ANC VISITS</p> <p>0-3 MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>4-6 MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>7 MONTH-DELIVERY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>																	
411	How many months pregnant were you when you the last time you received antenatal care?	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 98</p>																	
412	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample? Was your stomach examined?</p>	<p>YES NO</p> <p>WEIGHT 1 2</p> <p>HEIGHT 1 2</p> <p>BLOOD PRESSURE 1 2</p> <p>URINE SAMPLE 1 2</p> <p>BLOOD SAMPLE 1 2</p> <p>STOMACH 1 2</p>																	
413	Were you told about the signs of pregnancy complications?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 414A) ←</p>																	
414	Were you told where to go if you had any of these complications?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																	
414A	<p>During your pregnancy with (NAME), did you discuss with anyone about:</p> <p>Where you plan to deliver? Transportation to the place of deliver? Who is going to assist with the delivery? Payment for the delivery? Identifying a possible blood donor?</p>	<p>YES NO</p> <p>PLACE TO DELIVER 1 2</p> <p>TRANSPORTATION 1 2</p> <p>DELIVERY ASSISTANT 1 2</p> <p>PAYMENT 1 2</p> <p>BLOOD DONOR 1 2</p>																	
414B	Did you have any complications during this pregnancy?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 415) ←</p>																	
414C	<p>What were they?</p> <p>Any other complications?</p> <p>RECORD ALL COMPLICATIONS/SYMPOTMS MENTIONED. DO NOT READ OUT REPONSES.</p>	<p>LABOR BEFORE 9 MONTHS A</p> <p>VAGINAL BLEEDING B</p> <p>FEVER C</p> <p>CONVULSIONS AND FAINTING D</p> <p>OTHER X (SPECIFY)</p>																	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
414D	What did you do to overcome the complication? Anything else? RECORD ALL ACTIONS MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING A REST B TAKE MEDICATION C HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO HEALTH FACILITY H OTHER X DON'T KNOW Z	
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8	
416	During this pregnancy, how many times did you get this tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8	
417	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLET.	YES 1 NO 2 (SKIP TO 419) ← DON'T KNOW 8	
418	For how many days during this pregnancy did you take the iron tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998	
419	During this pregnancy, did you have difficulty with your vision during daylight?	YES 1 NO 2 DON'T KNOW 8	
420	During this pregnancy, did you suffer from night blindness?	YES 1 NO 2 DON'T KNOW 8	
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 425A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 425A) ← DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
425A	After (NAME) was born, did a health professional or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
425B	How many days or weeks after delivery did the first check take place?	AFTER DELIVERY DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	AFTER DELIVERY DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
425C	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR GENERAL 11 OBGYN 12 PEDIATRICIAN 13 NURSE 14 MIDWIFE 15 VILLAGE/MIDWIFE 16 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER 96 (SPECIFY)	HEALTH PERSONNEL DOCTOR GENERAL 11 OBGYN 12 PEDIATRICIAN 13 NURSE 14 MIDWIFE 15 VILLAGE/MIDWIFE 16 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER 96 (SPECIFY)
425D	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	HOME RESPONDENT'S HOME 11 OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER 26 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL 31 MATERNITY HOSPITAL 32 MATERNITY CLINIC 33 CLINIC 34 DOCTOR 35 OBGYN 36 PEDIATRICIAN 37 MIDWIFE 38 NURSE 39 VILLAGE MIDWIFE 40 OTHER 41 (SPECIFY) OTHER HEALTH POST 51 DELIVERY POST 52 OTHER 56 (SPECIFY)	HOME RESPONDENT'S HOME 11 OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER 26 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL 31 MATERNITY HOSPITAL 32 MATERNITY CLINIC 33 CLINIC 34 DOCTOR 35 OBGYN 36 PEDIATRICIAN 37 MIDWIFE 38 NURSE 39 VILLAGE MIDWIFE 40 OTHER 41 (SPECIFY) OTHER HEALTH POST 51 DELIVERY POST 52 OTHER 56 (SPECIFY)
426	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT DELIVERY.	HEALTH PERSONNEL DOCTOR A OBGYN B PEDIATRICIAN C NURSE/MIDWIFE D VILLAGE/MIDWIFE E OTHER PERSON TRADITIONAL BIRTH ATTENDANT F RELATIVE/FRIEND G OTHER X NO ONE Y (SPECIFY)	HEALTH PERSONNEL DOCTOR A OBGYN B PEDIATRICIAN C NURSE/MIDWIFE D VILLAGE/MIDWIFE E OTHER PERSON TRADITIONAL BIRTH ATTENDANT F RELATIVE/FRIEND G OTHER X NO ONE Y (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																
427	<p>Where did you give birth to (NAME)?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>(NAME OF PLACE)</p>	<p>HOME RESPONDENT'S HOME 11 (SKIP TO 428A) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL 31 MATERNITY HOSPITAL 32 MATERNITY CLINIC 33 CLINIC 34 DOCTOR 35 OBGYN 36 MIDWIFE 37 NURSE 38 VILLAGE MIDWIFE 39 OTHER 40 (SPECIFY)</p> <p>OTHER HEALTH POST 51 DELIVERY POST 52 OTHER 56 (SPECIFY) (SKIP TO 428A) ←</p>	<p>HOME RESPONDENT'S HOME 11 (SKIP TO 428A) ←</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL 31 MATERNITY HOSPITAL 32 MATERNITY CLINIC 33 CLINIC 34 DOCTOR 35 OBGYN 36 MIDWIFE 37 NURSE 38 VILLAGE MIDWIFE 39 OTHER 40 (SPECIFY)</p> <p>OTHER HEALTH POST 51 DELIVERY POST 52 OTHER 56 (SPECIFY) (SKIP TO 428A) ←</p>																																
427A	Was your husband with you when you delivered (NAME)?	YES 1 NO 2	YES 1 NO 2																																
428	Was (NAME) delivered by caesarean section?	YES 1 NO 2	YES 1 NO 2																																
428A	<p>At the time of the birth of (NAME), did you have:</p> <p>Labor that is the strong and regular contractions lasting more than one day and one night?</p> <p>A lot more vaginal bleeding than normal following childbirth (more than 3 cloths)?</p> <p>A high fever and foul smelling vaginal discharge?</p> <p>Convulsions with loss of consciousness?</p> <p>Water broke more than 6 hours before delivery?</p> <p>Any other complications?</p> <p>IF YES, SPECIFY.</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DON'T KNOW</td> </tr> <tr> <td>PROLONGED LABOR</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>VAGINAL BLEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FEVER/FOUL SMELLING</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CONVULSIONS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WATER BROKE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td colspan="4">(SPECIFY)</td> </tr> </table>		YES	NO	DON'T KNOW	PROLONGED LABOR	1	2	8	VAGINAL BLEEDING	1	2	8	FEVER/FOUL SMELLING	1	2	8	CONVULSIONS	1	2	8	WATER BROKE	1	2	8	OTHER	1	2	8	(SPECIFY)				
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OTHER	1	2	8																																
(SPECIFY)																																			
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 433) ←	YES 1 NO 2 (SKIP TO 435) ←																																
429A	<p>How many days or weeks after delivery did the first check take place?</p> <p>RECORD '00' DAYS IF SAME DAY.</p>	<p>AFTER DELIVERY MONTHS 1</p> <table border="1" style="margin-left: auto; margin-right: auto; width: fit-content;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>YEARS 2</p> <p>DON'T KNOW 998</p>																																	

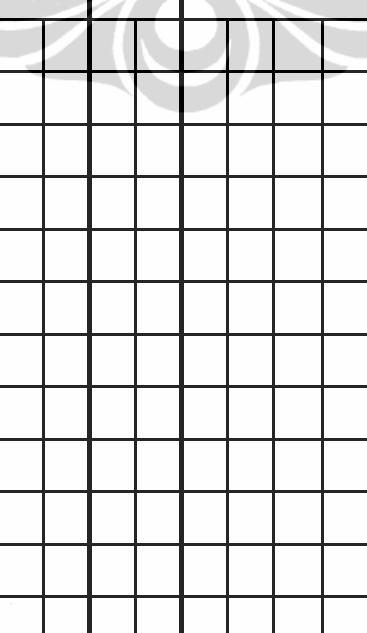
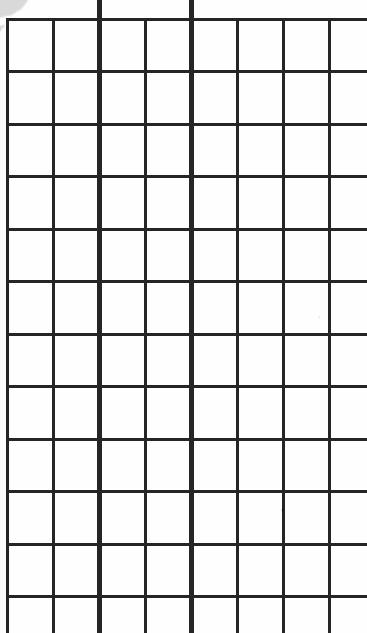
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON	HEALTH PERSONNEL DOCTOR GENERAL PRACT. 11 OBGYN 12 NURSE 13 MIDWIFE 14 VILLAGE MIDWIFE 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER _____ 96 (SPECIFY)	
432	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	HOME RESPONDENT'S HOME 11 OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL 31 MATERNITY HOSPITAL 32 MATERNITY CLINIC 33 CLINIC 34 DOCTOR 35 OBGYN 36 MIDWIFE 37 NURSE 38 VILLAGE MIDWIFE 39 OTHER 40 (SPECIFY) OTHER HEALTH POST 51 DELIVERY POST 52 OTHER 56 (SPECIFY)	
433	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW THE RED CAPSULE.	YES 1 NO 2	
434	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 436) ← NO 2 (SKIP TO 437) ←	
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 439) ←
436	For how many months after the birth of (NAME) did you not have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 439) ←	
438	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 440) ←	
439	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																
440	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 447) ←	YES 1 NO 2 (SKIP TO 447) ←																
441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD 00', IF LESS THAN 24 HOURS RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									IMMEDIATELY 000 HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink or eat other than breast milk?	YES 1 NO 2 (SKIP TO 444) ←	YES 1 NO 2 (SKIP TO 446) ←																
443	What was (NAME) given to drink or eat? Anything else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	INFANT FORMULA A OTHER MILK B PLAIN WATER C SUGAR OR SUGAR WATER D RICE WATER E FRUIT JUICE F TEA G HONEY H SEMI-SOLID FOOD I OTHER X (SPECIFY)	INFANT FORMULA A OTHER MILK B PLAIN WATER C SUGAR OR SUGAR WATER D RICE WATER E FRUIT JUICE F TEA G HONEY H SEMI-SOLID FOOD I OTHER X (SPECIFY)																
444	CHECK 404: IS CHILD LIVING?	LIVING <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> (SKIP TO 446) ←																	
445	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 448) ← NO 2																	
446	For how many months did you breastfeed (NAME)?	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW 98			MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW 98														
447	CHECK 404: CHILD ALIVE?	ALIVE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> (GO TO 405 FOR NEXT BIRTH, IF NO MORE BIRTHS, GO TO 454). (SKIP TO 450) ←			ALIVE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table> (GO TO 405 FOR NEXT BIRTH, IF NO MORE BIRTHS, GO TO 454). (SKIP TO 450) ←														
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF NIGHTTIME FEEDINGS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																	
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF DAYLIGHT FEEDINGS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____				
450	Did (NAME) drink anything from a bottle with a nipple yesterday or today?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8				
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES 1 NO 2	YES 1 NO 2				
452	How many <u>times</u> did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day and at night? IF 7 OR MORE TIMES, RECORD 7.	NUMBER OF TIMES <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 8			NUMBER OF TIMES <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 8		
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.				



SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY IN 2002, ASK QUESTIONS ABOUT ALL LIVE BIRTHS, STARTING FROM THE LAST BIRTH (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRE).			
455	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	
456	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484)	
457	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW CAPSULES.	YES, RED CAPSULE 1 YES, BLUE CAPSULE 2 NO 3 DON'T KNOW 8	YES 1 NO 2 NO 3 DON'T KNOW 8	
458	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 460) YES, NOT SEEN 2 (SKIP TO 462) NO CARD 3	YES, SEEN 1 (SKIP TO 460) YES, NOT SEEN 2 (SKIP TO 462) NO CARD 3	
459	Did you ever have a vaccination card for (NAME)?	YES 2 (SKIP TO 462) NO 8	YES 2 (SKIP TO 462) NO 8	
460	1. COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. 2. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	DAY MONTH YEAR  BCG POLIO 1 POLIO 2 POLIO 3 POLIO 4 DPT1 DPT2 DPT3 MEASLES HEPATITIS B1 HEPATITIS B2 HEPATITIS B3	DAY MONTH YEAR 	

NO.	QUESTIONS AND FILTERS	LAST BIRTH	SECOND-FROM-LAST-BIRTH																								
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-4, DPT 1-3, AND/OR MEASLES VACCINES	YES 1 (PROBE FOR VACCINATION AND WRITE '66 IN THE CORRESPONDING DAY COLUMN IN 460) AND WRITE '66 IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) NO 2 (SKIP TO 464) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATION AND WRITE '66 IN THE CORRESPONDING DAY COLUMN IN 460) AND WRITE '66 IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) NO 2 (SKIP TO 464) DON'T KNOW 8																								
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 466) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466) DON'T KNOW 8																								
463	Please tell me if (NAME) received any of the following vaccinations:																										
463A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 3 DON'T KNOW 8	YES 1 NO 3 DON'T KNOW 8																								
463B	Polio vaccine, that is, pink or white drops in the mouth?	YES 1 NO 2 (SKIP TO 463E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463E) DON'T KNOW 8																								
463C	At what age was the first polio vaccine received?	DAYS 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>													DAYS 1 <table border="1"><tr><td></td><td></td></tr></table> WEEKS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>												
463D	How many times were polio vaccines received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>																								
463E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 463G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463G) DON'T KNOW 8																								
463F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>																								
463G	An injection to prevent measles, usually given in the left upper arm and only given once?	YES 1 NO 3 DON'T KNOW 8	YES 1 NO 3 DON'T KNOW 8																								
463H	An injection to prevent Hepatitis B, which is usually given outside of the thigh?	YES 1 NO 2 (SKIP TO 464) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 464) DON'T KNOW 8																								
463I	How many times was the Hepatitis B vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>																								
464	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES 1 NO 2 NO VACCINATIONS IN THE LAST 2 YEARS 3 DON'T KNOW 8	YES 1 NO 2 NO VACCINATIONS IN THE LAST 2 YEARS 3 DON'T KNOW 8																								

NO.	QUESTIONS AND FILTERS	LAST BIRTH	SECOND-FROM-LAST-BIRTH
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 469) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 469) ←
468	When (NAME) was ill with a cough, did she/he breathe faster than usual with short, rapid breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
469	CHECK 466 and 467: FEVER OR COUGH?	YES' IN EITHER 466 OR 467 OTHER ↓ (SKIP TO 475)	YES' IN EITHER 466 OR 467 OTHER ↓ (SKIP TO 475)
470	Did you seek advice or treatment for the fever/cough?	YES 1 NO 2 (SKIP TO 472) ←	YES 1 NO 2 (SKIP TO 472) ←
471	Where did you seek advice or treatment? Any other place? RECORD ALL SOURCES MENTIONED DO NOT READ OUT RESPONSES. _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B OTHER C (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL D MATERNITY HOSPITAL E MATERNITY CLINIC F CLINIC G DOCTOR H PEDIATRICIAN I MIDWIFE J NURSE K VILLAGE MIDWIFE L PHARMACY/DRUG STORE M OTHER N (SPECIFY) OTHER DELIVERY POST O HEALTH POST P HEALTH CADRE Q TRADITIONAL HEALER R SHOP S OTHER X (SPECIFY)	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B OTHER C (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL D MATERNITY HOSPITAL E MATERNITY CLINIC F CLINIC G DOCTOR H PEDIATRICIAN I MIDWIFE J NURSE K VILLAGE MIDWIFE L PHARMACY/DRUGSTORE M OTHER N (SPECIFY) OTHER DELIVERY POST O HEALTH POST P HEALTH CADRE Q TRADITIONAL HEALER R SHOP S OTHER X (SPECIFY)
472	CHECK 466: HAD FEVER?	YES' ↓ NO'DON'T KNOW' ↓ (SKIP TO 475)	YES' ↓ NO'DON'T KNOW' ↓ (SKIP TO 475)
473	Did (NAME) take any drugs for the fever?	YES 1 NO 2 (SKIP TO 475) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 475) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	SECOND-FROM-LAST-BIRTH
474	What drugs did (NAME) take for the fever? ASK TO SEE DRUGS(S) IF TYPE OF DRUG IS NOT KNOWN. DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	FANSIDAR A CHLOROQUINE/NIVAQUNINE B ASPIRIN C ACETAMINOPHEN/ PARACETAMOL D IBUPROFEN E OTHER _____ X (SPECIFY) DON'T KNOW Z	FANSIDAR A CHLOROQUINE/NIVAQUNI B ASPIRIN C ACETAMINOPHEN/ PARACETAMOL D IBUPROFEN E OTHER _____ X (SPECIFY) DON'T KNOW Z
475	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 483) ← DON'T KNOW 8
475A	CHECK 445: LAST CHILD STILL BREAST-FED?	YES ↓ NO ↓ (SKIP TO 476)	
475B	During (NAME)'s diarrhea, did you change the frequency and amount of breastfeeding?	YES 1 NO 2 (SKIP TO 476) ←	
475C	Did you <u>reduce</u> the number of feeds or <u>increase</u> them, or did you <u>stop completely</u> ?	REDUCED 1 INCREASED 2 STOPPED COMPLETELY 3	
476	Now I would like to know how much (NAME) was offered to drink other than breast milk during the diarrhea. Was he/she offered <u>less than usual to drink, about the same amount, or more than usual to drink?</u> IF LESS, PROBE: Was he/she offered less than usual to drink other than breast milk or somewhat less?	MUCH LESS 1 LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK/ ONLY BREAST MILK 5 DON'T KNOW 8	MUCH LESS 1 LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK/ ONLY BREAST MILK 5 DON'T KNOW 8
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
478	Was (NAME) given any of the following to drink: a. A fluid made from a special packet called ORALIT? b. Salt-sugar solution?	YES NO DK ORALIT PACKET ... 1 2 8 SALT-SUGAR SOLUTION 1 2 8	YES NO DK ORALIT PACKET ... 1 2 8 SALT-SUGAR SOLUTION 1 2 8
479	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 481) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	SECOND-FROM-LAST-BIRTH
480	What (else) was given to treat the diarrhea? Anything else? RECORD ALL RESPONSES.	PILLS/SYRUP A- INJECTION B- INTRAVENOUS MEDICATION C- HOME REMEDIES/ HERBAL MEDICINES D- (SKIP TO 482) ← OTHER _____ X (SPECIFY)	PILLS/SYRUP A- INJECTION B- INTRAVENOUS MEDICATION C- HOME REMEDIES/ HERBAL MEDICINES D- (SKIP TO 482) ← OTHER _____ X (SPECIFY)
481	Did you see advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 483) ←	YES 1 NO 2 (SKIP TO 483) ←
482	Where did you seek advice or treatment? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B OTHER _____ C (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL D MATERNITY HOSPITAL E MATERNITY CLINIC F CLINIC G DOCTOR H PEDIATRICIAN I MIDWIFE J NURSE K VILLAGE MIDWIFE L PHARMACY/DRUG STORE M OTHER _____ N (SPECIFY) OTHER DELIVERY POST O HEALTH POST P HEALTH CADRE Q TRADITIONAL HEALER R SHOP S OTHER _____ X (SPECIFY)	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B OTHER _____ C (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL D MATERNITY HOSPITAL E MATERNITY CLINIC F CLINIC G DOCTOR H OBGYN I MIDWIFE J NURSE K VILLAGE MIDWIFE L PHARMACY/DRUG STORE M OTHER _____ N (SPECIFY) OTHER DELIVERY POST O HEALTH POST P HEALTH CADRE Q TRADITIONAL HEALER R SHOP S OTHER _____ X (SPECIFY)
483		GO BACK TO 457 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 457 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
484	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN SINCE JANUARY 2002 LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		487
485	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	CHILD USED TOILET OR LATRINE ... 01 PUT INTO TOILET OR LATRINE ... 02 THROWN OUTSIDE HOUSE ... 03 THROWN/BURIED IN THE YARD ... 04 RINSED AWAY ... 05 DISPOSABLE DIAPERS ... 06 REUSABLE CLOTH DIAPERS ... 07 LEFT IN THE OPEN ... 08 OTHER _____ 96 (SPECIFY)	
486	CHECK 478(a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORALIT PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORALIT PACKET/NOT ASKED <input type="checkbox"/>		488
487	Have you ever heard of a special product called ORALIT you can get for the treatment of diarrhea?	YES 1 NO 2	
488	CHECK 218: HAS AT LEAST ONE CHILD LIVING WITH HER <input type="checkbox"/> HAS NO CHILD LIVING WITH HER <input type="checkbox"/>		490
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether or not the child should be taken for medical treatment?	YES 1 NO 2 DEPENDS 3	
489A	Who makes the final decision on whether or not the child should be taken for medical treatment?	RESPONDENT 01 HUSBAND 02 RESPONDENT & HUSBAND JOINTLY 03 SOMEONE ELSE 04 HUSBAND & SOMEONE ELSE JOINTLY 05 RESPONDENT & SOMEONE ELSE JOINTLY 06 OTHER 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																					
490	<p>Now I would like to ask you some questions about health care for yourself:</p> <p>Many different factors can prevent women from getting the medical advice or treatment for themselves. When you are sick and want to get treatment, is each of the following a big or not a big problem?</p> <ul style="list-style-type: none"> Knowing where to go. Getting permission to go. Getting money needed for treatment. Distance to the health facility. Have to take transport. Not wanting to go alone. Concern that there may not be a female health provider. 	<p style="text-align: right;">NOT BIG A BIG PRO- PRO- BLEM BLEM</p> <table> <tr> <td>KNOW WHERE TO GO</td> <td>1</td> <td>2</td> </tr> <tr> <td>PERMISSION</td> <td>1</td> <td>2</td> </tr> <tr> <td>MONEY</td> <td>1</td> <td>2</td> </tr> <tr> <td>DISTANCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRANSPORTATION</td> <td>1</td> <td>2</td> </tr> <tr> <td>NOT WANTING</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO FEMALE HEALTH PROV.</td> <td>1</td> <td>2</td> </tr> </table>	KNOW WHERE TO GO	1	2	PERMISSION	1	2	MONEY	1	2	DISTANCE	1	2	TRANSPORTATION	1	2	NOT WANTING	1	2	NO FEMALE HEALTH PROV.	1	2																																	
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NO FEMALE HEALTH PROV.	1	2																																																						
491	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN JANUARY 2004 AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)</p> <p>(NAME) _____</p>	<p>NO CHILDREN BORN SINCE JANUARY 2004 AND LIVING WITH HER <input type="checkbox"/> → 488</p>																																																						
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491 / you drank yesterday during the day or at night (last 24 hours).</p> <p>Did (NAME FROM Q. 491) / or you drink (ITEM) yesterday during the day or at night (last 24 hours)?</p> <ol style="list-style-type: none"> a. Plain water b. Commercially produced infant formula? c. Any other milk product such as condensed sweetened milk, powdered milk, or fresh animal milk? d. Fruit juice? e. Any other liquids such as sugar water, tea, coffee, carbonated drinks, or soup broth? <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<table> <thead> <tr> <th rowspan="2"></th> <th colspan="3">CHILD</th> <th colspan="3">MOTHER</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>DK</th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>1</td> <td>2</td> <td>8</td> <td>a.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b.</td> <td>1</td> <td>2</td> <td>8</td> <td>b.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c.</td> <td>1</td> <td>2</td> <td>8</td> <td>c.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d.</td> <td>1</td> <td>2</td> <td>8</td> <td>d.</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e.</td> <td>1</td> <td>2</td> <td>8</td> <td>e.</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		CHILD			MOTHER			YES	NO	DK	YES	NO	DK	a.	1	2	8	a.	1	2	8	b.	1	2	8	b.	1	2	8	c.	1	2	8	c.	1	2	8	d.	1	2	8	d.	1	2	8	e.	1	2	8	e.	1	2	8	
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d.	1	2	8	d.	1	2	8																																																	
e.	1	2	8	e.	1	2	8																																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP	
493	Now I would like to ask you about the types of food (NAME FROM Q. 491) / you ate yesterday during the day or at night (last 24 hours).	CHILD			MOTHER				
		YES	NO	DK	YES	NO	DK		
	Did (NAME FROM Q. 491) / you ate (ITEM) yesterday during the day or at night (last 24 hours)?								
	a. Any food made from grains, e.g. maize, rice, sago or other local grains?	a.	1	2	8	a.	1	2	8
	b. Pumpkin, sweet potatoes, or carrots?	b.	1	2	8	b.	1	2	8
	c. Any other foods made from roots or tubers, e.g. potatoes, cassava, or other roots/tubers?	c.	1	2	8	c.	1	2	8
	d. Any green leafy vegetables, such as spinach and cassava leaves?	d.	1	2	8	d.	1	2	8
	e. Mango, papaya, durian, jackfruit or other yellow and red fruits?	e.	1	2	8	e.	1	2	8
	f. Any other fruits and vegetables, e.g., bananas, apples, green beans, peas, avocados, tomatoes?	f.	1	2	8	f.	1	2	8
	g. Meat, poultry, fish, shellfish, or eggs?	g.	1	2	8	g.	1	2	8
	h. Any food made from legumes, e.g., tofu, tempeh, lentils, beans, soybeans, pulses, or peanuts?	h.	1	2	8	h.	1	2	8
	i. Cheese or yoghurt?	i.	1	2	8	i.	1	2	8
	j. Any food made of oil, fat or butter?	j.	1	2	8	j.	1	2	8
	IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.								
495	The last time you prepared a meal for your family, before starting did you wash your hands?	YES						1	
		NO						2	
		NEVER PREPARED MEAL						3	
496	Do you currently smoke cigarettes? IF YES: What type of cigarettes do you smoke? DO NOT READ OUT RESPONSES. CIRCLE ALL TYPES MENTIONED.	YES, CIGARETTES						A	
		YES, PIPE						B	
		YES, OTHER TOBACCO						C	
		NO						Y	
497	CHECK 496: CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/>						501	
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES						<input type="checkbox"/> <input type="checkbox"/>	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/>		510
505	Is your husband living with you now or is he staying elsewhere?	IN HOUSEHOLD 1 ELSEWHERE 2	
506	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NUMBER	
510	Have you been married once, or more than once?	ONCE 1 MORE THAN ONCE 2	
510A	What was the main reason you have been married more than once?	HUSBAND DIED 01 ADULTERY 02 DOMESTIC VIOLENCE 03 HUSBAND FAILED TO SUPPORT FINANCIALLY 04 HUSBAND DID NOT MEET BIOLOGICAL NEEDS 05 FREQUENT FIGHTS 06 LONG SEPARATION 07 NO CHILDREN 08 OTHER 96 (SPECIFY) _____	
511	CHECK 510: MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> In what month and year did you start living with your husband? Now we will talk about your first husband. In what month and year did you start living with him?	MONTH <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW MONTH 98 YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW YEAR 9998	
512	How old were you when you (first) married?	AGE <input type="checkbox"/> <input type="checkbox"/>	
512A	Did you ever received tetanus toxoid (TT) injection?	YES 1 NO 2	513
512B	a. How many TT injections did you receive before marriage? b. And how many TT injections did you receive after marriage? IF NEVER, RECORD '0'. IF 7 TIMES OR MORE, RECORD '7'. IF DON'T KNOW, RECORD '8'.	NUMBER OF INJECTIONS BEFORE MARRIAGE <input type="checkbox"/> NUMBER OF INJECTIONS AFTER MARRIAGE <input type="checkbox"/> DON'T KNOW 8	
513	DETERMINE MONTHS MARRIED SINCE JANUARY 2002. ENTER "X" IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 2002. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNION. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		
514	Now I need to ask you some information about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse?	NEVER00 AGE IN YEARS <input type="checkbox"/> <input type="checkbox"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND ... 95	524

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
514A	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/>		→ 524								
515	When was the <u>last</u> time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	<table border="1" style="float: right; margin-left: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> → 524								
516	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2									
524	Do you know of a place where a person can get condoms?	YES 1 NO 2	→ 601								
525	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE) Any other place? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	<p>PUBLIC SECTOR</p> <p>HOSPITAL A HEALTH CENTER B CLINIC C FP FIELDWORKER D FP MOBILE UNIT E OTHER _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL G MATERNITY HOSPITAL H MATERNITY CLINIC I CLINIC J DOCTOR K MIDWIFE L NURSE M VILLAGE MIDWIFE N PHARMACY/DRUG STORE O OTHER _____ P (SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST Q HEALTH POST R FP POST S FRIENDS/RELATIVES T SHOP U OTHER _____ X (SPECIFY)</p>									
526	If you want to, could you yourself get a condom?	UNSURE 1 NO 2 DON'T KNOW 8									

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601A	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/>		→ 614
601B	CHECK 311/311A: RESPONDENT/HUSBAND NOT STERILIZED <input type="checkbox"/> RESPONDENT/HUSBAND STERILIZED <input type="checkbox"/>		→ 614
602	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? PREGNANT <input type="checkbox"/> Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT .. 3 UNDECIDED/DON'T KNOW AND PREGNANT 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5	→ 604 → 614 → 610 → 608
603	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input type="checkbox"/> After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 OTHER _____ (SPECIFY) 996 DON'T KNOW 998	→ 609 → 614 → 609 → 998
604	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 610
605	CHECK 310: NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 608
606	CHECK 603: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/ NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. <input type="checkbox"/></p> <p>Can you tell me why you are not using a method? <input type="checkbox"/></p> <p>Any other reason? <input type="checkbox"/></p> <p>DO NOT READ OUT RESPONSES. RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX A INFREQUENT SEX B MENOPAUSAL/HYSTERECTOMY C SUBFECUND/INFECUND D POSTPARTUM AMENORRHEIC E BREASTFEEDING F FATALISTIC G</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED H HUSBAND/PARTNER OPPOSED I OTHERS OPPOSED J RELIGIOUS PROHIBITION K</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD L KNOWS NO SOURCE M</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERN N FEAR OF SIDE EFFECTS O LACK OF ACCESS/TOO FAR P COSTS TOO MUCH Q INCONVENIENT TO USE R WEIGHT GAIN/LOSS S OTHER _____ X (SPECIFY) DON'T KNOW Z</p>	
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem or or no problem at all?	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 SAYS SHE CAN'T GET PREGNANT/ OR NOT HAVING SEX 4	
609	<p>CHECK 310: CURRENTLY USING A METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/></p>	<p>YES, CURRENTLY USING <input type="checkbox"/></p>	614
610	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> 612
611	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANT 06 CONDOM 07 INTRAVAG/DIAPHRAGM 08 LACT. AMEN METHOD 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 OTHER _____ 96 (SPECIFY) UNSURE 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611A	<p>Where can you get this method?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <hr/> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL SOURCES</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11 HEALTH CENTER 12 CLINIC 13 FP MOBILE UNIT 15 OTHER 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 21 MATERNITY HOSPITAL 22 MATERNITY CLINIC 23 CLINIC 24 DOCTOR 25 OBGYN 26 MIDWIFE 27 NURSE 28 VILLAGE MIDWIFE 29 PHARMACY/DRUG STORE 30 OTHER 31 (SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST 41 HEALTH POST 42 FP POST 43 FRIENDS/RELATIVES 44 SHOP 45 OTHER 46 (SPECIFY)</p> <p>DON'T KNOW 98</p>	
612	What is the main reason that you think you will not use a method at any time in the future?	<p>FERTILITY-RELATED REASON</p> <p>NOT HAVING SEX 11 MENOPAUSE/HISTERECTOMY 12 SUBFECUND/INFECUND 13 WANTS AS MANY CHILDREN AS POSSIBLE 14 FAITH 15</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 21 HUSBAND OPPOSED 22 OTHER OPPOSED 23 RELIGIOUS PROHIBITION 24</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHODS 31 KNOWS NO SOURCE 32</p> <p>METHOD RELATED REASON</p> <p>HEALTH CONCERN 41 FEAR OF SIDE EFFECTS 42 TOO FAR 43 COST TOO MUCH 44 INCONVENIENT TO USE 45 WEIGHT GAIN/LOSS 46</p> <p>OTHER 96</p> <p>DON'T KNOW 98</p>	
614	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	→ 616

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter? "EITHER" MEANS THE NUMBER OF CHILDREN WITH NO SEX PREFERENCE.	BOYS GIRLS EITHER NUMBER OTHER _____ 999996 (SPECIFY)	
616	Would you say that you approve or disapprove of a couple using a contraceptive method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 8	
617	In the last six months have you heard about family planning: On the radio? On the television?	YES NO RADIO 1 2 TELEVISION 1 2	
618	In the last six months have you read about family planning: In a newspaper or magazine? In a poster? In a pamphlet?	YES NO NEWSPAPER OR MAGAZINE . 1 2 POSTER 1 2 PAMPHLET 1 2	
619	In the last six months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	→ 620A
620	With whom? Anyone else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	HUSBAND A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER-IN-LAW H FRIENDS/NEIGHBORS I OTHER _____ X (SPECIFY)	
620A	In the last six months, did you obtain family planning information from: FP officer? Teacher? Religious leader? Doctor? Nurse or midwife? Village leader? Women's group? Pharmacist?	YES NO FP OFFICER 1 2 TEACHER 1 2 RELIGIOUS LEADER 1 2 DOCTOR 1 2 NURSE/MIDWIFE 1 2 VILLAGE LEADER 1 2 WOMEN'S GROUP 1 2 PHARMACIST 1 2	
620B	In the last six months, did you obtain information about family planning from: Mobile information unit? Traditional performance (e.g., shadow puppet, drama, comedy)?	YES NO MOBILE UNIT 1 2 TRADITIONAL PERFORMANCE 1 2	
621	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/>		→ 628
622	CHECK 311/311A ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→ 624
623	You have told me that you are using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision or did you both decide together?	RESPONDENT 1 HUSBAND 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)	
624	Now I want to ask you about your husband's views on family planning. Would you say that you approve or disapprove of a couple using a contraceptive method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
625	How often did you talk to your husband about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 OFTEN 3	
626	CHECK 311/311A HUSBAND/ RESPONDENT NOT STERILIZED <input type="checkbox"/> HUSBAND/ RESPONDENT STERILIZED <input type="checkbox"/>		→ 628
627	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sexual intercourse with other women? She has recently given birth or is menstruating? She is tired or not in the mood?	YES NO DK HUSBAND HAS STD . 1 2 8 OTHER WOMEN ... 1 2 8 RECENT BIRTH/ MENSTRUATING . 1 2 8 TIRED/MOOD 1 2 8	
628A	CHECK 214, 217 AND 218: HAS AT LEAST ONE CHILD AGE 10-19 YEARS LIVING WITH HER <input type="checkbox"/> HAS NO CHILD AGE 10-19 YEARS LIVING WITH HER <input type="checkbox"/>		→ 701
628B	Have you or your husband discussed the following topics with your teenage daughters? Reproductive age? Sexually transmitted diseases? Drugs? Delay in age at marriage? Issues in family planning and reproductive health? Puberty?	YES NO REPRODUCTIVE AGE 1 2 STDs 1 2 DRUGS 1 2 DELAY IN AGE AT MARRIAGE 1 2 ISSUES IN FP AND RH 1 2 PUBERTY 1 2	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/>		→ 703
702	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→ 705A
704	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 6	→ 705A
705	What was the highest (grade/year) he completed at that level? IN FIRST YEAR = 0, COMPLETED = 7	GRADE <input type="checkbox"/> DON'T KNOW 8	
705A	Does/did your (last) husband work?	YES 1 NO 2	→ 707
706	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/> What is your husband's/partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do? DESCRIBE AS COMPLETE AS POSSIBLE AND DO NOT CIRCLE CODE AND FILL IN BOXES <hr/> <hr/> <hr/> FILL IN BY BPS <input type="text"/> <input type="text"/>	PROFESSIONAL, TECHNICAL 01 MANAGERS AND ADMINISTRATION 02 CLERICAL 03 SALES 04 SERVICES 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER 96 (SPECIFY) DON'T KNOW 98	
707	Aside from your own housework, are you currently working?	YES 1 NO 2	→ 709A
708	As you know, some women take up jobs for which they are paid in cash or kind or unpaid. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these other things or any other work for at least one hour in the past week?	YES 1 NO 2	→ 709A
709	Have you done any work in the last 12 months?	YES 1 NO 2	→ 719
709A	Did/do you work in agriculture or not in agriculture?	AGRICULTURE 1 NOT AGRICULTURE 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
710	What is your (most recent) occupation, that is, what kind of work (do/did) you mainly do? DESCRIBE AS COMPLETE AS POSSIBLE AND DO NOT CIRCLE CODE AND FILL IN BOXES FILL IN BY BPS	PROFESSIONAL, TECHNICAL 01 MANAGERS AND ADMINISTRATION 02 CLERICAL 03 SALES 04 SERVICES 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER 96 (SPECIFY) DON'T KNOW 98	
711	CHECK 709A: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE/GOVERNMENT 2 SELF-EMPLOYED 3	
714	Do you usually work at home or away from home?	HOME 1 AWAY 2	→ 715
714A	How long did you leave home to work? RECORD TIME SINCE SHE LEFT HOME UNTIL SHE RETURNED HOME.	HOURS <input type="checkbox"/> <input type="checkbox"/>	
714B	CHECK 217 and 218: HAS CHILD AGE UNDER 5 YEARS <input type="checkbox"/> HAS NO CHILD AGE UNDER 5 YEARS <input type="checkbox"/>		→ 713
714C	Who takes care of (NAME OF LAST CHILD) when you are working?	RESPONDENT 01 HUSBAND 02 OLDER SISTER 03 OLDER BROTHER 04 RELATIVE 05 NEIGHBOR 06 FRIEND 07 SERVANT 08 AT SCHOOL 09 CHILD CARE 10 HAS NOT WORKED SINCE LAST BIRTH 11 OTHER 96 (SPECIFY)	
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	<input type="checkbox"/> 719
717	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/> Who mainly decides how the money you earn will be used: respondent, husband, respondent and husband jointly, someone else or respondent and someone else jointly? Who mainly decides how the money you earn will be used: respondent, someone else or respondent and someone else jointly?	RESPONDENT 1 RESPONDENT'S HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE 5	
718	On average, how much of your household's expenditure do your earnings pay to: almost none, less than half, about half, more than half, or all?	NOTHING, ALL INCOME IS SAVED 1 ALMOST NONE 2 LESS THAN HALF 3 ABOUT HALF 4 MORE THAN HALF 5 ALL 6 DON'T KNOW 8	
719	Who in your family usually has the final say on the following decisions? Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family friends or relatives? What food should be cooked each day?	RESPONDENT = 1 RESPONDENT'S HUSBAND = 2 RESPONDENT & HUSBAND = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 NO DECISION = 6 OWN HEALTH CARE 1 2 3 4 5 6 LARGE HH PURCHASES 1 2 3 4 5 6 DAILY PURCHASES 1 2 3 4 5 6 VISIT RELATIVES 1 2 3 4 5 6 FOOD TO COOK DAILY 1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ LISTEN. PRES./ NOT LISTEN. NOT PRES. CHILDREN < 10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES ... 1 2 8	
721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she cooks inedible meal?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 INEDIBLE MEAL 1 2 8	

SECTION 8. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 817
801A	From which sources of information have you learned about AIDS? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWSPAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIEND/RELATIVE I WORK PLACE J INTERNET K OTHER X (SPECIFY)	
804	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
805	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
806	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
807	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
808	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
808A	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	→ 813
812	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK	
		DURING PREG. 1 2 8 DURING DELIVERY 1 2 8 BREASTFEEDING 1 2 8	
812A	How can you tell if a person is infected by HIV/AIDS? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PHYSICAL APPEARANCE A CHANGES IN BEHAVIOR B BY BLOOD TEST/VCT C OTHER X (SPECIFY) DON'T KNOW Z	
812B	Do you know about voluntary HIV testing preceded with counselling (VCT: Voluntary Counselling and Testing)?	YES 1 NO 2	→ 813

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812C	<p>Do you know where you can get VCT services?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <hr/> <p>(NAME OF PLACE)</p> <p>Anywhere else?</p> <p>RECORD ALL SOURCES</p>	<p>PUBLIC SECTOR HOSPITAL A HEALTH CENTER B CLINIC C VCT CLINIC D OTHER _____ E (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL F CLINIC G VCT CLINIC H DOCTOR I NURSE/MIDWIFE J OTHER _____ K (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>	
813	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/>		→ 815
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband?	YES 1 NO 2	
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DON'T KNOW/UNSURE/DEPENDS .. 8	
816A	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2	→ 817
816B	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES 1 NO 2	
816C	If a female teacher has the AIDS virus, should she be allowed to continue teaching the school?	YES 1 NO 2	
817	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact	YES 1 NO 2	→ 901
817A	From which sources of information have you learned about sexually transmitted diseases (STDs)? RECORD ALL WAYS MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWSPAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIEND/RELATIVE I WORK PLACE J INTERNET K OTHER _____ X (SPECIFY)	
818	If a man has a sexually transmitted disease, what symptoms might he have? Anything else? DON'T READ OUT RESPONSES. CIRCLE ALL MENTIONED	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE ... C BURNING PAIN ON URINATION ... D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA ... F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819	If a woman has a sexually transmitted disease, what symptoms might she have? Anything else? DON'T READ OUT RESPONSES. CIRCLE ALL MENTIONED	ABDOMINAL PAIN A GENITAL DISCHARGE/DРИPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	
820	During the last 12 months, have you had: Bad smelling abnormal genital discharge? Genital sore or ulcer?	YES NO DK ABNORMAL DISCHARGE 1 2 8 GENITAL SORE OR ULCER 1 2 8	
821	CHECK 821: AT LEAST ONE CODE '1' CIRCLED <input type="checkbox"/> NO CODE '1' CIRCLED <input type="checkbox"/>		→ 901
822	Where did you go for advice or treatment? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).	NOT TREATED A SELF TREATED B HEALTH CENTER C HOSPITAL/CLINIC D PRIVATE DOCTOR E PRIVATE MIDWIFE F PHARMACY G TRAD. HEALER H FRIENDS/RELATIVES I OTHER _____ X (SPECIFY)	

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS			CODING CATEGORIES		SKIP															
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?			NUMBER OF BIRTHS TO NATURAL MOTHER <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>																	
				IF THE RESPONSE IS '01' (RESPONDENT IS AN ONLY CHILD)		→ 916															
902	How many of these births did your mother have before you were born?			NUMBER OF PRECEDING BIRTHS <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>																	
903	What was the name given to your brothers and sisters? START WITH THE OLDEST.	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____														
904	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2														
905	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 908 ↵ DK ... 8 GO TO (2) ↵	YES ... 1 NO ... 2 GO TO 908 ↵ DK ... 8 GO TO (3) ↵	YES ... 1 NO ... 2 GO TO 908 ↵ DK ... 8 GO TO (4) ↵	YES ... 1 NO ... 2 GO TO 908 ↵ DK ... 8 GO TO (5) ↵	YES ... 1 NO ... 2 GO TO 908 ↵ DK ... 8 GO TO (6) ↵	YES ... 1 NO ... 2 GO TO 908 ↵ DK ... 8 GO TO (7) ↵														
906	How old is (NAME)?	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> < 10 GO TO (2)			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> < 10 GO TO (3)			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> < 10 GO TO (4)			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> < 10 GO TO (5)			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> < 10 GO TO (6)			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> < 10 GO TO (7)				
907	Has (NAME) ever been married?	YES ... 1 GO TO (2) ↵ NO ... 2	YES ... 1 GO TO (3) ↵ NO ... 2	YES ... 1 GO TO (4) ↵ NO ... 2	YES ... 1 GO TO (5) ↵ NO ... 2	YES ... 1 GO TO (6) ↵ NO ... 2	YES ... 1 GO TO (7) ↵ NO ... 2														
908	In what year did (NAME) die?	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>			
909	How old was (NAME) when he/she died?	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (2)			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (3)			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (4)			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (5)			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (6)			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (7)				
911	Was (NAME) pregnant when she died or did (NAME) die during child-birth?	YES ... 1 GO TO 913 ↵ NO ... 2	YES ... 1 GO TO 913 ↵ NO ... 2	YES ... 1 GO TO 913 ↵ NO ... 2	YES ... 1 GO TO 913 ↵ NO ... 2	YES ... 1 GO TO 913 ↵ NO ... 2	YES ... 1 GO TO 913 ↵ NO ... 2														
912	Did (NAME) die within 42 hours after the end of a pregnancy?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2														
913	Did (NAME) die due to complications of pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2														
914	How many live born children did (NAME) give birth to during her lifetime (before that pregnancy)?	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>				
915	Has (NAME) ever been married?	YES ... 1 NO ... 2 GO TO (2) ↵	YES ... 1 NO ... 2 GO TO (3) ↵	YES ... 1 NO ... 2 GO TO (4) ↵	YES ... 1 NO ... 2 GO TO (5) ↵	YES ... 1 NO ... 2 GO TO (6) ↵	YES ... 1 NO ... 2 GO TO (7) ↵														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP															
903	What was the name given to your brothers and sisters? START WITH THE OLDEST.	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____														
904	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2														
905	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 908 DK ... 8- < 10 GO TO (8) ↵	YES ... 1 NO ... 2 GO TO 908 DK ... 8- < 10 GO TO (9) ↵	YES ... 1 NO ... 2 GO TO 908 DK ... 8- < 10 GO TO (10) ↵	YES ... 1 NO ... 2 GO TO 908 DK ... 8- < 10 GO TO (11) ↵	YES ... 1 NO ... 2 GO TO 908 DK ... 8- < 10 GO TO (12) ↵	YES ... 1 NO ... 2 GO TO 908 DK ... 8- < 10 GO TO (13) ↵														
906	How old is (NAME)?	<table border="1"><tr><td> </td><td> </td></tr></table> GO TO (8)			<table border="1"><tr><td> </td><td> </td></tr></table> GO TO (9)			<table border="1"><tr><td> </td><td> </td></tr></table> GO TO (10)			<table border="1"><tr><td> </td><td> </td></tr></table> GO TO (11)			<table border="1"><tr><td> </td><td> </td></tr></table> GO TO (12)			<table border="1"><tr><td> </td><td> </td></tr></table> GO TO (13)				
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908	In what year did (NAME) die?	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
909	How old was (NAME) when he/she died?	<table border="1"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)			<table border="1"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)			<table border="1"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)			<table border="1"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)			<table border="1"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)			<table border="1"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)				
911	Was (NAME) pregnant when she died or did (NAME) die during childbirth?	YES ... 1 GO TO 913 ↵ NO ... 2	YES ... 1 GO TO 913 ↵ NO ... 2	YES ... 1 GO TO 913 ↵ NO ... 2	YES ... 1 GO TO 913 ↵ NO ... 2	YES ... 1 GO TO 913 ↵ NO ... 2	YES ... 1 GO TO 913 ↵ NO ... 2														
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915	Has (NAME) ever been married?	YES ... 1- NO ... 2- GO TO (8) ↵	YES ... 1- NO ... 2- GO TO (9) ↵	YES ... 1- NO ... 2- GO TO (10) ↵	YES ... 1- NO ... 2- GO TO (11) ↵	YES ... 1- NO ... 2- GO TO (12) ↵	YES ... 1- NO ... 2- GO TO (13) ↵														
916	RECORD THE TIME.				HOURS	<table border="1"><tr><td> </td><td> </td></tr></table>			MINUTES..... <table border="1"><tr><td> </td><td> </td></tr></table>												

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. (1) BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

B BIRTHS
P PREGNANCIES
T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 INTRAVAG/DIAPHRAGM
- J FOAM OR JELLY
- M LACTATIONAL AMENORRHEA METHOD
- P RHYTHM METHOD
- T WITHDRAWAL
- D EMERGENCY CONTRACEPTION
- X OTHER

(SPECIFY)

Col. (2) SOURCE OF CONTRACEPTION

- 1 GOVT. HOSPITAL
- 2 GOVT. HEALTH CENTER
- 3 GOVT. CLINIC
- 4 FP FIELDWORKER
- 5 FP MOBILE CLINIC
- 6 PVT. HOSPITAL
- 7 PVT. CLINIC
- 8 PRIVATE DOCTOR
- 9 MIDWIFE
- A VILLAGE MIDWIFE
- B PHARMACY/DRUGSTORE
- C DELIVERY POST
- D HEALTH POST
- E FP POST
- F FRIENDS/RELATIVES
- G SHOP
- X OTHER

(SPECIFY)

COL. (3) DISCONTINUATION OF CONTRACEPTION

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNES
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- M MENOPAUSAL
- C MARITAL DISSOLUTION/SEPARATION
- N IUD EXPELLED
- X OTHER

(SPECIFY)

T DON' T KNOW

COL. (4) MARRIAGE/UNION

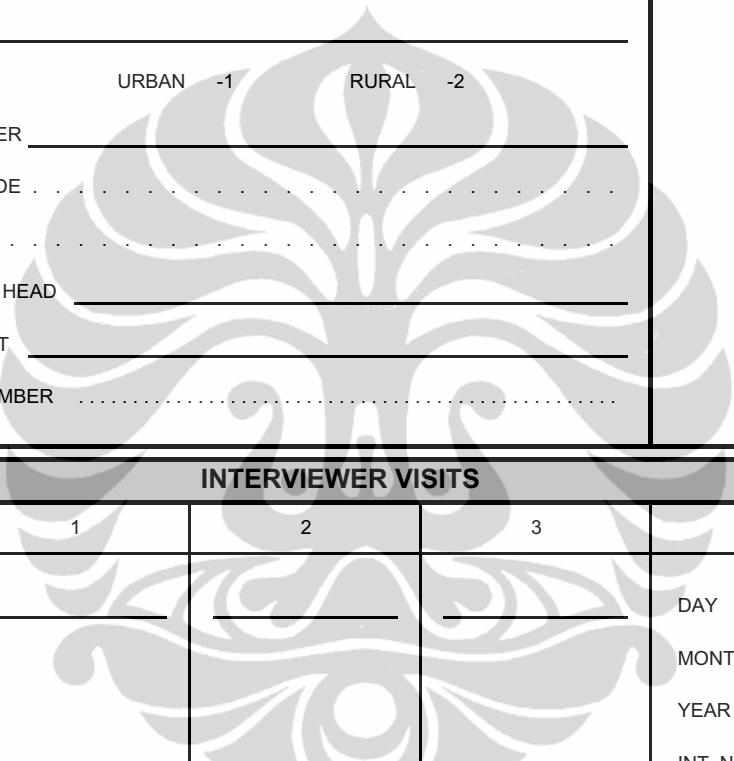
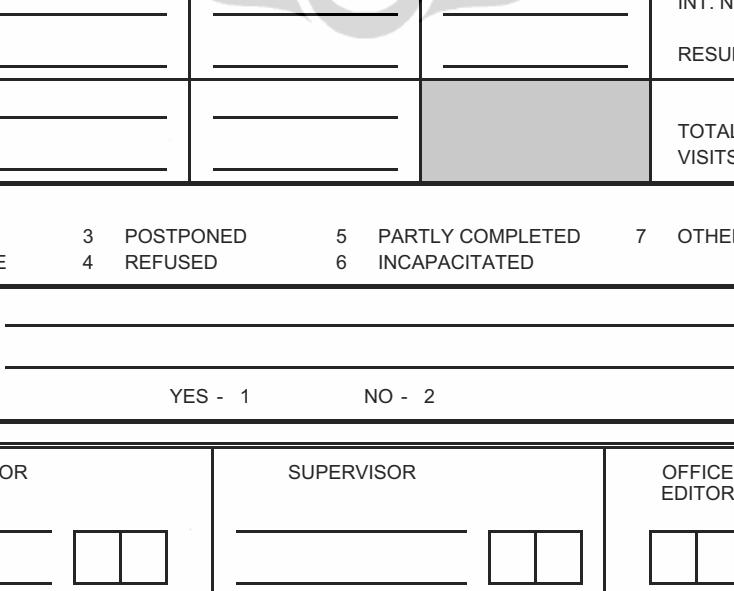
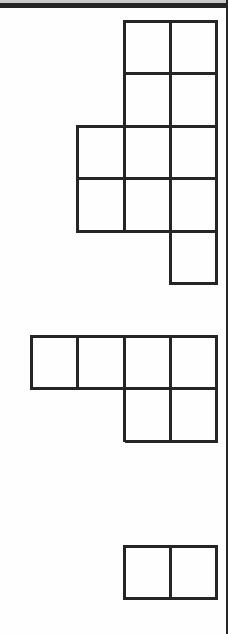
- X IN UNION
- 0 NOT IN UNION

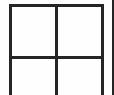
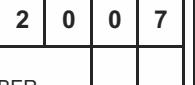
		1	2	3	4		
	DEC 01					01 DEC	
	NOV 02					02 NOV	
	OCT 03					03 OCT	
	SEP 04					04 SEP	
2	AUG 05					05 AUG 2	
0	JUL 06					06 JUL 0	
0	JUN 07					07 JUN 0	
7	MAY 08					08 MAY 7	
	APR 09					09 APR	
	MAR 10					10 MAR	
	FEB 11					11 FEB	
	JAN 12					12 JAN	
	DEC 13					13 DEC	
	NOV 14					14 NOV	
	OCT 15					15 OCT	
	SEP 16					16 SEP	
2	AUG 17					17 AUG 2	
0	JUL 18					18 JUL 0	
0	JUN 19					19 JUN 0	
6	MAY 20					20 MAY 6	
	APR 21					21 APR	
	MAR 22					22 MAR	
	FEB 23					23 FEB	
	JAN 24					24 JAN	
	DEC 25					25 DEC	
	NOV 26					26 NOV	
	OCT 27					27 OCT	
	SEP 28					28 SEP	
2	AUG 29					29 AUG 2	
0	JUL 30					30 JUL 0	
0	JUN 31					31 JUN 0	
5	MAY 32					32 MAY 5	
	APR 33					33 APR	
	MAR 34					34 MAR	
	FEB 35					35 FEB	
	JAN 36					36 JAN	
	DEC 37					37 DEC	
	NOV 38					38 NOV	
	OCT 39					39 OCT	
	SEP 40					40 SEP	
2	AUG 41					41 AUG 2	
0	JUL 42					42 JUL 0	
0	JUN 43					43 JUN 0	
4	MAY 44					44 MAY 4	
	APR 45					45 APR	
	MAR 46					46 MAR	
	FEB 47					47 FEB	
	JAN 48					48 JAN	
	DEC 49					49 DEC	
	NOV 50					50 NOV	
	OCT 51					51 OCT	
	SEP 52					52 SEP	
2	AUG 53					53 AUG 2	
0	JUL 54					54 JUL 0	
0	JUN 55					55 JUN 0	
3	MAY 56					56 MAY 3	
	APR 57					57 APR	
	MAR 58					58 MAR	
	FEB 59					59 FEB	
	JAN 60					60 JAN	
	DEC 61					61 DEC	
	NOV 62					62 NOV	
	OCT 63					63 OCT	
	SEP 64					64 SEP	
2	AUG 65					65 AUG 2	
0	JUL 66					66 JUL 0	
0	JUN 67					67 JUN 0	
2	MAY 68					68 MAY 2	
	APR 69					69 APR	
	MAR 70					70 MAR	
	FEB 71					71 FEB	
	JAN 72					72 JAN	



2007 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY MEN'S QUESTIONNAIRE

Confidential

IDENTIFICATION			CODE		
1. PROVINCE					
2. REGENCY/MUNICIPALITY*)					
3. SUBDISTRICT					
4. VILLAGE*)					
5. URBAN/RURAL**) URBAN -1 RURAL -2					
6. CENSUS BLOCK NUMBER					
7. 2007 IDHS SAMPLE CODE					
8. HOUSEHOLD NUMBER					
9. NAME OF HOUSEHOLD HEAD					
10. NAME OF RESPONDENT					
11. RESPONDENT LINE NUMBER					

INTERVIEWER VISITS				FINAL VISIT
	1	2	3	
DATE	<hr/>	<hr/>	<hr/>	DAY 
INTERVIEWER'S NAME	<hr/>	<hr/>	<hr/>	MONTH 
RESULT***)	<hr/>	<hr/>	<hr/>	YEAR 
NEXT VISIT DATE	<hr/>	<hr/>	<hr/>	INT. NUMBER 
TIME	<hr/>	<hr/>	<hr/>	RESULT 
				TOTAL NUMBER OF VISITS 
***) RESULT CODES				
1 COMPLETED 2 NOT AT HOME		3 POSTPONED 4 REFUSED	5 PARTLY COMPLETED 6 INCAPACITATED	7 OTHER <hr/> (SPECIFY)
LANGUAGE IN INTERVIEW: <hr/>				
DAILY SPOKEN LANGUAGE: <hr/>				
USE INTERPRETER:		YES - 1	NO - 2	

NAME	FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	KEYED BY
DATE	<hr/> 	<hr/> 	<hr/> 	<hr/> 

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working for Badan Pusat Statistik.

We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your family). This information will help the government to plan health services. The survey usually takes about 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

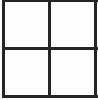
RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
101	RECORD THE TIME.	HOUR MINUTES	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
108	In what month and year were you born?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>				
109	How old were you at your last birthday? COMPARE AND CORRECT 108 AND OR 109 IF INCONSISTENT. IF AGE IS LESS THAN 15 OR OVER 54, END INTERVIEW. CORRECT 07IDHS-HH SECTION III COL (7).	AGE IN COMPLETED YEARS	<table border="1" style="display: inline-table;"><tr><td></td><td></td></tr></table>				
109A	Are you currently single, married, divorced, or widowed?	SINGLE 1 MARRIED 2 DIVORCED 3 WIDOWED 4					
109B	CHECK 109 and 109A: AGE 15-54 AND MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ END				
110	Have you ever attended school?	YES 1 NO 2	→ 114				
111	What is the highest level of school you attended: primary, junior high school, senior high school, academy or university?	PRIMARY SCHOOL 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5					
112	What is the highest (grade/year) you completed at that level? IN FIRST YEAR = 0, COMPLETED = 7, DON'T KNOW = 8	GRADE	<table border="1" style="display: inline-table;"><tr><td></td></tr></table>				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	CHECK 111: PRIMARY <input type="checkbox"/> JUNIOR HIGH SCHOOL OR HIGHER <input type="checkbox"/>		→ 117
114	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE.. 3	
115	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
116	CHECK 114: CODE '2', '3' CIRCLED <input type="checkbox"/> CODE '1' CIRCLED <input type="checkbox"/>		→ 118
117	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119A	What is your religion?	ISLAM 01 PROTESTANT 02 CATHOLIC 03 HINDU 04 BUDHA 05 CONFUCIAN 06 OTHER 96	
120	Are you currently working?	YES 1 NO 2	→ 120C
120A	As you know, some people take up jobs for which they are paid in cash or kind or unpaid. Others sell things, have a small business or work on the family farm or in the family business. Do you have any job that you do continuously for at least one hour in the past week?	YES 1 NO 2	→ 120C
120B	Have you done any work in the last 12 months?	YES 1 NO 2	→ 201
120C	Do you work in agriculture or not in agriculture?	AGRICULTURE 1 NOT IN AGRICULTURE 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
123	<p>What is your occupation? That is, what kind of work you mainly do?</p> <p>DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT FILL IN BOXES.</p> <p><input type="text"/> <input type="text"/> <small>FILL IN BY BPS.</small></p>	<p>PROFESSIONAL, TECHNICAL 01 MANAGER AND ADMINISTRATOR 02 CLERICAL 03 SALES 04 SERVICES 05 AGRICULTURAL WORKER 06 PRODUCTION WORKER 07 OTHER 96 (SPECIFY) DON'T KNOW 98</p>	
124	CHECK 120C: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 201
125	Do you work mainly on your own land or on family land, or do you work on land that you rent from somewhere else, or do you work on someone else's land?	<p>OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4</p>	
125A	Do you do this work for a member of your family, for someone else, or are you self-employed?	<p>FOR FAMILY MEMBER 1 FOR SOMEONE ELSE/ GOVERNMENT 2 SELF-EMPLOYED 3</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask you about all the children you have had during your life. Do you have biological children?	YES 1 NO 2	→ 206
202	Do you have any biological sons or daughters who are now living with you?	YES 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME DAUGHTERS AT HOME  	
204	Do you have any biological sons or daughters who are alive but do not live with you?	YES 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE DAUGHTERS ELSEWHERE  	
206	Do you have any biological sons or daughters who were born alive but later died? IF NO, PROBE : Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 209
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD GIRLS DEAD  	
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN 	
210	CHECK 209: NUMBER OF CHILDREN <input type="checkbox"/> NUMBER OF CHILDREN IS 0 <input type="checkbox"/> NUMBER OF CHILDREN IS 1 <input type="checkbox"/> IS 2 OR MORE ↓		→ 301 → 213
211	Do the children that you have fathered all have the same biological mother?	YES 1 NO 2	
213	How old were you when your (first) child was born?	AGE IN YEARS 	

SECTION 3. KNOWLEDGE AND PRACTICE OF FAMILY PLANNING

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 OR 2 IF METHOD IS RECOGNIZED. THEN, ASK 302 OR CIRCLE CODE '3' IF NOT RECOGNIZED.

301	What ways or methods have you heard about? Have you ever heard of (METHOD)?	302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION/TUBECTOMY Women can have an operation to avoid having any more children.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3 ↓ Has your wife ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3 ↓ Have you ever had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3 ↓
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3 ↓
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one month or longer.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3 ↓
06	NORPLANT/IMPLANT Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3 ↓
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3 ↓ YES 1 NO 2
08	INTRAVAG/DIAPHRAGM Women can place a tissue or a thin flexible disk in the vagina before intercourse.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3 ↓
09	LACTATIONAL AMENORRHEA METHOD (LAM) Up to 6 months after child birth, a woman can use a method that requires she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3 ↓
10	PERIODIC ABSTINENCE OR CALENDAR SYSTEM Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3 ↓ YES 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3 ↓ YES 1 NO 2
12	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within three days to prevent pregnancy.	YES, SPONTANEOUS 1 YES, PROBED 2 NO 3 ↓
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2 ↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302A	Are you currently using any method of family planning?	YES 1 NO 2	→ 302C
302B	Which method are you using?	MALE STERILIZATION 1 CONDOM 2 PERIODIC ABSTINENCE 3 WITHDRAWAL 4 OTHER _____ 6 SPECIFY	
302C	Is your wife currently using any method of family planning?	YES 1 NO 2 DON'T KNOW 8	→ 302F
302D	Which method is your wife using? Any other method? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	FEMALE STERILIZATION A PILL B IUD C INJECTABLES D IMPLANTS E INTRAVAG/DIAPHRAGM F LACTATIONAL AMENORRHEA METHOD G PERIODIC ABSTINENCE H WITHDRAWAL I OTHER _____ X SPECIFY	
302F	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 308
302G	Where is that? IF THE SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE(S)) Any other place? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B CLINIC C FP FIELDWORKER D FP MOBILE UNIT E OTHER _____ F (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL G MATERNITY HOSPITAL H MATERNITY CLINIC I CLINIC J DOCTOR (GENERAL) K OBGYN L MIDWIFE M NURSE N VILLAGE MIDWIFE O PHARMACY/DRUG STORE P OTHER _____ Q (SPECIFY) OTHER DELIVERY POST R HEALT POST S FP POST T FRIENDS/RELATIVES U SHOP V OTHER _____ X (SPECIFY)	
308	From one menstrual period to the <u>next</u> , are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 310

309	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD ENDS 3 IN THE MIDDLE OF THE CYCLE 4 OTHER _____ (SPECIFY) 6 DON'T KNOW 8	
310	Do you think that a woman who is breastfeeding can become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	
311	CHECK 301 (07) AND 302 (07): KNOWLEDGE AND USE OF CONDOM HAS HEARD OF AND USED <input type="checkbox"/> CONDOM ↓ HAS HEARD OF CONDOM BUT <input type="checkbox"/> HAS NEVER USED NEVER HEARD <input type="checkbox"/> OF CONDOM		→ 323 → 324
314	When you have sex in the last month, do you use a condom every time, sometimes, or not at all?	EVERY TIME 1 SOMETIMES 2 NOT AT ALL 3 NOT HAVING SEX 4	
316	Have you ever experienced any problems with using condoms? IF YES: What problems did you experience? PROBE: Any other problems? DO NOT READ OUT RESPONSES. CIRCLE ALL PROBLEMS MENTIONED.	TOO EXPENSIVE A EMBARRASSING TO BUY/OBTAIN B DIFFICULT TO DISPOSE OF C DIFFICULT TO PUT ON/TAKE OFF D SPOILS THE MOOD E DIMINISHES THE PLEASURE F WIFE OBJECTS TO/DOES NOT LIKE G WIFE GOT PREGNANT H INCONVENIENT TO USE/MESSY I CONDOM BROKE J OTHER _____ X (SPECIFY) NO PROBLEM Y	
316A	Have you ever paid for sex?	YES 1 NO 2	→ 317
316B	In the last 12 months, did you ever pay for sex?	YES 1 NO 2	→ 317
316C	The last time you paid for sex, was a condom used?	YES 1 NO 2	
317	CHECK 314: CURRENT USE OF CONDOMS EVERY TIME <input type="checkbox"/> OR SOMETIMES <input type="checkbox"/> ↓ NOT AT ALL/ NOT HAVING SEX <input type="checkbox"/>		→ 323

319	<p>From where do you usually obtain the condoms?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p><u>(NAME OF PLACE(S))</u></p>	<p>PUBLIC SECTOR</p> <table> <tr><td>HOSPITAL</td><td>11</td></tr> <tr><td>HEALTH CENTER</td><td>12</td></tr> <tr><td>CLINIC</td><td>13</td></tr> <tr><td>FP FIELDWORKER</td><td>14</td></tr> <tr><td>FP MOBILE UNIT</td><td>15</td></tr> <tr><td>OTHER _____</td><td>16</td></tr> </table> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <table> <tr><td>HOSPITAL</td><td>21</td></tr> <tr><td>MATERNITY HOSPITAL</td><td>22</td></tr> <tr><td>MATERNITY CLINIC</td><td>23</td></tr> <tr><td>CLINIC</td><td>24</td></tr> <tr><td>DOCTOR (GENERAL)</td><td>25</td></tr> <tr><td>OBGYN</td><td>26</td></tr> <tr><td>MIDWIFE</td><td>27</td></tr> <tr><td>NURSE</td><td>28</td></tr> <tr><td>VILLAGE MIDWIFE</td><td>29</td></tr> <tr><td>PHARMACY/DRUG STORE</td><td>30</td></tr> <tr><td>OTHER _____</td><td>31</td></tr> </table> <p>(SPECIFY)</p> <p>OTHER</p> <table> <tr><td>DELIVERY POST</td><td>41</td></tr> <tr><td>HEALTH POST</td><td>42</td></tr> <tr><td>FP POST</td><td>43</td></tr> <tr><td>FRIENDS/RELATIVES</td><td>44</td></tr> <tr><td>SHOP</td><td>45</td></tr> <tr><td>OTHER _____</td><td>46</td></tr> </table> <p>(SPECIFY)</p>	HOSPITAL	11	HEALTH CENTER	12	CLINIC	13	FP FIELDWORKER	14	FP MOBILE UNIT	15	OTHER _____	16	HOSPITAL	21	MATERNITY HOSPITAL	22	MATERNITY CLINIC	23	CLINIC	24	DOCTOR (GENERAL)	25	OBGYN	26	MIDWIFE	27	NURSE	28	VILLAGE MIDWIFE	29	PHARMACY/DRUG STORE	30	OTHER _____	31	DELIVERY POST	41	HEALTH POST	42	FP POST	43	FRIENDS/RELATIVES	44	SHOP	45	OTHER _____	46	
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OTHER _____	46																																																
320	How much do you usually pay for a packet of condoms?	RUPIAH <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																																															
		FREE	99995																																														
		DON'T KNOW	99998																																														
321	How many condoms are in each packet?	NUMBER <table border="1"><tr><td> </td><td> </td></tr></table>																																															
322	Do you think that at this price condoms are inexpensive, just affordable, or too expensive?	<table> <tr><td>INEXPENSIVE</td><td>1</td></tr> <tr><td>JUST AFFORDABLE</td><td>2</td></tr> <tr><td>TOO EXPENSIVE</td><td>3</td></tr> </table>	INEXPENSIVE	1	JUST AFFORDABLE	2	TOO EXPENSIVE	3																																									
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TOO EXPENSIVE	3																																																
323	<p>I will now read you some statements about condom use that other men have made. Please tell me if you agree or disagree with each.</p> <p>Condoms diminish a man's sexual pleasure.</p> <p>A condom is very inconvenient to use.</p> <p>A condom can be reused.</p> <p>A condom protects against disease.</p> <p>A woman has no right to tell a man to use a condom.</p>	<table> <tr><td>DIS-</td><td>AGREE</td><td>DK</td></tr> <tr><td>DIMINISH SEXUAL PLEASURE</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>INCONVENIENT</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>CAN BE REUSED ...</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>PROTECT AGAINST DISEASE</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>WOMAN'S RIGHT ...</td><td>1</td><td>2</td><td>8</td></tr> </table>	DIS-	AGREE	DK	DIMINISH SEXUAL PLEASURE	1	2	8	INCONVENIENT	1	2	8	CAN BE REUSED ...	1	2	8	PROTECT AGAINST DISEASE	1	2	8	WOMAN'S RIGHT ...	1	2	8																								
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324	CHECK 301 (02) AND 302 (02): KNOWLEDGE AND USE OF MALE STERILIZATION																																																
	<p>HAS HEARD OF MALE STERILI- ZATION BUT IS NOT STERILIZED</p> <p>RESPONDENT IS STERILIZED <input type="checkbox"/></p>		→ 326																																														
		HAS NOT HEARD OF <input type="checkbox"/>	→ 328																																														

325	Once you have had all the children you want, have you ever considered getting sterilized?	HAS CONSIDERED 1 HAS NOT CONSIDERED 2 UNSURE/DEPENDS 3 WIFE ALREADY STERILIZED 4	
326	In your opinion what are some of the advantages of male sterilization? PROBE: Any other advantages? RECORD ALL ADVANTAGES METHOD. DO NOT READ OUT RESPONSES.	PUTS MAN IN CONTROL A EFFECTIVE METHOD B OPERATION IS SAFE C SAFER THAN FEMALE STERILIZATION D OPERATION INEXPENSIVE E LESS EXPENSIVE THAN FEMALE STERILIZATION F OPERATION IS SIMPLE G GIVES MAN FREEDOM H OTHER _____ X SPECIFY	
326A	CHECK 324: HAS HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED	RESPONDENT STERILIZED <input type="checkbox"/>	→ 328
327	Why have you never considered getting sterilized? PROBE: Any other reason? RECORD ALL ADVANTAGES METHOD. DO NOT READ OUT RESPONSES.	AGAINST RELIGION A BAD FOR MAN'S HEALTH B OPERATION NOT SAFE C LESS INTRUSIVE WAYS AVAILABLE D MAY WANT MORE CHILDREN E MAY REMARRY SOME DAY F COST G LOSS OF SEXUAL FUNCTION H WIFE OBJECTS I OTHER _____ X SPECIFY	
328	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. Contraception is women's business and a man should not have to worry about it. Women who are sterilized may become promiscuous. Being sterilized for a man is equivalent to being castrated. A woman is the one who gets pregnant, so she should be the one to get sterilized.	DIS- AGREE CONTRACEPTION WOMAN'S BUSINESS . 1 2 3 STERILIZED WOMEN ARE PROMISCUOUS 1 2 3 MALE STERILIZATION IS CASTRATION . 1 2 3 WOMAN SHOULD BE THE ONE STERILIZED 1 2 3	

SECTION 4. MARRIAGE AND ATTITUDE TOWARD WOMEN

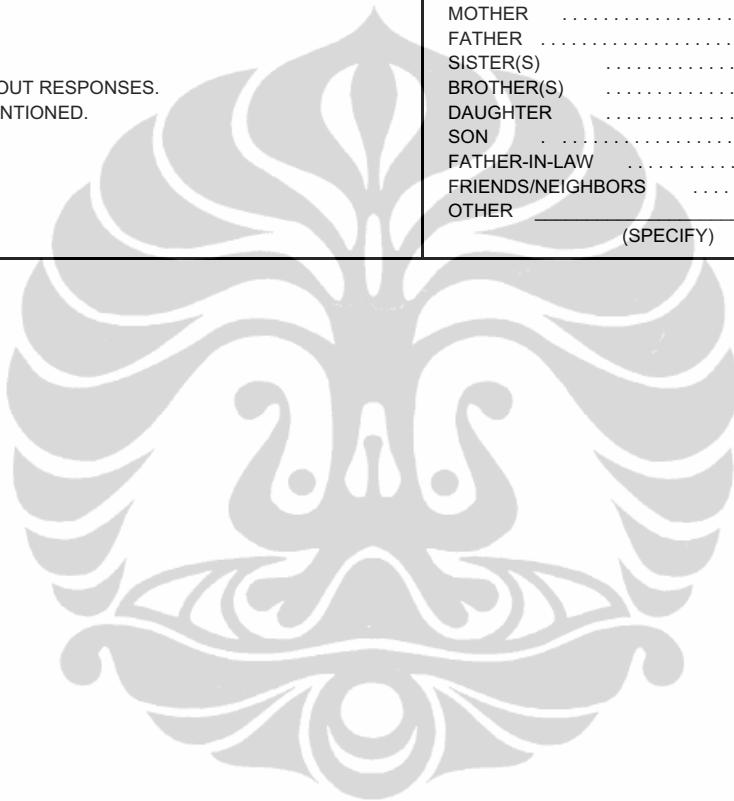
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Have you been married once, or more than once?	ONCE 1 MORE THAN ONCE 2	
402	Does your wife live with you or somewhere else?	IN HOUSEHOLD 1 ELSEWHERE 2	
403	WRITE WIFE'S NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE. IF WIFE DOES NOT LIVE IN THE HOUSEHOLD, ENTER '00'	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
404	CHECK 401: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONCE <input type="checkbox"/>		→ 407
405	Do you have other wives who do not live in this household?	YES 1 NO 2	→ 407
406	What is the name of the wife who does not live in this household?	NAME _____	
407	How old were you when you and your (first) wife married?	AGE <input type="text"/> <input type="text"/>	
408	How old were you when you first had sexual intercourse?	AGE <input type="text"/> <input type="text"/>	
409	For a man, what is the best age to get married?	AGE <input type="text"/> <input type="text"/>	
410	For a woman, what is the best age to get married?	AGE <input type="text"/> <input type="text"/>	
411	What is the best age for a woman to have her first child?	AGE <input type="text"/> <input type="text"/>	
412	After what age, should a woman stop having children?	AGE <input type="text"/> <input type="text"/>	
413	Who in your family usually has the final say on the following decisions? Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family friends or relatives? What food should be cooked each day?	RESPONDENT = 1 RESPONDENT'S WIFE = 2 RESPONDENT & HIS WIFE = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 NO DECISION = 6 OWN HEALTH CARE 1 2 3 4 5 6 LARGE HH PURCHASES 1 2 3 4 5 6 DAILY PURCHASES 1 2 3 4 5 6 VISIT RELATIVES 1 2 3 4 5 6 FOOD TO COOK DAILY 1 2 3 4 5 6	
414	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT WITHOUT TELLING HIM ... 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
502	CHECK 302 (02): RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>		521
502A	COPY THE NAME OF RESPONDENT'S WIFE IF MORE THAN 2 WIVES, USE EXTRA QUESTIONNAIRE.	FIRST WIFE LINE NUMBER. <input type="text"/> <input type="text"/>	SECOND WIFE LINE NUMBER. <input type="text"/> <input type="text"/>
503	Is (WIFE'S NAME) pregnant now?	YES 1 NO 2 (SKIP TO 505) ← DK/UNSURE 8	YES 1 NO 2 (SKIP TO 505) ← DK/UNSURE 8
504	When (WIFE'S NAME) became pregnant, did you want her to become pregnant <u>then</u> , did you want to <u>wait until later</u> , or did <u>you not want her to have more children at all</u> ?	THEN 1 LATER 2 NOT AT ALL 3 (SKIP TO 506) ←	THEN 1 LATER 2 NOT AT ALL 3 (SKIP TO 506) ←
505	In the next few weeks, if you discovered that (WIFE'S NAME) was pregnant, would that be a big problem, a small problem or or no problem at all?	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STERILIZED/ NO SEX 4 (SKIP TO 507) ←	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STERILIZED/ NO SEX 4 (SKIP TO 507) ←
506	Do you think (WIFE'S NAME) wants the same number of children that you want to have with her, or does she want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8
507	How often do you talk to (WIFE'S NAME) about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 OFTEN 3	NEVER 1 ONCE OR TWICE 2 OFTEN 3
508	Do you think that (WIFE'S NAME) approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 3	APPROVES 1 DISAPPROVES 2 DON'T KNOW 3
508A		GO TO 503 FOR NEXT WIFE. IF NO MORE WIVES, GO TO 509.	GO TO 503 FOR NEXT WIFE. IF NO MORE WIVES, GO TO 509.
509	CHECK 503: NO WIFE PREGNANT OR UNSURE <input type="checkbox"/> WIFE PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child(ren) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	516 521 516
510	How long would you like to wait from now before the birth of (a/another) child?	MONTHS 1 YEARS 2 SOON/NOW 993 OTHER 996 DON'T KNOW 998	<input type="text"/> <input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
516	CHECK 302A: USE CONTRACEPTIVE METHOD NO, NOT USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/>		521						
517	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	519						
518	Which contraceptive method would you prefer to use?	MALE STERILIZATION 1 CONDOM 2 PERIODIC ABSTINENCE 3 WITHDRAWAL 4 OTHER _____ (SPECIFY) 6 UNSURE 8	521						
519	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASON NOT HAVING SEX 11 MENOPAUSE/HISTERECTOMY 12 SUBFECUND/INFECUND 13 WANTS AS MANY CHILDREN AS POSSIBLE 14 RELIGIOUS BELIEF 15 OPPOSITION TO USE RESPONDENT OPPOSED 21 WIFE OPPOSED 22 OTHER OPPOSED 23 RELIGIOUS PROHIBITION 24 LACK OF KNOWLEDGE KNOWS NO METHODS 31 KNOWS NO SOURCE 32 METHOD RELATED REASON HEALTH CONCERN 41 FEAR OF SIDE EFFECTS 42 TOO FAR 43 COST TOO MUCH 44 INCONVENIENT TO USE 45 GAIN/LOSS WEIGHT 46 OTHER _____ (SPECIFY) 96 DON'T KNOW 98							
521	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE. THEN RECORD NUMERIC RESPONSE OR OTHER ANSWER.	NUMBER <input type="checkbox"/> <input type="checkbox"/> OTHER _____ (SPECIFY) 96	524						
522	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	NUMBER <table border="1"><tr><td>BOYS</td><td>GIRLS</td><td>EITHER</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></table> OTHER _____ (SPECIFY) 999996	BOYS	GIRLS	EITHER	_____	_____	_____	
BOYS	GIRLS	EITHER							
_____	_____	_____							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
524	In the last six months have you heard about family planning: On the radio? On the television?	YES NO RADIO 1 2 TELEVISION 1 2	
524A	In the last six months have you read about family planning: In a newspaper or magazine? In a poster? In a pamphlet?	YES NO NEWSPAPER OR MAGAZINE . 1 2 POSTER 1 2 PAMPHLET 1 2	
526	In the last six months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	→ 601A
527	With whom? Anyone else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	WIFE A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G FATHER-IN-LAW H FRIENDS/NEIGHBORS I OTHER X (SPECIFY)	



SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601A	CHECK 209: HAS ONE OR MORE CHILDREN <input type="checkbox"/> ↓	HAS/DOES NOT HAVE ANY CHILDREN <input type="checkbox"/> → 701	
602	Please tell me the name and sex of your child (who was born most recently): (NAME OF CHILD) Name of (NAME OF CHILD)'s biological mother: (NAME OF MOTHER)	BOY 1 GIRL 2	
603	In what month and year was (NAME OF LAST CHILD) born?	MONTH <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
607	CHECK 603: CHILD BORN SINCE JANUARY 2002 <input type="checkbox"/> ↓	CHILD BORN BEFORE JANUARY 2002 <input type="checkbox"/> → 701	
612	ASK QUESTION 612 FOR PREGNANCY, DELIVERY, AND FOR THE SIX WEEKS AFTER DELIVERY. ALL QUESTIONS REFER TO THE LAST BIRTH. Did (NAME OF CHILD'S MOTHER) receive any advice or care from a doctor or any health care provider during the (pregnancy/delivery/six weeks after delivery)? <input type="checkbox"/> PREGNANCY <input type="checkbox"/> DELIVERY <input type="checkbox"/> SIX WEEKS AFTER DELIVERY YES 1 YES 1 YES 1 NO 2 NO 2 NO 2 DK 8 DK 8 DK 8 (GO TO 612 IN NEXT COLUMN) (GO TO 612 IN NEXT COLUMN)		
616	Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy may be in danger? RECORD ALL SIGNS AND SYMPTOMS MENTIONED. DO NOT READ OUT RESPONSES	PROLONGED LABOR A VAGINAL BLEEDING B FEVER C CONVULSIONS D BABY IN WRONG POSITION E SWOLLEN LIMBS F FAINTS G BREATHLESSNESS H TIREDNESS I OTHER X DON'T KNOW Z	
617	At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF LAST CHILD), did you yourself talk with a doctor or any other health care provider about her health or of the pregnancy?	YES 1 NO 2	→ 618A
618	Did the health provider talk to you about: What food (NAME OF CHILD'S MOTHER) should eat during pregnancy? How much rest she should have during pregnancy? The types of health problems for which she should get immediate medical attention?	YES NO DON'T RECALL FOOD 1 2 3 REST 1 2 3 PROBLEMS 1 2 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
618A	<p>During (NAME OF CHILD'S MOTHER) pregnancy with (NAME OF CHILD), did anyone discuss with you about:</p> <p>Where (NAME OF CHILD'S MOTHER) plan to deliver?</p> <p>Transportation to the place of delivery?</p> <p>Who is going to assist the delivery?</p> <p>Payment for delivery?</p> <p>Identifying a possible blood donor?</p>	<p>YES NO</p> <p>PLACE TO DELIVER 1 2</p> <p>TRANSPORTATION 1 2</p> <p>DELIVERY ASSISTANT 1 2</p> <p>PAYMENT 1 2</p> <p>BLOOD DONOR 1 2</p>	
619A	Is (NAME OF LAST CHILD) still alive?	YES 1 NO 2	→ 701
621A	<p>Has (NAME OF LAST CHILD) received (NAME OF VACCINE)?</p> <p>BCG?</p> <p>Polio?</p> <p>DPT?</p> <p>Measles?</p> <p>Hepatitis?</p>	<p>YES NO DK</p> <p>BCG 1 2 8</p> <p>POLIO 1 2 8</p> <p>DPT 1 2 8</p> <p>MEASLES 1 2 8</p> <p>HEPATITIS 1 2 8</p>	
621B	CHECK 621A: ALL VACCINES NOT ONE <input type="checkbox"/> YES' ↓ AT LEAST ONE <input type="checkbox"/> YES'		→ 624
623	What is the main reason why (NAME OF CHILD) has not received any of these vaccinations?	<p>TOO EXPENSIVE 01</p> <p>DOES NOT KNOW WHERE TO GET THEM 02</p> <p>NOT AVAILABLE 03</p> <p>NOT IMPORTANT/NOT NEEDED 04</p> <p>NOT GOOD FOR CHILD'S HEALTH 05</p> <p>CHILD TOO YOUNG 06</p> <p>TOO FAR/NO TRANSPORT 07</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW ANY VACCINE 97</p> <p>DON'T KNOW WHY 98</p>	
624	Does (NAME OF LAST CHILD) live with you in your household?	YES 1 NO 2	→ 627
625	<p>In your household, who usually decides what to do if (NAME OF LAST CHILD) is ill?</p> <p>Anybody else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>RESPONDENT A</p> <p>CHILD'S MOTHER B</p> <p>WIFE/CHILD'S STEPMOTHER C</p> <p>FEMALE RELATIVE D</p> <p>MALE RELATIVE E</p> <p>OTHER _____ X (SPECIFY)</p> <p>CHILD HAS NEVER BEEN ILL Y</p>	
627	<p>Please tell me if you would be angry with (NAME OF CHILD'S MOTHER) if she did the following:</p> <p>She took (NAME OF CHILD) to be vaccinated without your permission?</p> <p>She took (NAME OF LAST CHILD) to a doctor or health worker because she thought the child was ill without your permission?</p>	<p>YES NO DK</p> <p>VACCINATION 1 2 3</p> <p>DOCTOR/HEALTH CARE 1 2 3</p>	
628	<p>Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke?</p> <p>DO NOT READ OUT RESPONSES. CIRCLE ALL TYPES MENTIONED.</p>	<p>YES, CIGARETTES A</p> <p>YES, PIPE B</p> <p>YES, OTHER TOBACCO C</p> <p>NO Y</p>	
629	CHECK 628: CODE 'A' CIRCLED <input type="checkbox"/> ↓	CODE 'A' NOT CIRCLED <input type="checkbox"/>	→ 701
630	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="checkbox"/> <input type="checkbox"/>	

SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	717
701A	From which sources of information have you learned about AIDS? Anything else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWSPAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIEND/RELATIVE I WORK PLACE J INTERNET K OTHER _____ X (SPECIFY)	
704	Can people reduce their chances of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
705	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
706	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
707	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
708	Can people reduce their chance of getting the AIDS virus by not having sex at all?	YES 1 NO 2 DON'T KNOW 8	
708A	Can a person get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
709	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
711	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	713
712	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. 1 2 8 DURING DELIVERY ... 1 2 8 BREASTFEEDING ... 1 2 8	
712A	How do you know that someone has HIV/AIDS? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PHYSICAL A BEHAVIOR B BLOOD TEST/VCT C OTHER _____ X (SPECIFIC) DON'T KNOW Z	
712B	Have you heard about a voluntary test for HIV/AIDS which is preceded by counseling (VCT)?	YES 1 NO 2	713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712C	<p>Do you know where you can get a VCT service?</p> <p>Any other place?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <hr/> <p style="text-align: center;">(NAME OF PLACE(S))</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALLMENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL A</p> <p>HEALTH CENTER B</p> <p>CLINIC C</p> <p>VCT CLINIC D</p> <p>OTHER _____ E (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL F</p> <p>CLINIC G</p> <p>VCT CLINIC H</p> <p>DOCTOR I</p> <p>NURSE/MIDWIFE..... J</p> <p>OTHER _____ K (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>	
713	CHECK 106A: RESPONDENT'S MARITAL STATUS		715
	MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/>		
714	Have you ever talked about ways to prevent getting the virus that causes AIDS with your wife?	YES 1 NO 2	
715	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
716	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DK/UNSURE/DEPENDS 8	
716A	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2	
716B	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
716C	If a female teacher has the AIDS virus, should she be allowed to continue teaching the school?	YES (ALLOWED 1 NO (NOT ALLOWED) 2 DK/NOT SURE/DEPENDS 8	
717	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	801
717A	<p>From which sources of information have you learned about sexually transmitted diseases (STDs)?</p> <p>RECORD ALL WAYS MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>RADIO A</p> <p>TELEVISION B</p> <p>NEWSPAPER/MAGAZINE C</p> <p>POSTER D</p> <p>HEALTH PROFESSIONAL E</p> <p>RELIGIOUS INSTITUTION F</p> <p>SCHOOL/TEACHER G</p> <p>COMMUNITY MEETING H</p> <p>FRIEND/RELATIVE I</p> <p>WORK PLACE J</p> <p>OTHER _____ X (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
718	If a <u>man</u> has a sexually transmitted disease, what symptoms might he have?	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORE/ULCER G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	
719	If a <u>woman</u> has a sexually transmitted disease, what symptoms might she have?	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORE/ULCER G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	
720	During the last 12 months, have you had an abnormal discharge from your penis? During the last 12 months, have you had a sore or ulcer near your penis?	YES NO DK DISCHARGE 1 2 8 SORE/ULCER 1 2 8	
721	CHECK 720: AT LEAST ONE CODE '1' CIRCLED <input type="checkbox"/> ↓ NO CODE '1' CIRCLED <input type="checkbox"/>	→ 801	
722	Where did you seek any kind of advice or treatment? Any other place? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	NOT TREATED A SELF TREATED B GOVT. HEALTH CENTER C HOSPITAL/CLINIC D PRIVATE DOCTOR E NURSE/MIDWIFE F PHARMACY/DRUGSTORE G TRADITIONAL HEALER H FRIENDS/RELATIVE I OTHER _____ X (SPECIFY)	

SECTION 8. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS			CODING CATEGORIES			SKIP
801	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?			NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/> IF THE RESPONSE IS '01' (RESPONDENT IS AN ONLY CHILD)			→ 816
802	How many of these births did your mother have before you were born?			NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>			
803	What was the name given to your brothers and sisters? START WITH THE OLDEST.	(1) <input type="text"/>	(2) <input type="text"/>	(3) <input type="text"/>	(4) <input type="text"/>	(5) <input type="text"/>	(6) <input type="text"/>
804	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
805	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 808 ↵ DK ... 8 GO TO (2) ↵	YES ... 1 NO ... 2 GO TO 808 ↵ DK ... 8 GO TO (3) ↵	YES ... 1 NO ... 2 GO TO 808 ↵ DK ... 8 GO TO (4) ↵	YES ... 1 NO ... 2 GO TO 808 ↵ DK ... 8 GO TO (5) ↵	YES ... 1 NO ... 2 GO TO 808 ↵ DK ... 8 GO TO (6) ↵	YES ... 1 NO ... 2 GO TO 808 ↵ DK ... 8 GO TO (7) ↵
806	How old is (NAME)?	<input type="text"/> <input type="text"/> < 10 GO TO (2)	<input type="text"/> <input type="text"/> < 10 GO TO (3)	<input type="text"/> <input type="text"/> < 10 GO TO (4)	<input type="text"/> <input type="text"/> < 10 GO TO (5)	<input type="text"/> <input type="text"/> < 10 GO TO (6)	<input type="text"/> <input type="text"/> < 10 GO TO (7)
807	Has (NAME) ever been married?	YES ... 1 GO TO (2) ↵ NO ... 2	YES ... 1 GO TO (3) ↵ NO ... 2	YES ... 1 GO TO (4) ↵ NO ... 2	YES ... 1 GO TO (5) ↵ NO ... 2	YES ... 1 GO TO (6) ↵ NO ... 2	YES ... 1 GO TO (7) ↵ NO ... 2
808	When did (NAME) die?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
809	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (7)
811	Was (NAME) pregnant when she died or did (NAME) die during childbirth?	YES ... 1 GO TO 813 ↵ NO ... 2	YES ... 1 GO TO 813 ↵ NO ... 2	YES ... 1 GO TO 813 ↵ NO ... 2	YES ... 1 GO TO 813 ↵ NO ... 2	YES ... 1 GO TO 813 ↵ NO ... 2	YES ... 1 GO TO 813 ↵ NO ... 2
812	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2 GO TO 814 ↵	YES ... 1 NO ... 2 GO TO 814 ↵	YES ... 1 NO ... 2 GO TO 814 ↵	YES ... 1 NO ... 2 GO TO 814 ↵	YES ... 1 NO ... 2 GO TO 814 ↵	YES ... 1 NO ... 2 GO TO 814 ↵
813	Did (NAME) die due to complications of pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
814	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
815	Has (NAME) ever been married?	YES ... 1 NO ... 2 GO TO (2) ↵	YES ... 1 NO ... 2 GO TO (3) ↵	YES ... 1 NO ... 2 GO TO (4) ↵	YES ... 1 NO ... 2 GO TO (5) ↵	YES ... 1 NO ... 2 GO TO (6) ↵	YES ... 1 NO ... 2 GO TO (7) ↵

NO.	QUESTIONS AND FILTERS	(7)	(8)	(9)	(10)	(11)	SKIP																		
803	What was the name given to your brothers and sisters? START WITH THE OLDEST.	_____	_____	_____	_____	_____	(12)																		
804	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2																		
805	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (8) ←	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (9) ←	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (10) ←	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (11) ←	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (12) ←	YES ... 1 NO ... 2 GO TO 808 DK ... 8 GO TO (13) ←																		
806	How old is (NAME)?	<table border="1"><tr><td> </td><td> </td></tr></table> < 10 GO TO (8)			<table border="1"><tr><td> </td><td> </td></tr></table> < 10 GO TO (9)			<table border="1"><tr><td> </td><td> </td></tr></table> < 10 GO TO (10)			<table border="1"><tr><td> </td><td> </td></tr></table> < 10 GO TO (11)			<table border="1"><tr><td> </td><td> </td></tr></table> < 10 GO TO (12)			<table border="1"><tr><td> </td><td> </td></tr></table> < 10 GO TO (13)								
807	Has (NAME) ever been married?	YES ... 1 GO TO (8) ← NO ... 2	YES ... 1 GO TO (9) ← NO ... 2	YES ... 1 GO TO (10) ← NO ... 2	YES ... 1 GO TO (11) ← NO ... 2	YES ... 1 GO TO (12) ← NO ... 2	YES ... 1 GO TO (13) ← NO ... 2																		
808	When did (NAME) (NAME) die?	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>				<table border="1"><tr><td> </td><td> </td><td> </td></tr></table>			
809	How old was (NAME) when he/she died?	<table border="1"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (8)			<table border="1"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (9)			<table border="1"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (10)			<table border="1"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (11)			<table border="1"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (12)			<table border="1"><tr><td> </td><td> </td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO (13)								
811	Was (NAME) pregnant when she died or did (NAME) die during childbirth?	YES ... 1 GO TO 813 ← NO ... 2	YES ... 1 GO TO 813 ← NO ... 2	YES ... 1 GO TO 813 ← NO ... 2	YES ... 1 GO TO 813 ← NO ... 2	YES ... 1 GO TO 813 ← NO ... 2	YES ... 1 GO TO 813 ← NO ... 2																		
812	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2 GO TO 814 ←	YES ... 1 NO ... 2 GO TO 814 ←	YES ... 1 NO ... 2 GO TO 814 ←	YES ... 1 NO ... 2 GO TO 814 ←	YES ... 1 NO ... 2 GO TO 814 ←	YES ... 1 NO ... 2 GO TO 814 ←																		
813	Did (NAME) die due to complications of pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2																		
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815	Has (NAME) ever been married?	YES ... 1 NO ... 2 GO TO (8) ←	YES ... 1 NO ... 2 GO TO (9) ←	YES ... 1 NO ... 2 GO TO (10) ←	YES ... 1 NO ... 2 GO TO (11) ←	YES ... 1 NO ... 2 GO TO (12) ←	YES ... 1 NO ... 2 GO TO (13) ←																		
816	RECORD THE TIME.				HOUR	MINUTES	<table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																		

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____



**2007 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY
YOUNG ADULT QUESTIONNAIRE**

Confidential

IDENTIFICATION				CODE
1. PROVINCE _____				<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="flex: 1; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="flex: 1; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div style="flex: 1; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>
2. REGENCY/MUNICIPALITY*_____				
3. SUBDISTRICT _____				
4. VILLAGE*_____				
5. URBAN/RURAL**) URBAN -1 RURAL -2				
6. CENSUS BLOCK NUMBER _____				
7. 2007 IDHS SAMPLE CODE				
8. HOUSEHOLD NUMBER				
9. NAME OF HOUSEHOLD HEAD _____				
10. NAME OF RESPONDENT _____				
11. RESPONDENT'S SEX**) MALE -1 FEMALE -2				
12. RESPONDENT LINE NUMBER				
INTERVIEWER VISITS				
DATE INTERVIEWER'S NAME RESULT***) NEXT VISIT DATE TIME	1	2	3	FINAL VISIT
	_____	_____	_____	DAY MONTH YEAR 2 0 0 7 INT. NUMBER RESULT
	_____	_____	_____	
	_____	_____	_____	TOTAL NUMBER OF VISITS <input type="checkbox"/>
***) RESULT CODES				
1 COMPLETED 2 NOT AT HOME	3 POSTPONED 4 REFUSED	5 PARTLY COMPLETED 6 INCAPACITATED	7 OTHER _____ (SPECIFY)	
LANGUAGE IN INTERVIEW _____				
DAILY SPOKEN LANGUAGE _____				
USE INTERPRETER		YES — 1	NO — 2	
NAME DATE	SUPERVISOR <input type="checkbox"/> <input type="checkbox"/>	FIELD EDITOR <input type="checkbox"/> <input type="checkbox"/>	EDITOR <input type="checkbox"/> <input type="checkbox"/>	KEYED BY <input type="checkbox"/> <input type="checkbox"/>

*) Cross out category not used

**) Circle appropriate code

PARENTAL/GUARDIAN CONSENT

(READ TO PARENTS OR GUARDIAN OF RESPONDENTS AGE 15-17)

In this survey, we are interviewing unmarried women and men between age 15 and 24 individually. We are interested in their knowledge, attitudes, and practice in reproductive health care. This information will be useful to the government in developing plans to provide health services tailored specifically to address the needs of young people.

We would very much appreciate your permission to have your child(ren) to participate in this survey. The survey usually takes about 25 minutes to complete. Whatever information your children provide will be kept strictly confidential and will not be shown to other persons.

May we interview (NAME OF CHILDREN) in private? If you decide not to allow your child(ren) to be interviewed, we will respect your decision. What is your decision?

PARENT/GUARDIAN AGREES

1

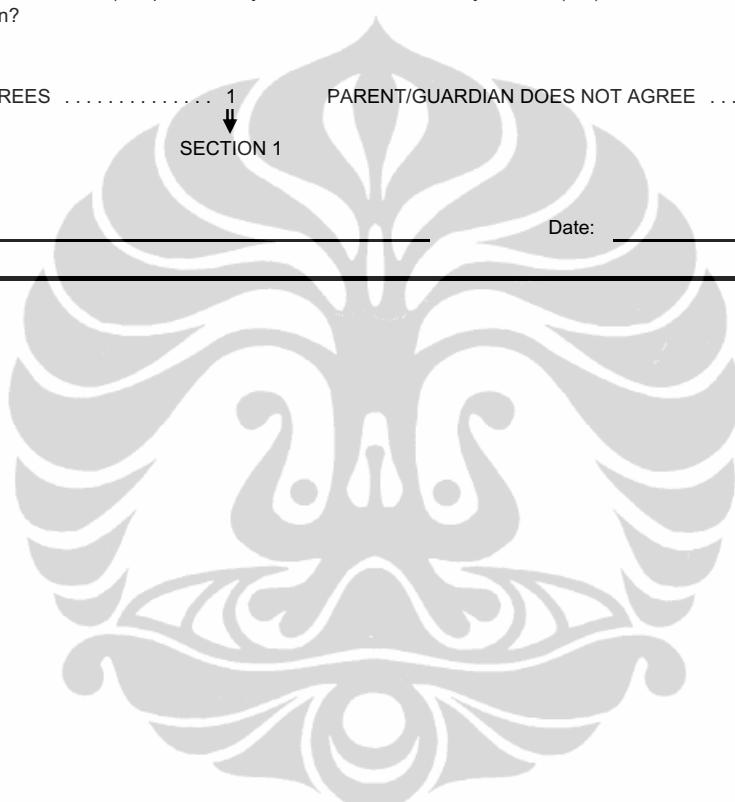
↓
SECTION 1

PARENT/GUARDIAN DOES NOT AGREE

2 → END

Signature of interviewer: _____

Date: _____



1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello.
My name is..... I am working with Badan Pusat Statistik. We are conducting a national survey of unmarried women and men between age 15 and 24. We are interested in your knowledge of, attitudes toward and practice in health care.

This information will be used to help the government in developing plans to provide health services tailored specifically to address the needs of young people. We would very much appreciate your participation in this survey. The survey usually takes about 25 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views.

At this time, do you want to ask me anything about the survey?
(GIVE CLEAR AND BRIEF RESPONSE)

During this interview, how should I address you?

(SPECIFY)

May I begin the interview now?
Signature of interviewer:

Date: _____ 2007

**RESPONDENT AGREES
TO BE INTERVIEWED**

**RESPONDENT DOES NOT
AGREE TO BE INTERVIEWED**

1
↓

2 → END

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
101	RECORD THE TIME.	HOUR MINUTES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
102	In what month and year were you born?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT. IF AGE IS LESS THAN 15 OR OVER 24, END INTERVIEW.	AGE IN COMPLETED YEARS <input type="checkbox"/> <input type="checkbox"/>	
104	Have you ever attended school?	YES 1 NO 2 <input type="checkbox"/>	→ 109
105	What is the highest level of school you attended: primary, junior high, senior high, academy or university?	PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 <input type="checkbox"/>	
106	What is the highest (grade/year) you completed at that level? FIRST YEAR NOT COMPLETED = 0 COMPLETED = 7 DON'T KNOW = 8	GRADE <input type="checkbox"/>	
107	Are you currently attending school?	YES 1 NO 2 <input type="checkbox"/>	→ 109

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
108	Why is it that you are not currently attending school any more?	GRADUATED/HAD ENOUGH SCHOOLING 01 GOT PREGNANT 02 TO CARE FOR CHILDREN 03 FAMILY NEEDED HELP ON FARM OR BUSINESS 04 COULD NOT PAY SCHOOL FEES ... 05 NEEDED TO EARN MONEY 06 DID NOT LIKE SCHOOL/ DID NOT WANT TO CONTINUE ... 07 DID NOT PASS EXAMS 08 SCHOOL NOT ACCESSIBLE/ TOO FAR 09 OTHER 96 (SPECIFY)	
109	What is your religion?	ISLAM 01 PROTESTANT 02 CATHOLIC 03 HINDU 04 BUDDHIST 05 CONFUCIAN 06 OTHER 96	
110A	Have you done any work in the past week?	YES 1 NO 2	→ 201
110B	As you know, some people take up jobs for which they receive no payment, paid in cash or kind. Others sell things, work in a small business or work in the family farm or family business. Did you do any or these things or any other work for a minimum of one hour continuously in the past week?	YES 1 NO 2	→ 201
110C	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation or any other reason?	YES 1 NO 2	

2. KNOWLEDGE AND EXPERIENCE ABOUT HUMAN REPRODUCTION SYSTEM

Now I want to ask you about changes from childhood to adolescence, the reproductive system, and related issues.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
201	<p>When a boy begins to change from childhood to adolescence, also known as puberty, he experiences some physical changes. Can you tell me what they are?</p> <p>Any other change?</p> <p>DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.</p>	DEVELOP MUSCLES A CHANGE IN VOICE B GROWTH OF FACIAL HAIR, PUBIC HAIR, UNDERARM HAIR, CHEST, LEGS AND ARMS C INCREASE IN SEXUAL AROUSAL D WET DREAMS E GROWTH OF ADAM'S APPLE..... F HARDENING OF NIPPLES G OTHER _____ X (SPECIFY) DON'T KNOW Z	
202	<p>When a girl begins to change from childhood to adolescence, she experiences some physical changes. Can you tell me what they are?</p> <p>Any other change?</p> <p>DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.</p>	GROWTH OF PUBIC AND UNDERARM HAIR A GROWTH IN BREASTS B GROWTH IN HIPS C INCREASE IN SEXUAL AROUSAL ... D MENSTRUATION E OTHER _____ X (SPECIFY) DON'T KNOW Z	
202A	<p>CHECK 201 AND 202:</p> <p>NO CODE 'Z' CIRCLED OR CODE 'Z' CIRCLED IN ONE QUESTION ONLY</p> 	<p>CODE 'Z' CIRCLED IN BOTH 201 AND 202</p> 	 204
203	<p>Where did you get the information about the physical changes from childhood to adolescence?</p> <p>Any other source?</p> <p>DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.</p>	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H TELEVISION I RADIO J BOOK/MAGAZINE/NEWSPAPER K OTHER _____ X (SPECIFY) DON'T KNOW Z	
204	<p>RESPONDENT :</p> <p>FEMALE</p> 	<p>MALE</p> 	 208A
205	How old were you when you had your first menstruation?	NEVER 00 AGE IN YEARS 	 209
206	Before you menstruated, did anyone talk to you about menstruation?	YES 1 NO 2	 208

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO		
207	<p>Who talked to you about menstruation?</p> <p>Any one else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER _____ X (SPECIFY)			
208	<p>The first time you menstruated, did you talk to anyone?</p> <p>Who did you talk to?</p> <p>Anybody else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER _____ X NO ONE Z (SPECIFY)	209		
208A	How old were you when you had your first wet dream?	NEVER 00 AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			209
208B	Before you had wet dreams, did anyone talk to you about wet dreams?	YES 1 NO 2	209		
208C	<p>Who talked to you about wet dreams?</p> <p>Any one else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER _____ X (SPECIFY)			
209	For women who have menstruated, from one menstrual period to the next, are there certain days when she is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	211		
210	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN 4 OTHER _____ 6 (DSPECIFY) DON'T KNOW 8			
211	Can a woman become pregnant by having one sexual intercourse ?	YES 1 NO 2 DON'T KNOW 8			
211A	<p>Do you know how to avoid pregnancy? If "YES": What is it?</p> <p>Any other way?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	ABSTAIN FROM SEX A USE CONTRACEPTION METHOD B RHYTHM OR PERIODIC ABSTINENCE C WITHDRAWAL D HERBS E OTHER _____ X (DSPECIFY) DON'T KNOW Z			

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
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Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE '1' IN 212 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 OR 2 IF METHOD IS "RECOGNIZED", AND CODE 3 IF "NOT RECOGNIZED".

212	What family planning methods have you heard about? (Have you ever heard about:)		
01.	Female sterilization. Women can have an operation to avoid having any more children.	YES, SPONTANEOUS.....	1
		YES, PROBED.....	2
		NO	3
02.	Male sterilization. Men can have an operation to avoid having any more children.	YES, SPONTANEOUS.....	1
		YES, PROBED.....	2
		NO	3
03.	Pill Women can take a pill every day to avoid becoming pregnant.	YES, SPONTANEOUS.....	1
		YES, PROBED.....	2
		NO	3
04.	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES, SPONTANEOUS.....	1
		YES, PROBED.....	2
		NO	3
05.	Injectables Women can have an injection by a health provider that stops them from becoming pregnant for one more months.	YES, SPONTANEOUS.....	1
		YES, PROBED.....	2
		NO	3
06.	Implants Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES, SPONTANEOUS.....	1
		YES, PROBED.....	2
		NO	3
07.	Condom Men can put a rubber sheath on their penis before sexual intercourse.	YES, SPONTANEOUS.....	1
		YES, PROBED.....	2
		NO	3
08.	Intravag/Diaphragm Women can place at thin flexible disk in their vagina before intercourse.	YES, SPONTANEOUS.....	1
		YES, PROBED.....	2
		NO	3
09.	Lactational amenorrhea methode (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES, SPONTANEOUS.....	1
		YES, PROBED.....	2
		NO	3
10.	Rhythm or periodic abstinence Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES, SPONTANEOUS.....	1
		YES, PROBED.....	2
		NO	3
11.	Withdrawal. Men can be careful and pull out before climax	YES, SPONTANEOUS.....	1
		YES, PROBED.....	2
12.	Emergency Contraception. As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within three days to prevent pregnancy.	YES, SPONTANEOUS.....	1
		YES, PROBED.....	2
		NO	3
13.	Other methods. Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES	1
		(SPECIFY)	
		(SPECIFY)	
		NO	2

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
212A	CHECK 212: AT LEAST ONE 'YES' CODE "1" OR "2" CIRCLED	NO CODE <input type="checkbox"/> "1" OR "2" <input type="checkbox"/> CIRCLED	220
213	Now I want to talk about family planning use in the future. Do you think you will use a family planning method some time in the future?	YES 1 NO 2 DON'T KNOW 8	216
214	What method would you like to use? POSSIBLE ANSWERS FOR MALE RESPONDENT: 02, 07, 10, 11, 96 OR 98. POSSIBLE ANSWERS FOR FEMALE RESPONDENT: 01, 03, 04, 05, 06, 08, 09, 10, 11, 12, 96, OR 98 DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	FEMALE STERILIZATION..... 01 MALE STERILIZATION..... 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 INTRAVAG/DIAPHRAGM 08 LACTATIONAL AMEN. METHOD..... 09 PERIODIC ABSTINENCE..... 10 WITHDRAWAL..... 11 OTHER 96 DON'T KNOW 98	216 216
215	Where can you obtain this method? Any other place? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED. IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE _____ (NAME OF PLACE) _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B CLINIC C FP FIELDWORKER D FP MOBILE UNIT E OTHER _____ (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL G CLINIC H PRIVATE DOCTOR I PRIVATE NURSE/MIDWIFE J VILLAGE MIDWIFE K PHARMACY/DRUG STORE L OTHER _____ (SPECIFY) OTHER DELIVERY POST N HEALTH POST O FP POST P FRIENDS/ RELATIVES Q SHOP R OTHER _____ (SPECIFY) DON'T KNOW Z	
216	Do you want your partner to use a contraceptive method to delay or avoid pregnancy?	YES 1 NO 2 DON'T KNOW 8	
220	What service of family planning do you think should be made available to unmarried youth? Information: Information about reproductive health and family planning methods? Counseling: Consultation about how to use family planning methods? Contraceptive methods: Access to family planning methods?	YES NO INFORMATION 1 2 COUNSELLING 1 2 CONTRACEPTIVE METHODS.. 1 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO												
221	<p>I will now read you some statements about condom use. Please tell me if you agree or disagree with each.</p> <p>Condoms can be used to prevent pregnancy.</p> <p>A condom can protect against getting HIV/AIDS and other sexually transmitted diseases</p> <p>A condom can be reused?</p>	<p style="text-align: right;">DIS- AGREE AGREE DON'T KNOW</p> <table> <tr> <td>PREVENT PREGNANCY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PREVENT HIV/AIDS AND STI</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CAN BE REUSED</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>	PREVENT PREGNANCY	1	2	8	PREVENT HIV/AIDS AND STI	1	2	8	CAN BE REUSED	1	2	8	
PREVENT PREGNANCY	1	2	8												
PREVENT HIV/AIDS AND STI	1	2	8												
CAN BE REUSED	1	2	8												
222	<p>Now I want to talk about a disease called anemia.</p> <p>Have you ever heard of anemia?</p>	<p>YES 1</p> <p>NO 2</p>	→ 301												
223	<p>What is anemia?</p> <p>Anything else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>LOW HEMOGLOBIN (Hb) A</p> <p>IRON DEFICIENCY B</p> <p>DEFICIT IN RED BLOOD CELLS C</p> <p>BLOOD DEFICIT D</p> <p>VITAMIN DEFICIENCY E</p> <p>LOW BLOOD PRESSURE F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>													
224	<p>What do you think is the cause of anemia?</p> <p>Anything else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>LACK OF CONSUMPTION OF MEAT, FISH AND LIVER A</p> <p>LACK OF CONSUMPTION OF VEGETABLES AND FRUITS B</p> <p>BLEEDING C</p> <p>MENSTRUATION D</p> <p>MALNUTRITION E</p> <p>INFECTIOUS DISEASE F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>													
225	<p>How is anemia treated?</p> <p>Anything else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>TAKE PILL TO INCREASE BLOOD A</p> <p>TAKE IRON TABLET B</p> <p>INCREASE CONSUMPTION OF MEAT, FISH AND LIVER C</p> <p>INCREASE CONSUMPTION OF IRON-RICH VEGETABLES D</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>													

3. MARRIAGE AND CHILDREN

Let us now talk about marriage and having children.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
301	At what age would you like to be married?	AGE IN YEARS NEVER 95 DON'T KNOW 98	
302	In your opinion, what is the best age for a woman to get married?	AGE IN YEARS DON'T KNOW 98	
303	In your opinion, what is the best age for a man to get married?	AGE IN YEARS DON'T KNOW 98	
303A	Do you think a couple who wants to get married needs to have a medical test	YES 1 NO 2 DON'T KNOW 8	→ 304
303B	What kind of medical test ? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PHYSICAL A BLOOD B URINE C OTHER _____ (SPECIFY) DON'T KNOW Z	
304	Who is going to choose the person you will marry : your parents, yourself, or together ?	PARENT 1 SELF 2 PARENT AND SELF 3	
305	If you could choose exactly the number of children to have in your whole life, how many children would that be?	NUMBER OTHER _____ 96 (SPECIFY)	→ 307
306	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it was boy or girl?	BOYS GIRLS EITHER NUMBER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> OTHER _____ 96 (SPECIFY)	
307	Who do you think should decide on how many children a couple should have : the wife, the husband, or both?	WIFE 1 HUSBAND 2 BOTH 3 DON'T KNOW 8	
308	In your opinion, what is the best age for a woman to have the first baby?	AGE IN YEARS DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
309	In your opinion, what is the best age for a man to have the first baby?	AGE IN YEARS DON'T KNOW	<input type="text"/> <input type="text"/> 98
310	How long do you think a woman should wait after one birth before she has another birth?	MONTH YEARS DON'T KNOW	1 <input type="text"/> <input type="text"/> 2 <input type="text"/> 998
311	If a woman has an unwanted pregnancy, what do you think she should do, have the baby and keep it, have the baby and give it away, or have an abortion?	HAVE THE BABY AND KEEP IT HAVE THE BABY AND GIVE IT AWAY .. HAVE AN ABORTION UP TO HER DON'T KNOW	1 2 3 4 8
312	I'm going to read some statements about times when when a woman might consider having an abortion. Please tell me, in your opinion, is it acceptable for a woman to have an abortion if: Her health is endangered by the pregnancy? Her life is endangered by the pregnancy? The fetus has physical deformity? The pregnancy has resulted from rape? She is unmarried? The couple can not afford to have a child? She is attending school?	DIS- AGREE ENDANGER HER HEALTH ENDANGER LIFE ... FETUS DEFORMED RAPED UNMARRIED CAN NOT AFFORD ATTENDING SCHOOL 1 AGREE 1 1 1 1 1 1 1 2 2 2 2 2 2 2 8 8 8 8 8 8 8	DON'T KNOW 8 8 8 8 8 8 8

4. ROLE OF FAMILY, SCHOOL, COMMUNITY, AND MASS MEDIA

Now I'd like to ask you about the role of family, school and community as sources of information on reproductive health, which includes issues related to sexuality and sexually transmitted infections, such as HIV/AIDS; and use of illegal drugs and NAPZA (narcotics, alcohol, psychotropic drugs, and other addictive substances).

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
401	We would like to know about the people with whom you have talked about or asked questions about sexual matters. Have you talked about these things with: Friend? Mother? Father? Siblings? Family? Teacher? Health service provider? Religious leader?	<p style="margin-top: 10px;">YES NO</p> <p>FRIENDS 1 2 MOTHER 1 2 FATHER 1 2 SIBLINGS 1 2 RELATIVES 1 2 TEACHER 1 2 HEALTH SERVICE PROVIDER 1 2 RELIGIOUS LEADER 1 2</p>	
402	If you want to know more about reproductive health, who would you like to ask? Any one else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	<p>FRIENDS A MOTHER B FATHER C SIBLINGS D RELATIVES E TEACHER F HEALTH SERVICE PROVIDER G RELIGIOUS LEADER H OTHER X (SPECIFY) DON'T KNOW Z</p>	
403	CHECK 104 HAVE ATTENDED SCHOOL <input type="checkbox"/> ↓ NEVER ATTENDED SCHOOL <input type="checkbox"/>		→ 406
	TOPIC	404. Have you ever been taught at school about (TOPIC)?	405. In what level of schooling were you when you first were taught at school about (TOPIC)?
A. How the human reproductive system works.	<p>YES 1 → NO 2 → DON'T KNOW 8 ↓</p>	<p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p>	
B. Methods of birth control.	<p>YES 1 → NO 2 → DON'T KNOW 8 ↓</p>	<p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p>	
C. HIV/AIDS.	<p>YES 1 → NO 2 → DON'T KNOW 8 ↓</p>	<p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p>	
D. Other sexually transmitted infections.	<p>YES 1 → NO 2 → DON'T KNOW 8 ↓</p>	<p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p>	
E. NAPZA (narcotics, alcohol, psychotropic drugs and other addictive substances).	<p>YES 1 → NO 2 → DON'T KNOW 8 ↓</p>	<p>PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
406	Have you ever attended a community-sponsored meeting about reproductive health?	YES 1 NO 2	→ 408
407	What kind of meeting did you attend? Any other? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	YOUTH GROUP A RELIOUS GATHERING B YOUTH FAMILY GUIDANCE/BKR) C NGO D GOVT. EXTENSION SERVICE E OTHER _____ X (SPECIFY)	
408	Have you heard of a place for young adults to obtain information and counselling about young adult reproductive health?	YES 1 NO 2	→ 412
408A	What places have you heard about? _____ (TULISKAN) Anywhere else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PIK-KRR A PKRR/PIKER B YOUTH CENTER C OTHER X DON'T REMEMBER/DON'T KNOW Z	
409	Do you know where this place is (any of these places are)?	YES 1 NO 2	→ 412
410	Have you ever visited this place (any of these places)?	YES 1 NO 2	→ 412
411	What services did you find there? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	INFORMATION ON REPRODUCTIVE HEALTH A COUNSELLING B MEDICAL CHECK UP C STI TREATMENT D CONTRACEPTIVE METHODS E OTHER _____ X (SPECIFY) DON'T KNOW Z	
411A	Apart from services you mentioned before, what other services do you want to be available in that place (those places)? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	INFORMATION ON REPRODUCTIVE HEALTH A COUNSELLING B MEDICAL CHECK UP C STI TREATMENT D CONTRACEPTIVE METHODS E OTHER _____ X (SPECIFY) DON'T KNOW Z	
412	Do you read a newspaper or magazine almost every day, at least once a week, seldom, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE PER WEEK 2 SELDOM 3 NOT AT ALL 4	→ 414
413	In the last 6 months did you read an article in a newspaper or magazine: About postponement of age at marriage? About HIV/AIDS? About sexually transmitted infections? About the condom/condom advertisement? About drugs? About alcoholic beverages? About how to prevent pregnancy or family planning?	YES NO POSTPONE MARRIAGE 1 2 HIV/AIDS 1 2 STI 1 2 CONDOM 1 2 DRUGS 1 2 ALCOHOL 1 2 FAMILY PLANNING 1 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
414	Do you listen to the radio almost every day, at least once per week, seldom, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE PER WEEK 2 SELDOM 3 NOT AT ALL 4	→ 416
415	In the last 6 months did you hear on the radio: About postponement of age of marriage? About HIV/AIDS? About sexually transmitted infections? About the condom/condom advertisement? About drugs? About alcoholic beverages? About how to prevent pregnancy or family planning?	YES NO POSTPONE MARRIAGE 1 2 HIV/AIDS 1 2 STI 1 2 CONDOM 1 2 DRUGS 1 2 ALCOHOL 1 2 FAMILY PLANNING 1 2	
416	Do you watch television almost every day, at least once per week, seldom, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE PER WEEK 2 SELDOM 3 NOT AT ALL 4	→ 501
417	In the last 6 months did you watch on television: About postponement of age of marriage? About HIV/AIDS? About sexually transmitted infections? About the condom/condom advertisement? About drugs? About alcoholic beverages? About how to prevent pregnancy or family planning?	YES NO POSTPONE MARRIAGE 1 2 HIV/AIDS 1 2 STI 1 2 CONDOM 1 2 DRUGS 1 2 ALCOHOL 1 2 FAMILY PLANNING 1 2	

5. SMOKING, DRINKING AND DRUGS

Now I'd like to ask you some question about the use of tobacco, alcohol and drugs. As we discussed earlier, you can choose not to answer any individual question or all of the questions. However, I hope you will answer these questions because your views are important. The information you give will be confidential and will only be used for scientific study.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
501	Have you ever tried to smoke a cigarette?	YES 1 NO 2	→ 505A
502	How old were when you smoked a cigarette for the first time?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
503	How old were you when you started smoking fairly regularly?	AGE IN YEARS <input type="text"/> <input type="text"/> NEVER SMOKED REGULARLY ... 95 DON'T KNOW 98	
504	Do you currently smoke cigarettes?	YES 1 NO 2	→ 505A
505	In the last 24 hours, how many cigarettes did you smoke? IF NOT CURRENTLY SMOKING, RECORD '00'	CIGARETTES <input type="text"/> <input type="text"/>	
505A	Have you ever asked/influenced a friend/someone to smoke?	YES 1 NO 2	
505B	Have you ever asked/influenced a friend/someone not to smoke?	YES 1 NO 2	
506	Now I have some questions about drinking alcohol such as arak, tuak, beer, and others. Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	→ 509A
507	How old were you when you had your first drink of alcohol?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
508	In the last three months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY: RECORD '90'.	NUMBER OF DAYS <input type="text"/> <input type="text"/> DID NOT DRINK 95	
509	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES 1 NO 2	
509A	Have you ever asked/influenced a friend/someone to drink an alcohol-containing beverage?	YES 1 NO 2	
509B	Have you ever asked/influenced a friend/someone not to drink an alcohol-containing beverage?	YES 1 NO 2	
510	There are drugs such as ganja, putau, shabu-shabu, and others drugs which can be used for fun or get high (LOCAL TERMS: fly, boat, fantasize, etc). Do you know someone who takes drugs?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
511	Have you yourself ever tried to use drugs (LOCAL TERM)?	YES 1 NO 2	→ 519
512	How did you use the drug? Any other way? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	SMOKED A INHALED B INJECTED C DRUNK/SWALLOWED D OTHER _____ X (SPECIFY)	
513	CHECK 512 : CODE 'C' NOT CIRCLED <input type="checkbox"/> CODE 'C' CIRCLED <input type="checkbox"/>		→ 515
514	Have you ever injected drugs which can make you LOCAL TERMS: fly, high, intoxicated, etc. ?	YES 1 NO 2	→ 519
515	How old were you when you first injected drugs?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T REMEMBER 98	
516	Did you inject drugs in the last 12 months?	YES 1 NO 2	→ 518
517	How often did you inject the drugs?	EVERYDAY 01 A FEW TIMES A WEEK 02 EVERY WEEK 03 LESS THAN ONCE PER WEEK 04 ONCE A MONTH 05 LESS THAN ONCE A MONTH 06 OTHER _____ 96 (SPECIFY)	
518	Have you ever shared needles?	YES 1 NO 2	
519	Have you ever asked/influenced a friend/someone to use drugs?	YES 1 NO 2	
520	Have you ever asked/influenced a friend/someone not to use drugs?	YES 1 NO 2	

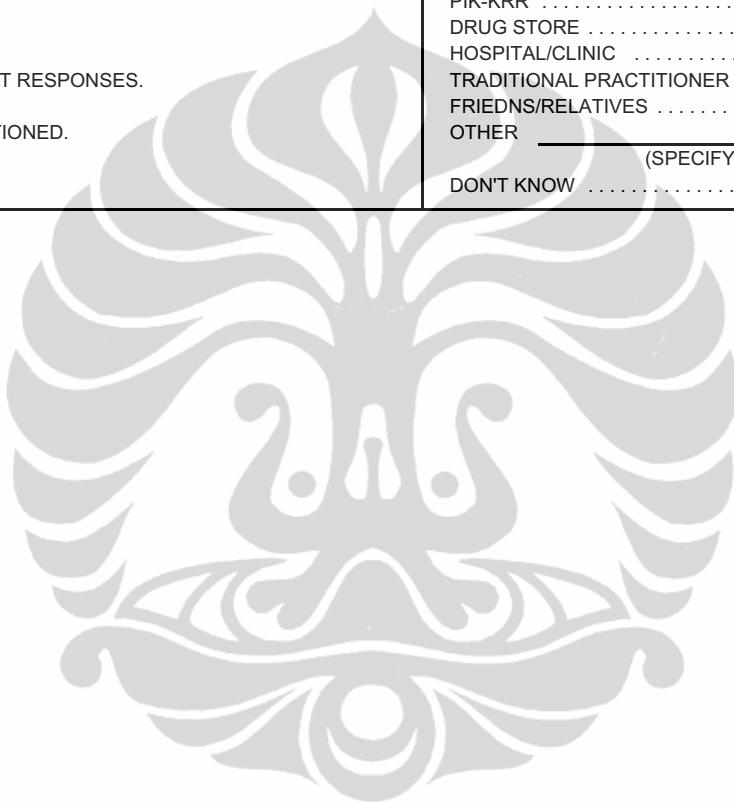
6. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
601	Now I want to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 615
602	From which sources of information have you learned about HIV/ AIDS? Any thing else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWSPAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIENDS/RELATIVES I WORK PLACE J INTERNET K OTHER _____ X (SPECIFY)	
605A	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
605B	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
605C	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
605D	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
605E	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
605F	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
605G	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
607	Can the virus that causes HIV/AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	609
608	Can the virus that causes HIV/AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK PREGNANCY 1 2 8 DELIVERY 1 2 8 BREASTFEEDING 1 2 8	
609	How can you tell if a person is infected with the AIDS virus? Any thing else? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES	PHYSICAL APPEARANCE A CHANGES IN BEHAVIOR B BY BLOOD TEST/VCT (VOLUNTARY COUNSELLING AND TESTING) C OTHER _____ X (SPECIFY) DON'T KNOW Z	
610	Do you know about voluntary HIV test preceded by counselling (VCT: Voluntary Counselling and Testing)?	YES 1 NO 2	612
611	Do you know where you can get consultation and HIV/AIDS test or VCT? Any other place? MAKE SOME PROBING TO GET THE PLACE NAME IF UNABLE TO DETERMINE WHETHER A HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE WRITE THE NAME OF PLACE	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B PUBLIC CLINIC C SPECIFIC CLINIC VCT D OTHER _____ E (SPECIFY) PRIVATE MEDICAL SECTOR: HOSPITAL F PUBLIC CLINIC G SPECIFIC VCT CLINIC H PRIVATE DOCTOR I PRIVATE NURSE/MIDWIFE J OTHER _____ K (SPECIFY) OTHER _____ X (SPECIFY)	
612	Do you know personally someone who has the virus that causes AIDS or someone who died of HIV/AIDS?	YES 1 NO 2	
612A	Would you buy fresh vegetables from someone who sell it or a farmer if you know he/she was infected by HIV/AIDS?	YES 1 NO 2 DON'T KNOW 8	
613	If a member of your family got infected with the virus that causes HIV/AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
614	If a relative of yours became sick with the virus that causes HIV/AIDS, would you be willing to care for her or him in your own household ?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
614A	In your opinion, if female teacher had AIDS, should she be allowed to continue teaching in the school?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
615	Apart from HIV/AIDS, have you heard other infections that can be transmitted through sexual contact?	YES 1 NO 2	619

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
616	<p>What other infections have you heard about?</p> <p>Any other?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>SYPHILIS A</p> <p>GONORRHEA B</p> <p>GENITAL WARTS/CONDYLOMATA C</p> <p>CHANROID D</p> <p>CLAMYDIA E</p> <p>CANDIDA F</p> <p>GENITAL HERPES G</p> <p>OTHER _____ X (SPECIFY)</p>	
617	<p>From which sources of information have you learned about sexually transmitted diseases (STDs)?</p> <p>Anywhere else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>RADIO A</p> <p>TELEVISION B</p> <p>NEWSPAPER/MAGAZINE C</p> <p>POSTER D</p> <p>HEALTH PROFESSIONAL E</p> <p>RELIGIOUS INSTITUTION F</p> <p>SCHOOL/TEACHER G</p> <p>COMMUNITY MEETING H</p> <p>FRIENDS/RELATIVES I</p> <p>WORK PLACE J</p> <p>INTERNET K</p> <p>OTHER _____ X (SPECIFY)</p>	
618	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any thing else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCE L</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	
618A	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any thing else?</p> <p>DO NOT READ OUT RESPONSES.</p> <p>CIRCLE ALL MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING B</p> <p>FOUL SMELLING DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>IMPOTENCE L</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
619	In the past 12 months, have you experienced any of the following: FOUL SMELLING DISCHARGE? GENITAL SORES/ULCERS	YES NO DK FOUL SMELLING DISCHARGE 1 2 8 SORES/ULCERS 1 2 8	
619A	CHECK 619: AT LEAST ONE CODE '1' CIRCLED <input type="checkbox"/> Any other else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	NO CODE '1' CIRCLED <input type="checkbox"/>	701
620	Where did you get advice or treatment? Any other else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	NO MEDICAL TREATMENT A SELF TREATMENT B PIK-KRR C DRUG STORE D HOSPITAL/CLINIC E TRADITIONAL PRACTITIONER F FRIENDS/RELATIVES G OTHER _____ (SPECIFY) X DON'T KNOW Z	



7. DATING AND SEXUAL BEHAVIOUR

Now I want to ask questions about sexual activity. We are interested in finding out whether people your age are sexually active. Your responses will be treated confidentially and will only be used for scientific research.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
701	Did you ever have a boy/girlfriend one word?	YES 1 NO 2	→ 705
702	How old were you when you first had a boy/girlfriend one word?	AGE IN YEARS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
703	Do you currently have a boy/girlfriend one word?	YES 1 NO 2	
704	When you are alone with your (current/last) boy/girlfriend, one word, to show your love or just because you are curious, have you ever done any of the following: Held hands? Kissed lips? Touched (or being touched) or aroused (being aroused) on your sensitive body parts such as genitals, breast, thigh, etc.?	YES NO HOLDING HANDS 1 2 LIP KISSING 1 2 PETTING 1 2	
	IF THE RESPONDENT IS UNCOMFORTABLE WITH THE QUESTIONS, TELL HIM/HER THAT YOU KNOW THE QUESTIONS ARE SENSITIVE BUT IT IS IMPORTANT TO GET ACCURATE INFORMATION. ASSURE THE RESPONDENT AGAIN THAT THE INFORMATION WILL BE CONFIDENTIAL.		
705	Have you ever had sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	→ 715
706	What is your reason for having sexual intercourse the first time? IF THERE ARE MORE THAN ONE REASONS, CIRCLE CODE FOR THE MAIN REASON.	JUST HAPPENED 01 CURIOS/ANXIOUS TO KNOW 02 FORCED BY PARTNER 03 NEED MONEY FOR LIFE/SCHOOL 04 WISH TO MARRY 05 INFLUENCED BY FRIENDS 06 OTHER 96 (SPECIFY) DON'T REMEMBER 98	
707	Where did you have sexual intercourse the first time? DO NOT READ OUT RESPONSES	OWN HOUSE 01 PARTNER'S HOUSE 02 HOTEL/MOTEL 03 BOARDING HOUSE 04 PROSTITUTES PLACE 05 VEHICLE 06 OTHER 96 (SPECIFY) DON'T REMEMBER 98	
708	How old were you when you first had sexual intercourse?	AGE IN YEARS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
709	What is your relationship to the person you had sex with the first time? DO NOT READ OUT RESPONSES.	FRIEND 01 BOY/GIRLFRIEND 02 SIBLING 03 RELATIVE 04 FATHER 05 MOTHER 06 PROSTITUTE 07 OTHER 96 (SPECIFY)	
710	The first time you had sexual intercourse, did you or your partner use any thing to prevent a pregnancy?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	→ 715

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
711	What did you or your partner use? Any other method? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	CONDOM A PILL B DIAPHRAGM/INTRAVAG C WITHDRAWAL D OTHER _____ X (SPECIFY)	
712	When was the <u>last</u> time you had sexual intercourse?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	
713	The last time you had sexual intercourse, did you or your partner use any thing to prevent a pregnancy?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8	715
714	What did you or your partner use? Any other method? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES	CONDOM A PILL B DIAPHRAGM/INTRAVAG C WITHDRAWAL D PERIODIC ABSTINENCE E OTHER _____ X (SPECIFY)	717
715	Do you have any friends who have had sex before marriage?	YES 1 NO 2 DON'T KNOW 8	717
716	Because your friends have had sex, are you motivated to have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
717	Do you approve or disapprove if: - If a man has many partners/girlfriends at the same time? - If a woman has many partners/boy at the same time?	YES 1 NO 2 DEPENDS 8 A BOY HAS MANY GIRLFRIENDS 1 2 8 A GIRL HAS MAN BOYFRIENDS 1 2 8	
718	Do you approve if a woman has sexual intercourse before marriage?	APPROVE 1 DISAPPROVE 2 DEPENDS 8	
719	Do you approve if a man has sexual intercourse before marriage?	APPROVE 1 DISAPPROVE 2 DEPENDS 8	
720	Do you approve if someone has sexual intercourse before marriage if: They both like to have sex. They love each other. They plan to get married The women is an adult and knows the consequences They want to show their love	DIS- APPROVE 1 APPROVE 2 LIKE SEX 1 2 LOVE EACH OTHER 1 2 PLAN TO MARRY 1 2 WOMEN KNOWS CONSEQUENCES 1 2 SHOW LOVE 1 2	
721	Do you agree very much, agree or disagree of the opinion that women should maintain virginity before marriage?	AGREE VERY MUCH 1 AGREE 2 DISAGREE 8	
722	Do you think men still value their partner's virginity generally?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
723	CHECK 705: NO/ DON'T KNOW <input type="checkbox"/>	YES <input type="checkbox"/>	725
724	If you have never had sexual intercourse, do you intend to have sexual intercourse soon?	YES 1 NO 2 DEPENDS 8	
725	Have you ever advised/influenced a friend/someone to have sexual intercourse?	YES 1 NO 2	
726	Have you ever advised/influenced a friend/someone not to have sexual intercourse?	YES 1 NO 2 DEPENDS 8	
727	CHECK 705: YES <input type="checkbox"/> DON'T KNOW <input type="checkbox"/>		734
728	Sometimes a woman becomes pregnant when she doesn't want to be. RESPONDENT IS FEMALE: In the past, have you ever become pregnant when you did not want to be? RESPONDENT IS MALE : In the past, have you ever had a sex partner who became pregnant when you did not want her to be?	YES 1 NO 2	734
729	How many times did you/your partner become pregnant when you did not want to be?	ONCE 1 SEVERAL TIMES 2	
730	CHECK 729: Once <input type="checkbox"/> Several Times <input type="checkbox"/> When you had the unwanted pregnancy, what did you do? When you had an unwanted pregnancy, what did you do about it?	CONTINUED THE PREGNANCY 1 ATTEMPTED TO STOP THE PREGNANCY BUT FAILED 2 ABORTED THE PREGNANCY 3 HAD A MISCARRIAGE 4 OTHER _____ (SPECIFY) 6 DON'T KNOW 8	732A 734
732	What did you do with the baby?	KEEP THE BABY 1 BABY CARED BY OTHER PEOPLE 2 OTHER _____ (SPECIFY) 6 DON'T KNOW 8	
732A	CHECK 730: Code '2' <input type="checkbox"/> Code '3' <input type="checkbox"/> 733A 733	OTHER CODES <input type="checkbox"/>	734
733	Who helped you in stopping/aborting the pregnancy? Any other person? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	DOCTOR A MIDWIFE/NURSE B TRADITIONAL BIRTH ATTENDANT C PHARMACIST D FRIEND/RELATIVES E NO ONE F OTHER _____ (SPECIFY) X DON'T KNOW Z	733A
733A	Who helped you when you attempted to stop the pregnancy? Any other person? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	DOCTOR A MIDWIFE/NURSE B TRADITIONAL BIRTH ATTENDANT C PHARMACIST D FRIEND/RELATIVES E NO ONE F OTHER _____ (SPECIFY) X DON'T KNOW Z	
734	Has any young unmarried adult you personally know ever aborted a pregnancy?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO								
735	Have you ever advised/influenced a friend/someone to abort a pregnancy?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8									
736	Have you ever advised/influenced a friend/someone not to abort a pregnancy?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8									
737	RECORD THE TIME	HOUR MINUTE	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								



INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

Indonesia

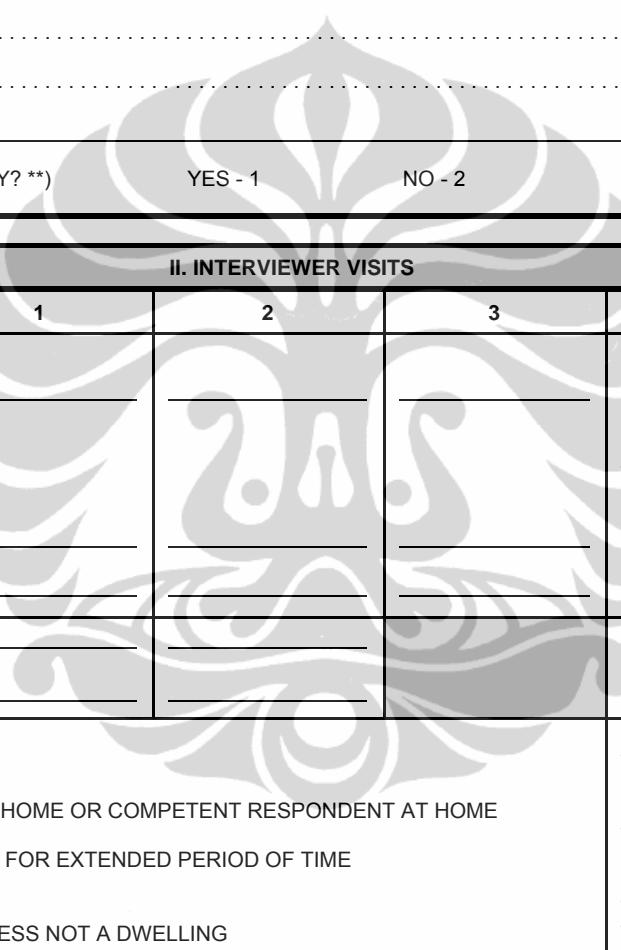


**Demographic and
Health Survey**

2002-2003

**2002-2003 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE**

Confidential

I. IDENTIFICATION			CODE
1. PROVINCE _____			
2. REGENCY/MUNICIPALITY _____			
3. SUB DISTRICT _____			
4. VILLAGE *) _____			
5. URBAN/RURAL **) URBAN - 1 RURAL - 2			
6. CENSUS BLOCK NUMBER _____			
7. 2002 IDHS SAMPLE CODE			
8. HOUSEHOLD NUMBER			
9. NAME OF HOUSEHOLD HEAD _____			
10. SELECTED FOR MALE SURVEY? **) YES - 1 NO - 2			

II. INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE OF INTERVIEW	_____	_____	_____	DATE MONTH YEAR INTERVIEWER FINAL RESULT
INTERVIEWER'S NAME	_____	_____	_____	
RESULT VISIT ***)	_____	_____	_____	
NEXT VISIT DATE TIME	_____	_____	_____	TOTAL NUMBER OF VISITS
***) RESULT CODES				TOTAL PERSONS IN HOUSEHOLD
1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL MARRIED MEN 15-54
				TOTAL EVER-MARR. WOMEN 15-49
				TOTAL UNMARRIED MEN/WOMEN 15-24
				LINE NO. OF RESP. TO HOUSEHOLD QUEST.

NAME	FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME	_____	_____	_____	_____
DATE	_____	_____	_____	_____

*) Cross out category not used ***) Choose suitable code **) Circle selected category

III. HOUSEHOLD SCHEDULE

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

NO	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	AGE 15 AND ABOVE	ELIGIBILITY										
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household? *	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME)'s marital status? **	CIRCLE LINE NUMBER OF ALL MARRIED MEN AGE 15-54 YEARS	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN AGE 15-49 YEARS	CIRCLE LINE NUMBER OF UNMARRIED WOMEN AND MEN AGE 15-24 YEARS								
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(10A)								
01		<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td>1</td><td>2</td></tr></table>			1	2	M F 1 2	YES NO 1 2	YES NO 1 2	YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>			01	01	01
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1	2																	

*) CODES FOR COLUMN (3):
RELATIONSHIP TO HEAD OF HOUSEHOLD

- 01 = HEAD OF HOUSEHOLD
- 02 = WIFE OR HUSBAND
- 03 = CHILD
- 04 = SON OR DAUGHTER-IN-LAW
- 05 = GRANDCHILD
- 06 = PARENT
- 07 = PARENT-IN-LAW
- 08 = BROTHER OR SISTER
- 09 = OTHER RELATIVE
- 10 = ADOPTED CHILD
- 11 = STEPCHILD
- 12 = NOT RELATED
- 98 = DON'T KNOW

**) CODES FOR COLUMN (8):
MARITAL STATUS

- 1 = SINGLE
- 2 = MARRIED
- 3 = DIVORCED
- 4 = WIDOWED

***) COLUMNS (11) TO COLUMN (14):
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD

COLUMN (12) AND COLUMN (14):
RECORD '00' IF NATURAL
MOTHER OR FATHER DOES
NOT LIVE IN HOUSEHOLD

****) CODES FOR COLUMN (16):
LEVEL OF EDUCATION

- 1 = PRIMARY
- 2 = JUNIOR HIGH SCHOOL
- 3 = SENIOR HIGH SCHOOL
- 4 = ACADEMY
- 5 = UNIVERSITY
- 8 = DON'T KNOW

CLASS
7 = COMPLETED
8 = DON'T KNOW

PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD ***						EDUCATION					
Is (NAME)'s natural mother alive?	IF ALIVE		Is (NAME)'s natural father alive?	IF ALIVE		IF AGE 5 YEARS OR OLDER					
	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN HH SCHEDULE.			Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN HH SCHEDULE.		Has (NAME) ever been to school?		What is highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? ****		IF AGE 5-24YEARS Is (NAME) still in school?	
(11)	(12)		(13)	(14)		(15)		(16)		(17)	
YES NO DK			YES NO DK			YES NO	1 2 NEXT LINE ↴	LEVEL	GRADE	YES NO	
1 2 8	<input type="checkbox"/>		1 2 8	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	
1 2 8	<input type="checkbox"/>		1 2 8	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 2	
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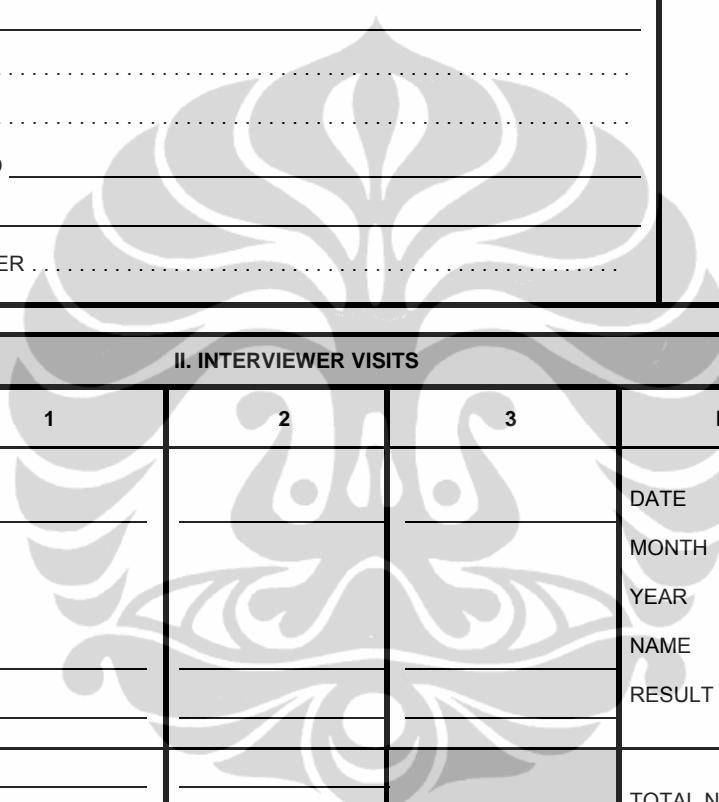
IV. HOUSING CONDITION

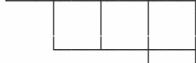
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
18	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO YARD/PLOT 12 PUBLIC TAP 13 OPEN WELL OPEN WELL IN DWELLING 21 OPEN WELL IN YARD/PLOT 22 OPEN PUBLIC WELL 23 PROTECTED WELL PROTECTED WELL IN DWELLING .. 31 PROTECTED WELL IN YARD/PLOT . 32 PROTECTED PUBLIC WELL 33 SPRING 41 RIVER/STREAM 42 POND/LAKE 43 DAM 44 RAIN WATER 51 TANKER TRUCK 61 BOTTLED WATER 71 OTHER 96	<input type="checkbox"/> → 20 <input type="checkbox"/> → 20 <input type="checkbox"/> → 20 <input type="checkbox"/> → 20 <input type="checkbox"/> → 20
19	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> ON PREMISES 996	
20	What kind of toilet facilities does your household have?	PRIVATE WITH SEPTIC TANK 11 WITH NO SEPTIC TANK 12 SHARED/PUBLIC 21 RIVER/STREAM/CREEK 31 PIT 41 YARD/BUSH/FOREST 51 OTHER _____ 96 (SPECIFY)	
21	CHECK 18: WELL <input type="checkbox"/> CODES 21, 22, 23, 31, 32, 33 <input type="checkbox"/> OTHER THAN CODES 21, 22, 23, 31, 32, 33 <input type="checkbox"/>		→ 23
22	How far is the distance between the well and the nearest septic tank? (ROUNDED UP IN METER).	METERS <input type="text"/> DON'T KNOW 98	
23	MAIN MATERIAL OF THE FLOOR. (RECORD OBSERVATION).	DIRT/EARTH 11 BAMBOO 21 WOOD 22 BRICK/CONCRETE 31 TILE 32 CERAMIC/MARBLE/GRAINITE 33 OTHER _____ 96 (SPECIFY)	
24	What is the floor area of this house? (IN SQUARE METERS).	SQUARE METERS <input type="text"/> DON'T KNOW 998	
25	What is the primary construction material of the outer walls of this house?	BRICK 1 WOOD 2 BAMBOO 3 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO
26	What is the primary construction material of the roof?	BRICK/CONCRETE	1	
		WOOD	2	
		TILE	3	
		ASBESTOS/ZINC	4	
		LEAVES	5	
		OTHER _____ (SPECIFY)	6	
27	Does your household have: Electricity? Radio? Television? Telephone? Refrigerator?	YES	NO	
		ELECTRICITY	1	2
		RADIO	1	2
		TELEVISION	1	2
		TELEPHONE	1	2
		REFRIGERATOR	1	2
28	What type of fuel does your household mainly use for cooking?	ELECTRICITY	01	
		GAS	02	
		KEROSENE	03	
		COAL	04	
		CHARCOAL	05	
		FIREWOOD	06	
		OTHER	96	
29	Does any member of your household own: a. A bicycle/rowboat? b. A motorcycle or motorboat? c. A car/truck?	YES	NO	
		a. BICYCLE/ROWBOAT	1	2
		b. MOTORCYCLE /MOTOR BOAT	1	2
		c. CAR/TRUCK	1	2

**2002-2003 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE**

Confidential

I. IDENTIFICATION		CODE	
1. PROVINCE _____			
2. REGENCY/MUNICIPALITY *) _____			
3. SUB-DISTRICT _____			
4. VILLAGE _____			
5. URBAN/RURAL **) URBAN - 1 RURAL - 2			
6. CENSUS BLOCK NUMBER _____			
7. 2002 IDHS SAMPLE CODE			
8. HOUSEHOLD NUMBER			
9. NAME OF HOUSEHOLD HEAD _____			
10. NAME OF RESPONDENT _____			
11. RESPONDENT'S LINE NUMBER			

II. INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE OF INTERVIEW	_____	_____	_____	DATE  MONTH  YEAR  NAME  RESULT 
INTERVIEWER'S NAME	_____	_____	_____	
RESULT ***)	_____	_____	_____	
NEXT VISIT DATE	_____	_____	_____	TOTAL NO. OF VISIT 
TIME	_____	_____	_____	
***) RESULT CODES				
1 COMPLETED 2 HOUSEHOLD MEMBER NOT AT HOME 3 POSTPONED		4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED		7 OTHER _____ (SPECIFY)

NAME	FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME _____				
DATE _____				

*) Cross out category not used

**) Circle selected category

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is and I am working with (BPS). We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 30 and 40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____

Date: _____

RESPONDENT AGREES TO BE INTERVIEWED .. 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.... 2 ⇒ END



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
101	RECORD THE TIME	HOUR MINUTE	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
105	In what month and year were you born?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 998	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. IF LESS THEN 15 OR OLDER THAN 49 END INTERVIEW. CORRECT 02IDHS-HH BLOCK III COLUMN (7).	AGE IN COMPLETED YEAR	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
106A	Are you now married, divorced or widowed ?	MARRIED 1 DIVORCED 2 WIDOWED 3					
107	Have you ever attended school?	YES 1 NO 2	→ 111				
108	What is the highest level of school you attended: primary, junior high, senior high, academy or university?	PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5					
109	What is the highest (grade/year) you completed at that level? COMPLETED = 7	GRADE	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>				
110	CHECK 108: PRIMARY <input type="checkbox"/> SCHOOL OR HIGHER <input type="checkbox"/>		→ 114				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
111	Now I would like you to read this sentence to me: SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read only part of the sentence to me?	CAN NOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3	
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
113	CHECK 111: CODE '2' OR '3' CIRCLED <input type="checkbox"/> CODE '1' CIRCLED <input type="checkbox"/>		→ 115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	What is your religion?	ISLAM 01 PROTESTANT 02 CATHOLIC 03 HINDU 04 BUDDHA 05 CONFUCIAN 06 OTHER 96	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="checkbox"/> <input type="checkbox"/> DAUGHTERS AT HOME <input type="checkbox"/> <input type="checkbox"/>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input type="checkbox"/> <input type="checkbox"/> DAUGHTERS ELSEWHERE <input type="checkbox"/> <input type="checkbox"/>	
206	Have you ever given birth to a boy or girl who was born alive but later died? If "NO" PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="checkbox"/> <input type="checkbox"/> GIRLS DEAD <input type="checkbox"/> <input type="checkbox"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input type="checkbox"/> <input type="checkbox"/>	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 226

211 Now I would like to record the names of all your births, whether still alive or not. Starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212 What name was given to your (first/next) baby?	213 Were any of this birth twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE How old was (NAME) at his/her last birthday? RECORD AGE AT COMPLETED YEARS.	218 IF ALIVE Is (NAME) living with you?	219 IF ALIVE RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	220 IF DEAD How old was (NAME) when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. IF LESS THAN 1 DAY, RECORD '00' IN DAYS.	221 Were there any other live birth between (NAME OF PREVIOUS BIRTH) and (NAME)?
01 (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR 220	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS 220	YES .. 1 NO .. 2 ↓ (NEXT BIRTH)	LINE NUMBER 220	DAYS .. 1 MONTHS 2 YEARS . 3	
02 (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR 220	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS 220	YES .. 1 NO .. 2 ↓ (GO TO 221)	LINE NUMBER 220	DAYS .. 1 MONTHS 2 YEARS . 3	YES 1 NO 2
03 (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR 220	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS 220	YES .. 1 NO .. 2 ↓ (GO TO 221)	LINE NUMBER 220	DAYS .. 1 MONTHS 2 YEARS . 3	YES 1 NO 2
04 (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR 220	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS 220	YES .. 1 NO .. 2 ↓ (GO TO 221)	LINE NUMBER 220	DAYS .. 1 MONTHS 2 YEARS . 3	YES 1 NO 2
05 (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR 220	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS 220	YES .. 1 NO .. 2 ↓ (GO TO 221)	LINE NUMBER 220	DAYS .. 1 MONTHS 2 YEARS . 3	YES 1 NO 2
06 (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR 220	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS 220	YES .. 1 NO .. 2 ↓ (GO TO 221)	LINE NUMBER 220	DAYS .. 1 MONTHS 2 YEARS . 3	YES 1 NO 2
07 (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR 220	YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS 220	YES .. 1 NO .. 2 ↓ (GO TO 221)	LINE NUMBER 220	DAYS .. 1 MONTHS 2 YEARS . 3	YES 1 NO 2

212 What name was given to your (first/next) baby?	213 Were any of this births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE How old was (NAME) at his/her last birthday? RECORD AGE AT COMPLETED YEARS.	218 IF ALIVE Is (NAME) living with you?	219 IF ALIVE RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	220 IF DEAD How old was (NAME) when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. IF LESS THAN 1 DAY, RECORD '00' IN DAYS.	221 Were there any other live birth between (NAME OF PREVIOUS BIRTH) and (NAME)?																			
08 (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table>			YES .. 1 NO .. 2 ↓ (GO TO 221)	LINE NUMBER <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> ↓ (GO TO 221)					DAYS .. 1 MONTHS 2 YEARS . 3 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>										YES 1 NO 2
09 (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table>			YES .. 1 NO .. 2 ↓ (GO TO 221)	LINE NUMBER <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> ↓ (GO TO 221)					DAYS .. 1 MONTHS 2 YEARS . 3 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>										YES 1 NO 2
10 (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table>			YES .. 1 NO .. 2 ↓ (GO TO 221)	LINE NUMBER <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> ↓ (GO TO 221)					DAYS .. 1 MONTHS 2 YEARS . 3 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>										YES 1 NO 2
11 (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table>			YES .. 1 NO .. 2 ↓ (GO TO 221)	LINE NUMBER <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> ↓ (GO TO 221)					DAYS .. 1 MONTHS 2 YEARS . 3 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>										YES 1 NO 2
12 (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					YES .. 1 NO .. 2 ↓ 220	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table>			YES .. 1 NO .. 2 ↓ (GO TO 221)	LINE NUMBER <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> ↓ (GO TO 221)					DAYS .. 1 MONTHS 2 YEARS . 3 <table border="1"><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>										YES 1 NO 2
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?						YES 1 NO 2																					

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH (Q 215): YEAR OF BIRTH IS RECORDED FOR EACH LIVING CHILD (Q 217): CURRENT AGE IS RECORDED FOR EACH DEAD CHILD (Q 220): AGE AT DEATH IS RECORDED FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN JANUARY 1997 OR LATER. IF NONE, RECORD '0'.		<input type="checkbox"/>
225	FOR EACH BIRTH SINCE JANUARY 1997, ENTER 'L' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'H' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'H's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED). WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'L' CODE.		
226	Are you pregnant now? BE CAREFUL WHEN ASKING THIS QUESTION TO A DIVORCED OR WIDOWED WOMAN.	YES NO UNSURE	1 2 8 → 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'H's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS	<input type="checkbox"/> <input type="checkbox"/>
228	At the time you became pregnant did you want became pregnant then, did you want to want to wait <u>until later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN LATER NOT AT ALL	1 2 3
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES NO	1 2 → 237
230	When did the last such pregnancy end?	MONTH YEAR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
231	CHECK 230: LAST PREGNANCY ENDED IN JANUARY 1997 <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> OR LATER ↓ JANUARY 1997		→ 237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'K' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'H' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS	<input type="checkbox"/> <input type="checkbox"/>
233	Have you ever had any other pregnancies which did not result in a live birth?	YES NO	1 2 → 237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 1997. ENTER 'K' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATION AND 'H' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that terminated before January 1997 that did not result in a live birth?	YES NO	1 2 → 237

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
236	When did the last such pregnancy that terminated before 1997 end?	MONTH YEAR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
237	When did your last menstrual period start? (DATE, IF GIVEN)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IF MENOPAUSE/HYSTERECTOMY ... 994 BEFORE LAST BIRTH/LAST MISCELLANEOUS 995 NEVER MENSTRUATED 996	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> 239A
239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER (SPECIFY) DON'T KNOW 8	
239A	CHECK 106A: MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/> ▼		<input type="checkbox"/> 239G
239B	Did your husband know when you had your last menstrual period?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> 239D
239C	Did your husband ask about your condition regarding your last menstrual period, such as: Whether you had excessive bleeding? Whether the period was on time? The duration of the period? Whether you had excessive pain? Other concerns?	YES 1 NO 2 DON'T KNOW 8 BLEEDING 1 2 8 ON TIME 1 2 8 DURATION 1 2 8 EXCESSIVE PAIN 1 2 8 OTHER 1 2 8	
239D	CHECK 214: HAS AT LEAST ONE DAUGHTER <input type="checkbox"/> NO DAUGHTER <input type="checkbox"/> ▼		<input type="checkbox"/> 239G
239E	CHECK 217: HAS DAUGHTER(S) AGE 10 OR OLDER <input type="checkbox"/> HAS NO DAUGHTER AGE 10 OR OLDER <input type="checkbox"/> ▼		<input type="checkbox"/> 239G

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
239F	Did your husband know when (any of) your teenage daughter(s) had her first menstrual period?	YES 1 NO 2 DON'T KNOW 8	
239G	Do you know the signs of danger during pregnancy?	YES 1 NO 2	→ 242
240	What kind of health problems can a woman have when she is pregnant? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PROLONGED LABOR A VAGINAL BLEEDING B FEVER C CONVULSIONS D BABY IN WRONG POSITION E SWOLLEN LIMBS F FAINT G BREATHLESSNESS H TIREDNESS I OTHER X	
241	What should she do, if she experienced this problem? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING A REST B TAKE MEDICATION C TAKE HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY H OTHER X DON'T KNOW Z	
242	Can you tell me what kind of problems can happen to a woman during labor and delivery? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	WATER BREAKS TOO EARLY A EXCESSIVE BLEEDING DURING AND AFTER DELIVERY B FEVER C LONG LABOR D FAINT E CONVULSIONS F PLACENTA DOES NOT COME OUT G STILLBIRTH H OTHER X DON'T KNOW Z	→ 244
243	What should she do if she experienced this problem? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING A REST B TAKE MEDICATION C TAKE HERBS D SEE TRADITIONAL BIRTH ATTENDANT E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY H OTHER X DON'T KNOW Z	
244	Can you tell me what kind of problems can happen to the mother during the time after birth/during seclusion? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	EXCESSIVE BLEEDING A FAINT B CONVULSIONS C FEVER D FOUL-SMELLING DISCHARGE E SORE BREAST F SADNESS/DEPRESSION G OTHER X DON'T KNOW Z	→ 301

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
245	<p>What should she do, if she experienced this problem?</p> <p>Any other problems?</p> <p>RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.</p>	NOTHING A REST B TAKE MEDICATION C TAKE HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO A HEALTH FACILITY H OTHER X DON'T KNOW Z	



SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid of a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you ever heard about?	302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION. Women can have an operation to avoid having any more children.	YES 1 NO 2 Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION. Men can have an operation to avoid having any more children.	YES 1 NO 2 Have you ever had a husband who had an operation to avoid having any more children? YES 1 NO 2
03	PILL. Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 YES 1 NO 2
04	IUD. Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 YES 1 NO 2
05	INJECTABLES. Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2 YES 1 NO 2
06	IMPLANTS. Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2 YES 1 NO 2
07	CONDOM. Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 YES 1 NO 2
08	DIAPHRAGM. Women can place a contraceptive tissue or a thin flexible disk in their vagina before intercourse.	YES 1 NO 2 YES 1 NO 2
09	LACTATIONAL AMENORRHEA METHOD (LAM). Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES 1 NO 2 YES 1 NO 2
10	RHYTHM OR PERIODIC ABSTINENCE. Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 YES 1 NO 2
11	WITHDRAWAL. Men can be careful and pull out before climax.	YES 1 NO 2 YES 1 NO 2
12	OTHERS. Other methods that can prevent pregnancy.	YES 1 (SPECIFY) (SPECIFY) NO 2 YES 1 (SPECIFY) (SPECIFY) NO 2
303	CHECK 302: NOT A SINGLE 'YES' _____ (NEVER USED) <input type="checkbox"/> AT LEAST ONE 'YES' _____ (EVER USED) <input type="checkbox"/>	→307

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
304	Have you ever used anything or tried in a way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH		→ 329
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant? How many living children did you have at that time, if any? IF NONE, ENTER '00'.	NUMBER OF CHILDREN	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 318
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 318
311	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. IF INJECTABLES, ASK FOR HOW MANY MONTHS. IF IMPLANTS, ASK FOR HOW MANY YEARS. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTION 1 MONTH E INJECTION 3 MONTHS F IMPLANT 3 YEARS G IMPLANT 5 YEARS H CONDOM I INTRAVAG/DIAPHRAGM J LACT. AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY)	→ 313 → 316A → 312H → 312K → 316A → 316B → 312C → 318 X
312	Do you have a package of pills in the house?	YES 1 NO 2	→ 312B
312A	Please show me the package of pills you are now using. (RECORD TYPE OF PILLS). COMBINATION: GRACIAL 28 GYNERA LYNDIOL MARVELON 28 MERCILON 28 MICROGYNON MIKRODIOL NORDETTE 28 OVOSTAT 28 LIVODIOL 28 TRINORDIOL 21/TRINORDIOL28 SINGLE: EXCLUTON	PACKAGE SEEN COMBINATION 1 SINGLE 2 OTHER 6 PACKAGE NOT SEEN 8	
312B	Why don't you have a/can not show the package of pills?	RAN OUT 1 COST TOO MUCH 2 HUSBAND AWAY 3 MENSTRUATING 4 OTHER 6	→ 312E

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
312C	CHECK THE PACKET FOR PILL USE AND CIRCLE THE CORRECT CODE.	PILLS MISSING IN ORDER 1 PILLS MISSING OUT OF ORDER 2 NO PILLS MISSING 3	→ 312E
312D	Why is it that you have not taken the pill (in order)?	DOESN'T KNOW WHAT TO DO 1 HEALTH REASONS 2 FIELDWORKER'S INSTRUCTION 3 NEW PACKET 4 MENSTRUATING 5 OTHER 6	
312E	When was the last time you took a pill?	DAYS AGO: <input type="text"/> <input type="text"/> MORE THAN ONE MONTH AGO 97	
312F	CHECK 312E: MORE THAN TWO DAYS AGO <input type="checkbox"/> TWO DAYS AGO OR LESS <input type="checkbox"/>		→ 316A
312G	Why aren't you taking the pills these days?	HUSBAND AWAY 01 FORGOT 02 HEALTH REASON 03 COST TOO MUCH 04 NO NEED TO TAKE DAILY 05 RAN OUT 06 MENSTRUATING 07 OTHER 96	→ 316A
312H	How many weeks ago did you have an injection?	WEEKS AGO: <input type="text"/> <input type="text"/>	
312I	CHECK 311/311A: CODE 'E' CIRCLED <input type="checkbox"/> CODE 'F' CIRCLED <input type="checkbox"/>		
312IA	CHECK 312H: MORE THAN 4 WEEKS AGO <input type="checkbox"/> 4 WEEKS OR LESS <input type="checkbox"/> MORE THAN 13 WEEKS AGO <input type="checkbox"/> 4 WEEKS OR LESS <input type="checkbox"/>	316A 316A	
312J	Why haven't you had an injection recently?	HUSBAND AWAY 1 FORGOT 2 HEALTH REASONS 3 COST TOO MUCH 4 OTHER 6	→ 316A
312K	When did you start using implant?	MONTH <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/>	

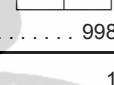
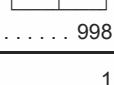
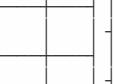
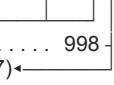
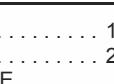
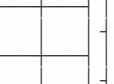
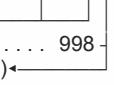
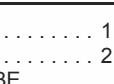
NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
312L	CHECK 312K: COMPUTE DURATION OF IMPLANT USE	DURATION IN MONTHS . <input type="text"/> <input type="text"/>	
312M	CHECK 311/311A: CODE 'G' CIRCLED <input type="checkbox"/> ↓	CODE 'H' CIRCLED <input type="checkbox"/> ↓	
312N	CHECK 312M: MORE THAN 36 MONTHS AGO <input type="checkbox"/> ↓ WITHIN 36 MONTHS <input type="checkbox"/> ↓ 316B	MORE THAN 60 MONTHS AGO <input type="checkbox"/> ↓ WITHIN 60 MONTHS <input type="checkbox"/> ↓ 316B	
312O	Why haven't you had the implant taken out?	HUSBAND AWAY 1 FORGOT 2 HEALTH REASON 3 COST TOO MUCH 4 OTHER 6	316B
313	In what facility did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF BOTH CODE 'A' AND 'B' CIRCLE IN 311, ASK 313-317 ABOUT FEMALE STERILIZATION.	PUBLIC SECTOR HOSPITAL 11 HEALTH CENTER 12 CLINIC 13 MOBILE UNIT 14 OTHER _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL 21 CLINIC 22 DOCTOR 23 MOBILE UNIT 24 OTHER _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
314	CHECK 311: CODE 'A' CIRCLED <input type="checkbox"/> ↓ Before the sterilization operation, were you told that you would not able to have any (more) children because of the operation? CODE 'A' NOT CIRCLED <input type="checkbox"/> ↓ Before the sterilization operation, was your husband told that he would not able to have any (more) children because of the operation?	YES 1 NO 2 DON'T KNOW 8	
314A	Have you ever heard about recanalisation, that is an operation to reverse sterilization?	YES 1 NO 2	316
314B	Do you know where a person can have an operation to reverse sterilization?	YES 1 NO 2	
316	In what month and year was the sterilization performed?		
316A	For how long have you been using (CURRENT METHOD) now without stopping? PROBE: In what month and year did you start using (CURRENT METHOD) continuously?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
316B	What was the cost to get the sterilization/method?	COST Rp. <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
317	<p>CHECK 316/316A:</p> <p>YEAR IS 1997 OR LATER</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO THE DATE STARTED USING.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH STARTED USING. THEN CONTINUE WITH 318.</p>	<p>YEAR IS 1996 OR EARLIER</p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1997 THEN SKIP TO</p> <hr/>	→ 327
318	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1997.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 1: • When was the last time you used a method? Which method was that? • When did you start using that method? How long after the birth of (NAME)? • How long did you use the method then?</p> <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 2: • Where did you obtain the method when you start using it? • Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]</p> <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 3: • Why did you stop using the (METHOD)? • Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> • How many months did it take you to get pregnant after you stopped using (METHOD)? <p>AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>		
321	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTION 1 MONTH 05</p> <p>INJECTION 3 MONTHS 06</p> <p>IMPLANT 3 YEARS 07</p> <p>IMPLANT 5 YEARS 08</p> <p>CONDOM 09</p> <p>INTRAVAG/DIAPHRAGM 10</p> <p>LAM 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER 96</p>	→ 329 → 327 → 327
322	<p>You obtained (CURRENT METHOD) from (SOURCE OF METHOD) FROM CALENDAR in (DATE).</p> <p>At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2</p>	→ 324

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
323	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	→ 324A
323A	Did you ask a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2	
324	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
324A	Do you have any health problems in using (CURRENT METHOD IN 321) ?	YES 1 NO 2	→ 325
324B	CHECK 311/311A : PILL, IUD, INJECTABLES OR IMPLANTS <input type="checkbox"/> OTHER METHODS <input type="checkbox"/>		→ 325
324C	What is the main health problem?	WEIGHT GAIN 01 WEIGHT LOSS 02 BLEEDING 03 HYPERTENSION 04 HEADACHE 05 NAUSEA 06 NO MENSTRUATION 07 WEAK/TIRED 08 OTHER 96 DONT KNOW 98	
325	CHECK 322: CODE '1' CIRCLED <input type="checkbox"/> At that time, were you told about other methods of family planning which you could use? CODE '1' NOT CIRCLED <input type="checkbox"/> When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning which you could use?	YES 1 NO 2	→ 327
326	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
327	CHECK 311/311A: CIRCLE METHOD CODE.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD//SPIRAL 04 INJECTION 1 MONTH 05 INJECTION 3 MONTHS 06 IMPLANT 3 YEARS 07 IMPLANT 5 YEARS 08 CONDOM 09 INTRAVAG/DIAPHRAGM 10 LAM 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER 96	→ 331 → 331

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
328	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11 HEALTH CENTER 12 CLINIC 13 FP FIELDWORKER 14 FP MOBILE UNIT 15 OTHER _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 21 CLINIC 22 DOCTOR 23 NURSE/MIDWIFE 24 VILLAGE MIDWIFE 25 PHARMACY/DRUG STORE 26 OTHER _____ 27 (SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST 31 HEALTH POST 32 FP POST 33 FRIENDS/RELATIVES 34 SHOP 35 OTHER _____ 36 (SPECIFY)</p>	
329	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→331
330	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p> <p>Any other place? RECORD ALL PLACES MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL A HEALTH CENTER B CLINIC C FP FIELDWORKER D FP MOBILE UNIT E OTHER _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL G CLINIC H DOCTOR I NURSE/MIDWIFE J VILLAGE MIDWIFE K PHARMACY/DRUG STORE L OTHER _____ M (SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST N HEALTH POST O FP POST P FRIENDS/RELATIVES Q SHOP R OTHER _____ X (SPECIFY)</p>	
331	In the last 6 months, were you visited by a fieldworker who talked to you about family planning?	YES 1 NO 2	
332	In the last 6 months, have you visited by a health facility for care for yourself (or your children)?	YES 1 NO 2	→401
333	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1997 OR LATER 		
	NO BIRTHS IN 1997 OR LATER		→487
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1997 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately).		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER	NEXT-TO-LAST BIRTH LINE NUMBER
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 406A) ← LATER 2 NOT AT ALL 3 (SKIP TO 406A) ←	THEN 1 (SKIP TO 406A) ← LATER 2 NOT AT ALL 3 (SKIP TO 406A) ←
406	How much longer would you like to have waited?	MONTHS 1  YEARS 2  DON'T KNOW 998	MONTHS 1  YEARS 2  DON'T KNOW 998
406A	Has (NAME)'s birth been registered?	YES 1 NO 2 (SKIP TO 406D) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 406D) ← DON'T KNOW 8
406B	May I see the document? CHECK THE DOCUMENT PRODUCED BY THE RESPONDENT.	NOT SEEN 1 HOSPITAL RECORD 2 VILLAGE RECORD 3 PROOF OF BIRTH 4 (SKIP TO 407) ← BIRTH CERTIFICATE 5	NOT SEEN 1 HOSPITAL RECORD 2 VILLAGE RECORD 3 PROOF OF BIRTH 4 (SKIP TO 423) ← BIRTH CERTIFICATE 5
406C	How old was (NAME) when you registered his/her birth?	DAYS 1  WEEKS 2  MONTHS 3  YEARS 4  DON'T KNOW 998 (SKIP TO 407) ←	DAYS 1  WEEKS 2  MONTHS 3  YEARS 4  DON'T KNOW 998 (SKIP TO 423) ←
406D	Why was (NAME) not registered?	COST TOO MUCH 1 TOO FAR 2 DID NOT KNOW IT SHOULD BE REGISTERED 3 LATE, DID NOT WANT TO PAY FINE 4 DO NOT KNOW WHERE TO REGISTER 5 OTHER 6	COST TOO MUCH 1 TOO FAR 2 DID NOT KNOW IT SHOULD BE REGISTERED 3 LATE, DID NOT WANT TO PAY FINE 4 DO NOT KNOW WHERE TO REGISTER 5 OTHER 6

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
407	Did you see anyone for antenatal care for this pregnancy? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR GENERAL A OBGYN B NURSE/MIDWIFE C VILLAGE MIDWIFE D OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. E OTHER _____ X NO ONE Y <small>(SKIP TO 414A)◀</small>	
407A	CHECK 407: CODE 'A', 'B', 'C' OR 'D' CIRCLED <input type="checkbox"/> ▼	CODE 'E' OR 'X' CIRCLED <input type="checkbox"/> → 407C	
407B	Were you given an antenatal card (KMS) for pregnant mother or MCH book for this pregnancy? IF YES: May I see it, please?	YES, SEEN 1 YES, NOT SEEN 2 NO 3 DON'T KNOW 8	
407C	Where did you go for antenatal care for this pregnancy?	HOME RESPONDENT'S HOME 11 OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER 26 <small>(SPECIFY)</small> PRIVATE MEDICAL SECTOR HOSPITAL 31 CLINIC 32 DOCTOR GENERAL 33 OBGYN 34 MIDWIFE 35 VILLAGE MIDWIFE 36 OTHER 37 <small>(SPECIFY)</small> OTHER DELIVERY POST 41 HEALTH POST 42 OTHER 46 <small>(SPECIFY)</small>	
407D	Did your husband accompany you in any antenatal care visits during this pregnancy?	YES 1 NO 2	
408	How many months pregnant were you when you first received antenatal care during this pregnancy?	MONTH <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 98 <small>(SKIP TO 412)◀</small>	
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTE-NATAL CARE. <small>(SKIP TO 412)</small>	ONCE <input type="checkbox"/> MORE THAN ONCE <input type="checkbox"/> <small>▼</small>	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____								
410A	You made (NUMBER IN 409) ____ antenatal care visits during this pregnancy. How many times did you receive antenatal care in: a. The first 3 months? b. Between the fourth and sixth month? c. Between the seventh month and delivery? SUM IN a, b AND c MUST BE EQUAL TO NUMBER IN 409.	NUMBER OF ANC VISITS 0 - 3 MONTHS 4 - 6 MONTHS 7 MONTH-DELIVERY	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>								
411	How many months pregnant were you the last time you received antenatal care?	MONTHS DON'T KNOW	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> 98								
412	During this pregnancy, were any of the following done at least once: Were you weighted? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample? Was your stomach examined ?	YES NO WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE 1 2 STOMACH 1 2									
413	Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 414A) ← DON'T KNOW 8									
414	Were you told where to go if you had these complications?	YES 1 NO 2 DON'T KNOW 8									
414A	During your pregnancy with (NAME), did you discuss with anyone about: Where you plan to deliver? Transportation to the place of delivery? Who is going to assist the delivery? Payment for the delivery? Identifying a possible blood donor?	YES NO PLACE TO DELIVER 1 2 TRANSPORTATION 1 2 DELIVERY ASSISTANT 1 2 PAYMENT 1 2 BLOOD DONOR 1 2									
414B	Did you have any complications during this pregnancy?	YES 1 NO 2 (SKIP TO 415) ←									
414C	What are they? Any other complications? RECORD ALL COMPLICATIONS SYMPTOMS MENTIONED. DO NOT READ OUT RESPONSES.	LABOR BEFORE 9 MONTHS A VAGINAL BLEEDING B FEVER C CONVULSIONS AND FAINTING D OTHER X (SPECIFY)									
414D	What did you do to overcome the complication? Anything else? RECORD ALL ACTIONS MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING A REST B TAKE MEDICATION C HERBS D SEE TBA E SEE MIDWIFE F SEE DOCTOR G GO TO HEALTH FACILITY H OTHER X DON'T KNOW Z									
415	During your pregnancy with (NAME), were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8									

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
416	During your pregnancy with (NAME), how many times did you get this injection?	TIMES <input type="checkbox"/> DON'T KNOW 8	
417	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLET.	YES 1 NO 2 (SKIP TO 419) <input type="checkbox"/> DON'T KNOW 8	
418	For how many days during this pregnancy did you take the iron tablets?	DAYS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 998	
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8	
420	During this pregnancy, did you suffer from night blindness (USE LOCAL TERM)?	YES 1 NO 2 DON'T KNOW 8	
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 425A) <input type="checkbox"/> DON'T KNOW 8	YES 1 NO 2 (SKIP TO 425A) <input type="checkbox"/> DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GRAMS FROM RECALL 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GRAMS FROM RECALL 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 99998
425A	After (NAME) was born, did a health professional or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 426) <input type="checkbox"/> DON'T KNOW 8	YES 1 NO 2 (SKIP TO 426) <input type="checkbox"/> DON'T KNOW 8
425B	How many days or weeks after delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	AFTER DELIVERY DAYS 1 <input type="checkbox"/> <input type="checkbox"/> WEEKS 2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 998	AFTER DELIVERY DAYS 1 <input type="checkbox"/> <input type="checkbox"/> WEEKS 2 <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 998
425C	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR GENERAL 11 OBGYN 12 PEDIATRICIAN 13 NURSE/MIDWIFE 14 VILLAGE MIDWIFE 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER 96 (SPECIFY)	HEALTH PROFESSIONAL DOCTOR GENERAL 11 OBGYN 12 PEDIATRICIAN 13 NURSE/MIDWIFE 14 VILLAGE MIDWIFE 15 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 OTHER 96 (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
425D	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	<p>HOME RESPONDENT'S HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL 31 CLINIC 32 DOCTOR GENERAL 33 OBGYN 34 PEDIATRICIAN 35 MIDWIFE 36 VILLAGE MIDWIFE 37 OTHER _____ 38 (SPECIFY)</p> <p>OTHER HEALTH POST 41 DELIVERY POST 42 OTHER _____ 46 (SPECIFY)</p>	<p>HOME RESPONDENT'S HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL 31 CLINIC 32 DOCTOR GENERAL 33 OBGYN 34 PEDIATRICIAN 35 MIDWIFE 36 VILLAGE MIDWIFE 37 OTHER _____ 38 (SPECIFY)</p> <p>OTHER HEALTH POST 41 DELIVERY POST 42 OTHER _____ 46 (SPECIFY)</p>
426	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT DELIVERY.	<p>HEALTH PROFESSIONAL DOCTOR (GENERAL PRACTITIONER) A OBGYN B NURSE/MIDWIFE C VILLAGE MIDWIFE D</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F</p> <p>OTHER _____ X NO ONE Y</p>	<p>HEALTH PROFESSIONAL DOCTOR (GENERAL PRACTITIONER) A OBGYN B NURSE/MIDWIFE C VILLAGE MIDWIFE D</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F</p> <p>OTHER _____ X NO ONE Y</p>
427	Where did you give birth to (NAME)? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	<p>HOME RESPONDENT'S HOME 11 (SKIP TO 428A) ←————— OTHER HOME 12</p> <p>PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL 31 CLINIC 32 DOCTOR (GENERAL PRACTITIONER) 33 OBGYN 34 MIDWIFE 35 VILLAGE MIDWIFE 36 OTHER _____ 37 (SPECIFY)</p> <p>OTHER HEALTH POST 41 DELIVERY POST 42 OTHER _____ 46 (SPECIFY) (SKIP TO 428A) ←—————</p>	<p>HOME RESPONDENT'S HOME 11 (SKIP TO 428A) ←————— OTHER HOME 12</p> <p>PUBLIC SECTOR HOSPITAL 21 HEALTH CENTER 22 OTHER _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL 31 CLINIC 32 DOCTOR GENERAL 33 OBGYN 34 MIDWIFE 35 VILLAGE MIDWIFE 36 OTHER _____ 37 (SPECIFY)</p> <p>OTHER HEALTH POST 41 DELIVERY POST 42 OTHER _____ 46 (SPECIFY) (SKIP TO 428A) ←—————</p>

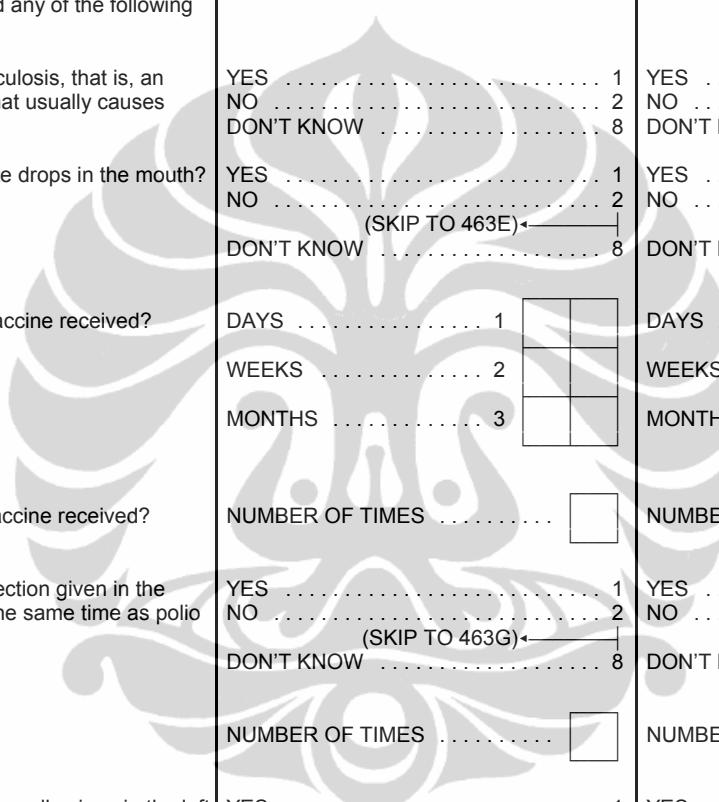
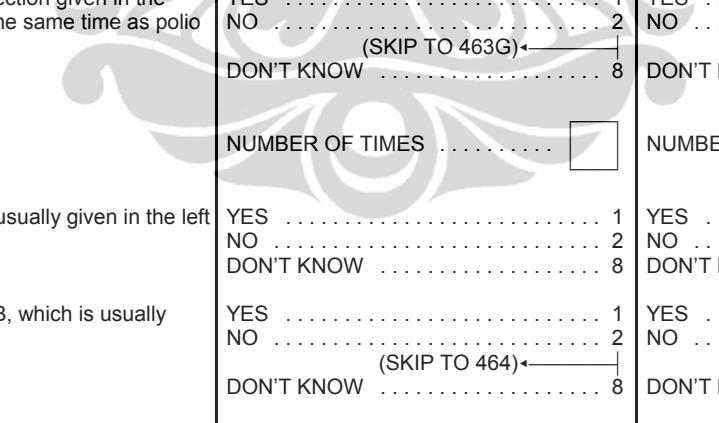
		LAST BIRTH	NEXT-TO-LAST BIRTH																				
		NAME _____	NAME _____																				
427A	Was your husband with you when you delivered (NAME)?	YES 1 NO 2	YES 1 NO 2																				
428	Was (NAME) delivered by caesarean section?	YES 1 NO 2	YES 1 NO 2																				
428A	<p>At the time of the birth of (NAME), did you have:</p> <p>Labor, that is the strong and regular contractions lasting more than one day and one night?</p> <p>A lot more vaginal bleeding than normal following childbirth (more than 3 cloths)?</p> <p>A high fever and foul smelling vaginal discharge?</p> <p>Convulsions with loss of consciousness?</p> <p>Any other complications?</p> <p>IF YES, SPECIFY.</p>	<p style="text-align: right;">YES NO DON'T KNOW</p> <table> <tr><td>PROLONGED LABOR</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>VAGINAL BLEEDING</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>FEVER/FOUL SMELLING</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>CONVULSIONS</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>OTHER</td><td>1</td><td>2</td><td>8</td></tr> </table> <p>(SPECIFY)</p>	PROLONGED LABOR	1	2	8	VAGINAL BLEEDING	1	2	8	FEVER/FOUL SMELLING	1	2	8	CONVULSIONS	1	2	8	OTHER	1	2	8	
PROLONGED LABOR	1	2	8																				
VAGINAL BLEEDING	1	2	8																				
FEVER/FOUL SMELLING	1	2	8																				
CONVULSIONS	1	2	8																				
OTHER	1	2	8																				
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 433) ←	YES 1 NO 2 (SKIP TO 433) ←																				
429A	<p>How many days or weeks after delivery did the first check take place?</p> <p>RECORD '00' DAYS IF SAME DAY.</p>	<table> <tr><td>AFTER DELIVERY</td><td></td></tr> <tr><td>DAYS</td><td>1</td></tr> <tr><td>WEEKS</td><td>2</td></tr> <tr><td>DON'T KNOW</td><td>998</td></tr> </table>	AFTER DELIVERY		DAYS	1	WEEKS	2	DON'T KNOW	998													
AFTER DELIVERY																							
DAYS	1																						
WEEKS	2																						
DON'T KNOW	998																						
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	<table> <tr><td>HEALTH PROFESSIONAL</td><td></td></tr> <tr><td>DOCTOR GENERAL</td><td>11</td></tr> <tr><td>OBGYN</td><td>12</td></tr> <tr><td>NURSE/MIDWIFE</td><td>13</td></tr> <tr><td>VILLAGE MIDWIFE</td><td>14</td></tr> <tr><td>OTHER PERSON</td><td></td></tr> <tr><td>TRADITIONAL BIRTH ATTENDANT</td><td>21</td></tr> <tr><td>OTHER</td><td>96</td></tr> </table> <p>(SPECIFY)</p>	HEALTH PROFESSIONAL		DOCTOR GENERAL	11	OBGYN	12	NURSE/MIDWIFE	13	VILLAGE MIDWIFE	14	OTHER PERSON		TRADITIONAL BIRTH ATTENDANT	21	OTHER	96					
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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____												
432	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE)	HOME RESPONDENT'S HOME 11 OTHER HOME 12 PUBLIC SECTOR HOSPITAL/CLINIC 21 HEALTH CENTER 22 OTHER 26 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL 31 CLINIC 32 DOCTOR (GENERAL PRACTITIONER) 33 OBGYN 34 MIDWIFE 35 VILLAGE MIDWIFE 36 OTHER 37 (SPECIFY) OTHER HEALTH POST 41 DELIVERY POST 42 OTHER 46 (SPECIFY)													
433	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW RED CAPSULE.	YES 1 NO 2													
434	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 436)◀ NO 2 (SKIP TO 437)◀													
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 439)◀												
436	For how many months after the birth of (NAME) did you not have a period?	MONTHS <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98			MONTHS <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98										
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> ▼ (SKIP TO 439)◀													
438	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 440)◀													
439	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98			MONTHS <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98										
440	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 447)◀	YES 1 NO 2 (SKIP TO 447)◀												
441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00', IF LESS THAN 24 HOURS RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>							IMMEDIATELY 000 HOURS 1 <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>						

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 444) ←	YES 1 NO 2 (SKIP TO 446) ←
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	INFANT FORMULA A OTHER MILK B PLAIN WATER C SUGAR WATER D RICE WATER E FRUIT JUICE F TEA G HONEY H SEMI-SOLID FOOD I OTHER X (SPECIFY)	INFANT FORMULA A OTHER MILK B PLAIN WATER C SUGAR WATER D RICE WATER E FRUIT JUICE F TEA G HONEY H SEMI-SOLID FOOD I OTHER X (SPECIFY)
444	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 446) ←	
445	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 448) ← NO 2	
446	For how many month did you breastfeed (NAME)?	MONTHS <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 98	MONTHS <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW 98
447	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 405 FOR NEXT BIRTH, IF NO MORE BIRTHS, GO TO 454). (SKIP TO 450)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 405 FOR NEXT BIRTH, IF NO MORE BIRTHS, GO TO 454). (SKIP TO 450)
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="checkbox"/> <input type="checkbox"/>	
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <input type="checkbox"/> <input type="checkbox"/>	
450	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES 1 NO 2	YES 1 NO 2
452	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day and at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH IN 1997 OR LATER. ASK QUESTIONS ABOUT ALL LIVING CHILDREN, STARTING FROM LAST BIRTH (IF THERE ARE MORE THAN 3 BIRTHS, USE SECOND COLUMN OF ADDITIONAL QUESTIONNAIRE).		
455	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>
456	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 456 IN SAME COLUMN OF ADDITIONAL QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484)
457	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW CAPSULES.	YES, RED CAPSULE 1 YES, BLUE CAPSULE 2 NO 3 DON'T KNOW 8	YES, RED CAPSULE 1 YES, BLUE CAPSULE 2 NO 3 DON'T KNOW 8
458	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 460) <input type="checkbox"/> YES, NOT SEEN 2 (SKIP TO 462) <input type="checkbox"/> NO CARD 3	YES, SEEN 1 (SKIP TO 460) <input type="checkbox"/> YES, NOT SEEN 2 (SKIP TO 462) <input type="checkbox"/> NO CARD 3
459	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 462) <input type="checkbox"/> NO 2	YES 1 (SKIP TO 462) <input type="checkbox"/> NO 2
460	1. COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. 2. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	DAY MONTH YEAR BCG POLIO 1 POLIO 2 POLIO 3 POLIO 4 DPT1 DPT2 DPT3 MEASLES HEPATITIS B1 HEPATITIS B2 HEPATITIS B3	DAY MONTH YEAR

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-4, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) NO 2 (SKIP TO 464) DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460) (SKIP TO 464) NO 2 (SKIP TO 464) DON'T KNOW 8
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 466) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466) DON'T KNOW 8
463	Please tell me if (NAME) received any of the following vaccinations:		
463A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
463B	Polio vaccine, that is, pink or white drops in the mouth?	YES 1 NO 2 (SKIP TO 463E) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463E) DON'T KNOW 8
463C	At what age was the first polio vaccine received?	DAYS 1 WEEKS 2 MONTHS 3 	DAYS 1 WEEKS 2 MONTHS 3
463D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 463G) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 463G) DON'T KNOW 8
463F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
463G	An injection to prevent measles, usually given in the left upper arm and given only once?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
463H	An injection to prevent Hepatitis B, which is usually given on the outside of the thigh?	YES 1 NO 2 (SKIP TO 464) DON'T KNOW 8	YES 1 NO 2 (TERUS KE 464) DON'T KNOW 8
463I	How many times was the Hepatitis B vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
464	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YEARS 3 DON'T KNOW 8 (SKIP TO 466) 	YES 1 NO 2 NO VACCINATION IN THE LAST 2 YEARS 3 DON'T KNOW 8 (SKIP TO 466)
465	At which national immunization day campaigns did (NAME) receive vaccinations?	SEPTEMBER 2002 (POLIO) A OCTOBER 2002 (MEASLES AND OR POLIO) B	SEPTEMBER 2002 (POLIO) A OCTOBER 2002 (MEASLES AND OR POLIO) B

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 469) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 469) ← DON'T KNOW 8
468	When (NAME) was ill with a cough, did she/he breaths faster than usual with short, rapid breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
469	CHECK 466 AND 467: FEVER OR COUGH?	'YES' IN EITHER 466 OR 467 <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> ↓ (SKIP TO 475)	'YES' IN EITHER 466 OR 467 <input type="checkbox"/> ↓ OTHER <input type="checkbox"/> ↓ (SKIP TO 475)
470	Did you seek advice or treatment for the fever/cough?	YES 1 NO 2 (SKIP TO 472) ←	YES 1 NO 2 (SKIP TO 472) ←
471	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED. DO NOT READ OUT RESPONSES.	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B OTHER _____ C (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL D CLINIC E DOCTOR F OTHER _____ G (SPECIFY) OTHER DELIVERY POST H HEALTH POST I HEALTH CADRE J TRADITIONAL HEALER K PHARMACY/DRUG STORE L SHOP M OTHER _____ X (SPECIFY)	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B OTHER _____ C (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL D CLINIC E DOCTOR F OTHER _____ G (SPECIFY) OTHER DELIVERY POST H HEALTH POST I HEALTH CADRE J TRADITIONAL HEALER K PHARMACY/DRUG STORE L SHOP M OTHER _____ X (SPECIFY)
472	CHECK 466: HAD FEVER?	'YES' IN 466 <input type="checkbox"/> ↓ 'NO'/'DON'T KNOW' IN 466 <input type="checkbox"/> ↓ (SKIP TO 475)	'YES' IN 466 <input type="checkbox"/> ↓ 'NO'/'DON'T KNOW' IN 466 <input type="checkbox"/> ↓ (SKIP TO 475)
473	Did (NAME) take any drugs for the fever?	YES 1 NO 2 (SKIP TO 475) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 475) ← DON'T KNOW 8
474	What drugs did (NAME) take? ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN. RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	FANSIDAR A CHLOROQUINE/NIVAQINE B ASPIRIN C ACETAMINOPHEN/PARACETAMOL D IBUPROFEN E OTHER _____ X (SPECIFY) DON'T KNOW Z	FANSIDAR A CHLOROQUINE/NIVAQINE B ASPIRIN C ACETAMINOPHEN/PARACETAMOL D IBUPROFEN E OTHER _____ X (SPECIFY) DON'T KNOW Z

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
475	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 DONT KNOW 8 (SKIP TO 483)◀	YES 1 NO 2 (SKIP TO 483)◀ DONT KNOW 8
475A	CHECK 445: LAST CHILD STILL BREASTFEED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 476)	
475B	During (NAME)'s diarrhea, did you change the frequency and amount of breastfeeding?	YES 1 NO 2 (SKIP TO 476)◀	
475C	Did you <u>reduce</u> the number of feeds or <u>increase</u> them, or did you <u>stop</u> completely?	REDUCED 1 INCREASED 2 STOPPED COMPLETELY 3	
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
478	Was (NAME) given any of the following to drink: a. A fluid made from a special packet called ORALIT? b. A government recommended homemade fluid?	YES NO DK ORALIT PACKET 1 2 8 HOMEMADE FLUID 1 2 8	YES NO DK ORALIT PACKET 1 2 8 HOMEMADE FLUID 1 2 8
479	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 481)◀ DONT KNOW 8	YES 1 NO 2 (SKIP TO 481)◀ DONT KNOW 8
480	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENT MENTIONED.	PILL/SYRUP A INJECTION B INTRAVENOUS INJECTION C HOME REMEDIES/ HERBAL MEDICINES D (SKIP TO 482)◀ OTHER _____ X (SPECIFY)	PILL/SYRUP A INJECTION B INTRAVENOUS INJECTION C HOME REMEDIES/ HERBAL MEDICINES D (SKIP TO 482)◀ OTHER _____ X (SPECIFY)
481	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 483)◀	YES 1 NO 2 (SKIP TO 483)◀

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
482	<p>Where did you seek advice or treatment? Anywhere else?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____ (NAME OF PLACE)</p> <p>RECORD ALL SOURCES MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>PUBLIC SECTOR HOSPITAL A HEALTH CENTER B</p> <p>OTHER _____ C (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL D CLINIC E DOCTOR F VILLAGE MIDWIFE G</p> <p>OTHER _____ H (SPECIFY)</p> <p>OTHER DELIVERY POST I HEALTH POST J HEALTH CADRE K TRADITIONAL HEALER L PHARMACY/DRUG STORE M SHOP N</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR HOSPITAL A HEALTH CENTER B</p> <p>OTHER _____ C (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR HOSPITAL D CLINIC E DOCTOR F VILLAGE MIDWIFE G</p> <p>OTHER _____ H (SPECIFY)</p> <p>OTHER DELIVERY POST I HEALTH POST J HEALTH CADRE K TRADITIONAL HEALER L PHARMACY/DRUG STORE M SHOP N</p> <p>OTHER _____ X (SPECIFY)</p>
483		GO BACK TO 457 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 457 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.

NO	QUESTIONS AND FILTERS	CODE	SKIP TO
484	CHECK 215, 216 AND 218: NUMBER OF LIVING CHILDREN BORN SINCE JANUARY 1997 LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		
485	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	CHILD ALWAYS USE TOILET/LATRINE 01 THROW IN THE TOILET/LATRINE 02 THROW OUTSIDE THE DWELLING 03 THROW OUTSIDE THE YARD 04 BURY IN THE YARD 05 RINSE AWAY 06 USE DISPOSABLE DIAPERS 07 USE WASHABLE DIAPERS 08 NOT DISPOSED OF 09 OTHER 96 (SPECIFY) _____	→ 487
486	CHECK 478a, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET/ NOT ASKED <input type="checkbox"/>		→ 488
487	Have you ever heard of a special product called ORALIT you can get for the treatment of diarrhea?	YES 1 NO 2	
488	CHECK 218: HAS AT LEAST ONE CHILD LIVING WITH HER <input type="checkbox"/> HAS NO CHILD LIVING WITH HER <input type="checkbox"/>		→ 490
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether or not the child should be taken for medical treatment?	YES 1 NO 2 DEPENDS 3	
489A	Who makes the final decision on whether or not the child should be taken for medical treatment?	RESPONDENT 01 HUSBAND 02 RESPONDENT & HUSBAND JOINTLY ... 03 SOMEONE ELSE 04 HUSBAND & SOMEONE ELSE JOINTLY . 05 RESPONDENT & SOMEONE ELSE JOINTLY 06 OTHER 96	
490	Now I would like to ask you some questions about medical care for yourself: Many different factors can prevent women from getting the medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem? Knowing where to go. Getting permission to go. Getting money needed for treatment. The distance to the health facility. Having to take transport. Not wanting to go alone. Concern that there may not be a female health provider.	NOT BIG PROBLEM 1 A BIG PROBLEM 2 KNOW WHERE TO GO 1 2 PERMISSION 1 2 MONEY 1 2 DISTANCE 1 2 TRANSPORTATION 1 2 NOT WANTING 1 2 HEALTH PROV. NOT FEMALE 1 2	

NO	QUESTIONS AND FILTERS	CODE	SKIP TO																			
491	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN JANUARY 1999 AND LIVING WITH HER <input type="checkbox"/></p> <p>NO CHILDREN BORN IN JANUARY 1999 AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492)</p> <hr/> <p>(NAME)</p>		→ 495																			
492	<p>Now I would like to ask you about liquids (NAME FROM Q. 491) drank over the last seven days, including yesterday.</p> <p>How many <u>days</u> during the last seven days did (NAME FROM Q. 491) drink each of the following?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK: In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <ul style="list-style-type: none"> a. Plain water? b. Commercially produced infant formula? c. Any other milk such as condensed sweetened milk, powdered, or fresh animal milk? d. Fruit juice? e. Any other liquids such as sugar water, tea, coffee, carbonated drinks, or soup broth? <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <table border="1"> <tr><td>a</td><td><input type="checkbox"/></td></tr> <tr><td>b</td><td><input type="checkbox"/></td></tr> <tr><td>c</td><td><input type="checkbox"/></td></tr> <tr><td>d</td><td><input type="checkbox"/></td></tr> <tr><td>e</td><td><input type="checkbox"/></td></tr> </table> <p>YESTERDAY/ LAST NIGHT</p> <table border="1"> <tr><td>a</td><td><input type="checkbox"/></td></tr> <tr><td>b</td><td><input type="checkbox"/></td></tr> <tr><td>c</td><td><input type="checkbox"/></td></tr> <tr><td>d</td><td><input type="checkbox"/></td></tr> <tr><td>e</td><td><input type="checkbox"/></td></tr> </table> <p>NUMBER OF DAYS</p> <p>NUMBER OF TIMES</p>	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	d	<input type="checkbox"/>	e	<input type="checkbox"/>	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	d	<input type="checkbox"/>	e	<input type="checkbox"/>
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NO	QUESTIONS AND FILTERS	CODE	SKIP TO																																								
493	<p>Now I would like to ask you about the types of foods (NAME FROM 491) ate over the last seven days, including yesterday.</p> <p>How many <u>days</u> during the last seven days did (NAME FROM Q.491) eat each of the following foods either separately or combined with other food?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK:</p> <p>In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)?</p> <ul style="list-style-type: none"> a. Any food made from grains, e.g., maize, rice, sago or other local grains? b. Pumpkin, sweet potatoes or yams or carrots? c. Any other foods made from roots or tubers, e.g., potatoes, white sweet potatoes, cassava, or other local roots/tubers? d. Any green leafy vegetables, such as spinach, cassava leaves? e. Mango, papaya, durian, jackfruit or other yellow and red fruits? f. Any other fruits and vegetables, e.g., bananas, apples, green beans, peas, avocados, tomatoes? g. Meat, poultry, fish, shellfish, or eggs? h. Any food made from legumes, e.g., tofu, tempeh, lentils, beans, soybeans, pulses, or peanuts? i. Cheese or yoghurt? j. Any food made of oil, fat or butter? <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <table border="1"> <tr><td>a</td><td></td></tr> <tr><td>b</td><td></td></tr> <tr><td>c</td><td></td></tr> <tr><td>d</td><td></td></tr> <tr><td>e</td><td></td></tr> <tr><td>f</td><td></td></tr> <tr><td>g</td><td></td></tr> <tr><td>h</td><td></td></tr> <tr><td>i</td><td></td></tr> <tr><td>j</td><td></td></tr> </table> <p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <table border="1"> <tr><td>a</td><td></td></tr> <tr><td>b</td><td></td></tr> <tr><td>c</td><td></td></tr> <tr><td>d</td><td></td></tr> <tr><td>e</td><td></td></tr> <tr><td>f</td><td></td></tr> <tr><td>g</td><td></td></tr> <tr><td>h</td><td></td></tr> <tr><td>i</td><td></td></tr> <tr><td>j</td><td></td></tr> </table>	a		b		c		d		e		f		g		h		i		j		a		b		c		d		e		f		g		h		i		j		
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495	The last time you prepared a meal for your family, before starting did you wash your hands?	<p>YES</p> <p>NO</p> <p>NEVER PREPARED MEAL</p>	1 2 3																																								
496	<p>Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke?</p> <p>RECORD ALL TYPES MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>YES, CIGARETTES</p> <p>YES, PIPE</p> <p>YES, OTHER TOBACCO</p> <p>NO</p>	A B C Y																																								
497	CHECK 496:	<p>CODE 'A' CODE 'A' CIRCLED <input type="checkbox"/></p> <p>NOT CIRCLED <input type="checkbox"/></p>	→ 501A																																								
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES	<input type="checkbox"/> <input type="checkbox"/>																																								

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501A	CHECK 106A: RESPONDENT'S MARRIAGE STATUS MARRIED <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/> ↓		
			→ 510
505	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
506	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO <input type="checkbox"/> <input type="checkbox"/>	
510	Have you been married once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	→ 511
510A	What was the main reason you have been married more than once?	HUSBAND DEAD 1 DIVORCE 2 LONG SEPARATION 3 NO CHILDREN 4 OTHER _____ 6 (SPECIFY)	
511	CHECK 510: MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> ↓ ↓ In what month and year did you start living with your husband? Now we will talk about your first husband. In what month and year did you start living with him?	MONTH <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW MONTH 98 YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DON'T KNOW YEAR 998	
512	How old were you when you (first) married?	AGE <input type="checkbox"/> <input type="checkbox"/>	
512A	Did you receive tetanus toxoid (TT) injection before marriage?	YES 1 NO 2	→ 513
512B	How many TT injections have you received?	NUMBER OF INJECTIONS <input type="checkbox"/> DON'T KNOW 8	
513	DETERMINE MONTHS MARRIED SINCE JANUARY 1997. ENTER "X" IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 1997. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		
514	Now I need to ask you some information about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse?	NEVER 00 AGE IN YEARS <input type="checkbox"/> <input type="checkbox"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND 95	→ 524
514A	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/> ↓		→ 524

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
515	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> → 524
516	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	
524	Do you know of a place where a person can get condoms?	YES 1 NO 2	→ 601
525	Where is that? IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. (NAME OF PLACE) Anywhere else? RECORD ALL SOURCES	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B CLINIC C FP FIELDWORKER D FP MOBILE UNIT E OTHER _____ F (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL G CLINIC H DOCTOR I NURSE/MIDWIFE J VILLAGE MIDWIFE K PHARMACY/DRUG STORE L OTHER _____ M (SPECIFY) OTHER DELIVERY POST N HEALTH POST O FP POST P FRIENDS/RELATIVES Q SHOPS R OTHER _____ X (SPECIFY)	
526	If you wanted to, could you yourself get a condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	

SECTION 6. FERTILITY PREFERENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601A	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/>		614
601B	CHECK 311/311A: HUSBAND/RESPONDENT NOT STERILIZED <input type="checkbox"/> HUSBAND/ RESPONDENT STERILIZED <input type="checkbox"/>		614
602	CHECK 226: NOT PREGNANT/ OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	 Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	 HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT .. 3 UNSURE/DON'T KNOW: PREGNANT 4 NOT PREGNANT AND UNSURE 5
603	CHECK 226: NOT PREGNANT/ OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child?	 After the birth of the child you are expecting, how long would you like to wait before the birth of another child?	 MONTHS 1 <input type="checkbox"/> YEARS 2 <input type="checkbox"/> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT .. 994 OTHER _____ (SPECIFY) 996 DON'T KNOW 998
604	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		610
605	CHECK 310: NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		608
606	CHECK 603: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
607	<p>CHECK 602:</p> <p>WANT MORE CHILDREN <input type="checkbox"/> WANT NO (MORE) CHILDREN <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>Any more reason?</p> <p>RECORD EACH ANSWER MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>FERTILITY-RELATED REASON</p> <p>NOT HAVING SEX A INFREQUENT SEX B MENOPAUSE/HISTERECTOMY C SUBFECUND/INFECUND D POSTPARTUM AMEN. E BREASTFEEDING F FATALISTIC G</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED H HUSBAND OPPOSED I OTHER OPPOSED J RELIGIOUS PROHIBITION K</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHODS L KNOWS NO SOURCE M</p> <p>METHOD RELATED REASON</p> <p>HEALTH CONCERN N FEAR OF SIDE EFFECTS O TOO FAR P COST TOO MUCH Q INCONVENIENT TO USE R GAIN/LOSS WEIGHT S</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 SAYS SHE CAN'T GET PREGNANT/ OR NOT HAVING SEX 4	
609	<p>CHECK 310:</p> <p>NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		→ 614
610	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→ 612 <input type="checkbox"/>
611	Which contraceptive method would you prefer to use?	<p>FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANT 06 CONDOM 07 INTRAVAG/DIAPHRAGM 08 LACT. AMEN. METHOD 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 OTHER _____ 96 (SPECIFY) UNSURE 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
611A	Where can you get this method?	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11 HEALTH CENTER 12 CLINIC 13 FP FIELDWORKER 14 FP MOBILE UNIT 15 OTHER _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>HOSPITAL 21 CLINIC 22 DOCTOR 23 NURSE/MIDWIFE 24 VILLAGE MIDWIFE 25 PHARMACY/DRUG STORE 26 OTHER _____ 27 (SPECIFY)</p> <p>OTHER</p> <p>DELIVERY POST 31 HEALTH POST 32 FP POST 33 FRIENDS/RELATIVES 34 SHOP 35 OTHER _____ 36 (SPECIFY)</p> <p>DON'T KNOW 98</p>	→ 614				
612	What is the main reason that you think you will not use a method at any time in the future?	<p>FERTILITY-RELATED REASON</p> <p>NOT HAVING SEX 11 MENOPAUSE/HISTERECTOMY 12 SUBFECUND/INFECUND 13 WANTS AS MANY CHILDREN AS POSSIBLE 14</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 21 HUSBAND OPPOSED 22 OTHER OPPOSED 23 RELIGIOUS PROHIBITION 24</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHODS 31 KNOWS NO SOURCE 32</p> <p>METHOD RELATED REASON</p> <p>HEALTH CONCERNS 41 FEAR OF SIDE EFFECTS 42 TOO FAR 43 COST TOO MUCH 44 INCONVENIENT TO USE 45 GAIN/LOSS WEIGHT 46</p> <p>OTHER _____ 96 (OTHER)</p> <p>DON'T KNOW 98</p>					
614	<p>CHECK 216:</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">HAS LIVING CHILDREN</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">NO LIVING CHILDREN</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life. How many children would that be?</p> <p>PROBE FOR NUMERIC RESPONSE.</p>	HAS LIVING CHILDREN	<input type="checkbox"/>	NO LIVING CHILDREN	<input type="checkbox"/>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>GOD'S WILL 95 OTHER _____ 96 (SPECIFY)</p>	→ 616
HAS LIVING CHILDREN	<input type="checkbox"/>	NO LIVING CHILDREN	<input type="checkbox"/>				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	<p style="text-align: center;">BOY GIRL EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/></p>	
		<p>OTHER _____ 999996 (SPECIFY)</p>	
616	Would you say that you approve or disapprove of couple using a contraceptive method to avoid getting pregnant?	<p>APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 8</p>	
617	In the last six months have you heard about family planning:	<p>YES NO</p>	
	On the radio?	<p>RADIO 1 2</p>	
	On the television?	<p>TELEVISION 1 2</p>	
618	In the last six months have you read about family planning	<p>YES NO</p>	
	In a newspaper or magazine?	<p>NEWSPAPER OR MAGAZINE .. 1 2</p>	
	In a poster?	<p>POSTER 1 2</p>	
	In a pamphlet?	<p>PAMPHLET 1 2</p>	
619	In the last six months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	<p>YES 1 NO 2</p>	→ 620A
620	<p>With whom? Anyone else? RECORD ALL PERSONS MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>HUSBAND A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER-IN-LAW H FRIENDS/NEIGHBORS I OTHER _____ X (SPECIFY)</p>	
620A	In the last six months, did you obtain about family planning information from:	<p>YES NO</p>	
	<p>FP officer? Teacher? Religious leader? Doctor? Nurse or midwife? Village leader? Women's group (PKK)? Pharmacist?</p>	<p>FP OFFICER 1 2 TEACHER 1 2 RELIGIOUS LEADER 1 2 DOCTOR 1 2 NURSE/MIDWIFE 1 2 VILLAGE LEADER 1 2 WOMEN'S GROUP 1 2 PHARMACIST 1 2</p>	
620B	In the last six months, did you obtain about family planning information from:	<p>YES NO</p>	
	<p>Mobile information unit? Traditional art (e.g., shadow puppet, drama, comedy)?</p>	<p>MOBILE UNIT 1 2 TRADITIONAL ART 1 2</p>	
621	CHECK 106A: RESPONDENT'S MARITAL STATUS	<p>MARRIED <input type="checkbox"/> ↓</p> <p>DIVORCED/ WIDOWED <input type="checkbox"/></p>	→ 628
622	CHECK 311/311A:	<p>ANY CODE CIRCLED <input type="checkbox"/> ↓</p> <p>NO CODE CIRCLED <input type="checkbox"/></p>	→ 628

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
623	You have told me that you are using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND 2 JOINT DECISION 3 OTHER 6 (SPECIFY)	
624	Now I want to ask you about your husband's views on family planning. Do you think that your husband approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
625	How often did you talk to your husband about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
626	CHECK 311/311A: HUSBAND/RESPONDENT NOT STERILIZED <input type="checkbox"/> HUSBAND/RESPONDENT STERILIZED <input type="checkbox"/>		→628
627	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
628	Husband and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She has recently given birth? She is tired or not in the mood?	YES NO DK HUSBAND HAS STD 1 2 8 OTHER WOMEN 1 2 8 RECENT BIRTH 1 2 8 TIRED/MOOD 1 2 8	
628A	CHECK 214, 217 AND 218: HAS AT LEAST ONE CHILD AGE 10-19 YEARS LIVING WITH HER <input type="checkbox"/> HAS NO CHILD AGE 10-19 YEARS LIVING WITH HER <input type="checkbox"/>		→701
628B	Have you or your husband discussed the following topics with your teenage children: Reproductive age? Sexually transmitted diseases? Drugs? Delay in age at marriage? Issues in family planning and reproductive health? Puberty?	YES NO REPRODUCTIVE AGE 1 2 STDs 1 2 DRUGS 1 2 DELAY IN AGE AT MARRIAGE 1 2 ISUES IN FP AND RH 1 2 PUBERTY 1 2	

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

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
701	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> ↓ DIVORCED/ WIDOWED <input type="checkbox"/>		703
702	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS <input type="checkbox"/> <input type="checkbox"/>	
703	Does/did your (last) husband ever attend school?	YES 1 NO 2	→ 705A
704	What was the highest level of school your (last) husband attended: primary, junior high school, senior high school, academy or university?	PRIMARY 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5 DON'T KNOW 6	→ 705A
705	What was the highest (grade/year) your (last) husband completed at that level? COMPLETED = 7	GRADE <input type="checkbox"/> DON'T KNOW 8	
705A	Does/did your (last) husband work?	YES 1 NO 2	→ 707
706	CHECK 701: CURRENTLY MARRIED <input type="checkbox"/> ↓ What is your husband's occupation? That is, what kind of work does he mainly do? DIVORCED/ WIDOWED <input type="checkbox"/> ↓ What was your (last) husband's occupation? That is, what kind of work did he mainly do? DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT CIRCLE CODE AND FILL IN BOXES. _____ _____ _____ <input type="checkbox"/> <input type="checkbox"/> _____	PROFESSIONAL, TECHNICAL 01 MANAGERS AND ADMINISTRATION 02 CLERICAL 03 SALES 04 SERVICE 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
707	Aside from your housework, are you currently working?	YES 1 NO 2	→ 709A
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES 1 NO 2	→ 709A
709	Have you done any work in the last 12 months?	YES 1 NO 2	→ 719
709A	Did/do you work in agriculture or not in agriculture?	AGRICULTURE 1 NOT AGRICULTURE 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
710	What is your (most recent) occupation, that is, what kind of work (do/did) you mainly do? DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT CIRCLE CODE AND FILL IN BOXES. _____	PROFESSIONAL, TECHNICAL 01 MANAGERS AND ADMINISTRATION 02 CLERICAL 03 SALES 04 SERVICE 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER _____ (SPECIFY) 96 DON'T KNOW 98	
711	CHECK 709A: WORK IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE/GOVERNMENT 2 SELF-EMPLOYED 3	
714	Do you usually work at home or away from home?	HOME 1 AWAY 2	→ 715
714A	How long did you leave home to work? RECORD TIME SINCE SHE LEFT HOME UNTIL SHE RETURNED HOME.	HOURS <input type="checkbox"/>	
714B	CHECK 217 AND 218: HAS CHILD AGE UNDER 5 YEARS <input type="checkbox"/> HAS NO CHILD UNDER 5 YEARS <input type="checkbox"/>		→ 715
714C	Who takes care of (NAME OF LAST CHILD) when you are working?	RESPONDENT 01 HUSBAND 02 OLDER SISTER 03 OLDER BROTHER 04 RELATIVE 05 NEIGHBOR 06 FRIEND 07 SERVANT 08 AT SCHOOL 09 CHILD CARE 10 HAS NOT WORKED SINCE LAST BIRTH 11 OTHER _____ (SPECIFY) 96	
715	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR .. 2 ONCE IN A WHILE 3	
716	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→ 719

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
717	CHECK 106A:RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/ WIDOWED <input type="checkbox"/> Who mainly decides how the money you earn will be used: respondent, husband, respondent and husband jointly, someone else or respondent and someone else jointly? Who mainly decides how the money you earn will be used: respondent, someone else, or respondent and someone else jointly?	RESPONDENT 1 RESPONDENT'S HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE 5	
718	On average, how much of your household's expenditure do your earnings pay to: almost none, less than half, about half, more than half, or all?	NONE, HER INCOME IS ALL SAVED. 1 ALMOST NONE 2 LESS THAN HALF 3 ABOUT HALF 4 MORE THAN HALF 5 ALL 6	
719	Who in your family usually has the final say on the following decisions: a. Your own health care? b. Making large household purchases? c. Making household purchases for daily needs? d. Visits to family or relatives? e. What food should be cooked each day?	RESPONDENT = 1 HUSBAND = 2 RESPONDENT& HUSBAND JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOTAPPLICABLE = 6 OWN HEALTH CARE 1 2 3 4 5 6 LARGE HH PURCHASES 1 2 3 4 5 6 DAILY PURCHASES 1 2 3 4 5 6 VISIT RELATIVES 1 2 3 4 5 6 FOOD TO COOK DAILY 1 2 3 4 5 6	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ LISTEN PRES/ NOT LISTEN NOT PRES CHILDREN < 10 1 2 8 HUSBAND 1 2 8 OTHER MALES 1 2 8 OTHER FEMALES .. 1 2 8	
721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: a. If she goes out without telling him? b. If she neglects the children? c. If she argues with him? d. If she refuses to have sex with him? e. If she cooks inedible meal?	YES NO DK GOES OUT 1 2 8 NEGLECT CHILDREN .. 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 INEDIBLE FOOD 1 2 8	

SECTION 8. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
801	Now I want to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 817
801A	From which sources of information have you learned about AIDS? Any thing else? CIRCLED ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWSPAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIENDS/RELATIVE I WORK PLACE J OTHER _____ X (SPECIFY)	
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	→ 809
803	What can a person do? Anything else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
805	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
807	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
808	Can people reduce the chance of getting the AIDS virus by taking herbal medicine or antibiotic before they have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
810	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2	
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	□ → 813
812	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY .. 1 2 8 DURING DELIVERY 1 2 8 BY BREASTFEEDING .. 1 2 8	
813	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED <input type="checkbox"/> DIVORCED/WIDOWED <input type="checkbox"/>		→ 815
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband?	YES 1 NO 2	
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DON'T KNOW/UNSURE/DEPENDS ... 8	
816A	Do you know that a person can be tested for AIDS?	YES 1 NO 2	→ 817
816B	Do you know a place where you can go to get an AIDS test?	YES 1 NO 2	
817	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	→ 901
817A	From which sources of information have you learned about sexually transmitted diseases (STDs)? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWS PAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIENDS/RELATIVE I WORK PLACE J OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
818	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPTING .. B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z</p>	
819	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any other?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p> <p>DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPTING .. B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K HARD TO GET PREGNANT/HAVE A CHILD L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z</p>	

SECTION 9. MATERNAL MORTALITY

901. Now I want to ask you some questions about your brothers and sisters, that is, the children who was born to your natural mother, including those who are living with you, those living elsewhere, and those who have died. How many children who were born from your mother, including you?

NUMBER OF BIRTHS TO NATURAL MOTHER

IF ANSWER '01'
OR ONLY CHILD

→ 916

902. Of all the births, how many sisters and brothers are older than you?

NUMBER OF OLDER BROTHERS AND SISTERS

QUESTIONS AND FILTERS	(1)	(2)	(3)	(4)	(5)	(6)
903. What was the name given to your oldest (next) oldest brothers or sisters?						
904. Is (NAME) male or female?	MALE 1 FEMALE 2					
905. Is (NAME) still alive?	YES 1 NO 2 DK 8 TO 908 ← TO (2) ←	YES 1 NO 2 DK 8 TO 908 ← TO (3) ←	YES 1 NO 2 DK 8 TO 908 ← TO (4) ←	YES 1 NO 2 DK 8 TO 908 ← TO (5) ←	YES 1 NO 2 DK 8 TO 908 ← TO (6) ←	YES 1 NO 2 DK 8 TO 908 ← TO (7) ←
906. How old is (NAME)?	<input type="text"/> <input type="text"/> < 10 TO (2)	<input type="text"/> <input type="text"/> < 10 TO (3)	<input type="text"/> <input type="text"/> < 10 TO (4)	<input type="text"/> <input type="text"/> < 10 TO (5)	<input type="text"/> <input type="text"/> < 10 TO (6)	<input type="text"/> <input type="text"/> < 10 TO (7)
907. Has (NAME) ever been married?	YES 1 TO (2) ← NO 2	YES 1 TO (3) ← NO 2	YES 1 TO (4) ← NO 2	YES 1 TO (5) ← NO 2	YES 1 TO (6) ← NO 2	YES 1 TO (7) ← NO 2
908. In what year did (NAME) die?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
909. How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (7)
911. Was (NAME) pregnant when she died, or did she die during childbirth?	YES 1 TO 913 ← NO 2					
912. Did (NAME) die within 42 days after the end of pregnancy?	YES 1 NO 2					
913. Did (NAME) die due to complications of pregnancy or childbirth?	YES 1 NO 2					
914. How many children had (NAME) given birth to (before that pregnancy)?	<input type="text"/> <input type="text"/> <input type="text"/>					
915. Has (NAME) ever been married?	YES 1 TO (2) ← NO 2	YES 1 TO (3) ← NO 2	YES 1 TO (4) ← NO 2	YES 1 TO (5) ← NO 2	YES 1 TO (6) ← NO 2	YES 1 TO (7) ← NO 2

QUESTIONS AND FILTERS	(7)	(9)	(9)	(10)	(11)	(12)																		
903. What was the name given to your oldest (next) oldest brothers or sisters?																								
904. Is (NAME) male or female?	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2	MALE 1 FEMALE ... 2																		
905. Is (NAME) still alive?	YES 1 NO 2 DK 8 TO (8) ←	YES 1 NO 2 TO 908 ←	YES 1 NO 2 TO 908 ←	YES 1 NO 2 TO 908 ←	YES 1 NO 2 TO 908 ←	YES 1 NO 2 TO 908 ←																		
906. How old is (NAME)?	<table border="1"><tr><td></td><td></td></tr></table> < 10 TO (8)			<table border="1"><tr><td></td><td></td></tr></table> < 10 TO (9)			<table border="1"><tr><td></td><td></td></tr></table> < 10 TO (10)			<table border="1"><tr><td></td><td></td></tr></table> < 10 TO (11)			<table border="1"><tr><td></td><td></td></tr></table> < 10 TO (12)			<table border="1"><tr><td></td><td></td></tr></table> < 10 TO (13)								
907. Has (NAME) ever been married?	YES 1 TO (8) ← NO 2	YES 1 TO (9) ← NO 2	YES 1 TO (10) ← NO 2	YES 1 TO (11) ← NO 2	YES 1 TO (12) ← NO 2	YES 1 TO (13) ← NO 2																		
908. In what year did (NAME) die?	<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td><td></td><td></td></tr></table>			
909. How old was (NAME) when he/she died?	<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (8)			<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (9)			<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (10)			<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (11)			<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (12)			<table border="1"><tr><td></td><td></td></tr></table> IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (13)								
911. Was (NAME) pregnant when she died, or did she die during childbirth?	YES 1 TO 913 ← NO 2	YES 1 TO 913 ← NO 2	YES 1 TO 913 ← NO 2	YES 1 TO 913 ← NO 2	YES 1 TO 913 ← NO 2	YES 1 TO 913 ← NO 2																		
912. Did (NAME) die within 42 days after the end of pregnancy?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																		
913. Did (NAME) die due to complications of pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2																		
914. How many children had (NAME) given birth to (before that pregnancy)?	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>								
915. Has (NAME) ever been married?	YES 1 NO 2 TO (8) ←	YES 1 NO 2 TO (9) ←	YES 1 NO 2 TO (10) ←	YES 1 NO 2 TO (11) ←	YES 1 NO 2 TO (12) ←	YES 1 NO 2 TO (13) ←																		

916	RECORD THE TIME	HOUR	<table border="1"><tr><td></td><td></td></tr></table>			
		MINUTES	<table border="1"><tr><td></td><td></td></tr></table>			

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

A decorative graphic element at the bottom of the page, consisting of a central dome-like shape with concentric curved lines, flanked by two smaller, rounded shapes, all rendered in a light gray color.

OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

A decorative banner featuring a repeating pattern of stylized, symmetrical floral or leaf-like motifs in a light gray color. The banner is overlaid with five thin, horizontal black lines, spaced evenly apart, intended for handwritten text.

NAME OF THE SUPERVISOR: _____ **DATE:** _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

CALENDAR

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN:

COL. 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

L BIRTH
H PREGNANCIES
K TERMINATIONS

0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 PILL
4 IUD
5 INJECTABLES
6 IMPLANTS
7 CONDOM
8 INTRAVAG/DIAPHRAGM
M LACTATIONAL AMENORRHEA METHOD
P PERIODIC ABSTINENCE
T WITHDRAWAL
X OTHER _____
(SPECIFY)

KOL. 2: SOURCE OF CONTRACEPTION

1 GOVT. HOSPITAL
2 GOVT. HEALTH CENTER
3 GOVT. CLINIC
4 FP FIELDWORKER
5 FP MOBILE CLINIC
6 PVT. HOSPITAL
7 PVT. CLINIC
8 PRIVATE DOCTOR
9 MIDWIFE
A VILLAGE MIDWIFE
B PHARMACY/DRUGSTORE
C DELIVERY POST
D HEALTH POST
E FP POST
F FRIENDS/RELATIVES
G SHOP
X OTHER _____
(SPECIFY)

COL. 3: DISCONTINUATION OF CONTRACEPTION

0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 HEALTH CONCERN
6 SIDE EFFECTS
7 LACK OF ACCESS/TOO FAR
8 COSTS TOO MUCH
9 INCONVENIENT TO USE
F FATALISTIC
M MENOPAUSAL
C MARITAL DISSOLUTION/SEPARATION
N IUD EXPELLED
X OTHER _____
(SPECIFY)

T DON'T KNOW

COL.4: MARRIAGE/UNION

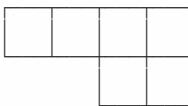
X IN UNION
0 NOT IN UNION

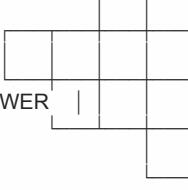
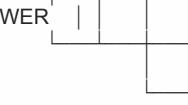
	1	2	3	4	
2 APR 01					01 APR 2
0 MAR 02					02 MAR 0
0 FEB 03					03 FEB 0
3 JAN 04					04 JAN 3
DEC 05					05 DEC
NOV 06					06 NOV
OCT 07					07 OCT
SEP 08					08 SEP
2 AGT 09					09 AGT 2
0 JUL 10					10 JUL 0
0 JUN 11					11 JUN 0
2 MAY 12					12 MAY 2
APR 13					13 APR
MAR 14					14 MAR
FEB 15					15 FEB
JAN 16					16 JAN
DEC 17					17 DEC
NOV 18					18 NOV
OCT 19					19 OCT
SEP 20					20 SEP
2 AGT 21					21 AGT 2
0 JUL 22					22 JUL 0
0 JUN 23					23 JUN 0
1 MAY 24					24 MAY 1
APR 25					25 APR
MAR 26					26 MAR
FEB 27					27 FEB
JAN 28					28 JAN
DEC 29					29 DEC
NOV 30					30 NOV
OCT 31					31 OCT
SEP 32					32 SEP
2 AGT 33					33 AGT 2
0 JUL 34					34 JUL 0
0 JUN 35					35 JUN 0
0 MAY 36					36 MAY 0
APR 37					37 APR
MAR 38					38 MAR
FEB 39					39 FEB
JAN 40					40 JAN
DEC 41					41 DEC
NOV 42					42 NOV
OCT 43					43 OCT
SEP 44					44 SEP
1 AGT 45					45 AGT 1
9 JUL 46					46 JUL 9
9 JUN 47					47 JUN 9
9 MAY 48					48 MAY 9
APR 49					49 APR
MAR 50					50 MAR
FEB 51					51 FEB
JAN 52					52 JAN
DEC 53					53 DEC
NOV 54					54 NOV
OCT 55					55 OCT
SEP 56					56 SEP
1 AGT 57					57 AGT 1
9 JUL 58					58 JUL 9
9 JUN 59					59 JUN 9
8 MAY 60					60 MAY 8
APR 61					61 APR
MAR 62					62 MAR
FEB 63					63 FEB
JAN 64					64 JAN
DEC 65					65 DEC
NOV 66					66 NOV
OCT 67					67 OCT
SEP 68					68 SEP
1 AGT 69					69 AGT 1
9 JUL 70					70 JUL 9
9 JUN 71					71 JUN 9
7 MAY 72					72 MAY 7
APR 73					73 APR
MAR 74					74 MAR
FEB 75					75 FEB
JAN 76					76 JAN



**2002-2003 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE**

Confidential

I. IDENTIFICATION			CODE
1. PROVINCE _____			
2. REGENCY/MUNICIPALITY *) _____			
3. SUB-DISTRICT _____			
4. VILLAGE *) _____			
5. URBAN/RURAL **) URBAN - 1 RURAL - 2			
6. CENSUS BLOCK NUMBER _____			
7. 2002 IDHS SAMPLE CODE			
8. HOUSEHOLD NUMBER			
9. NAME OF HOUSEHOLD HEAD _____			
10. NAME OF RESPONDENT _____			
11. RESPONDENT'S LINE NUMBER			

II. INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
INTERVIEWER DATE	_____	_____	_____	DATE 
INTERVIEWER'S NAME	_____	_____	_____	MONTH 
RESULT ***)	_____	_____	_____	YEAR 
NEXT VISIT DATE	_____	_____		INTERVIEWER 
TIME	_____	_____		RESULT 
				TOTAL NO. OF VISIT 
***) RESULT CODE				
1 COMPLETED 2 NOT AT HOME 3 POSTPONE		4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED		7 OTHER _____ (SPECIFY) _____

NAME	FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME	_____ 	_____ 	_____ 	_____ 
DATE	_____	_____	_____	_____

*) Cross out category not used

**) Circle selected category

SECTION 1. RESPONDENT BACKGROUND

INFORMED CONSENT

Hello. My name is and I am working with BPS. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes about 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____

Date: _____

RESPONDENT AGREES TO BE INTERVIEWED .. 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ...2 → END

NO.	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME	HOUR MINUTES	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
108	In what month and year were you born?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
109	How old were you at your last birthday? COMPARE AND CORRECT 108 AND OR 109 IF INCONSISTENT. IF AGE IS LESS THAN 15 OR OVER 54, END INTERVIEW. CORRECT 02IDHS-HH SECTION III COL (7).	AGE IN COMPLETED YEAR .	<input type="checkbox"/> <input type="checkbox"/>
109A	Are you currently single married, divorced or widowed?	SINGLE 1 MARRIED 2 DIVORCED 3 WIDOWED 4	
109B	CHECK 109 AND 109A: AGE 15-54 AND MARRIED <input type="checkbox"/>	OTHER <input type="checkbox"/>	→ END
110	Have you ever attended school?	YES 1 NO 2	→ 114
111	What is the highest level of school you attended: elementary, junior high school, senior high school, academy or university?	PRIMARY SCHOOL 1 JUNIOR HIGH SCHOOL 2 SENIOR HIGH SCHOOL 3 ACADEMY 4 UNIVERSITY 5	
112	What is the highest (grade/year) you completed at that level? COMPLETED = 7	GRADE	<input type="checkbox"/>

NO.	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP TO
113	CHECK 111: PRIMARY <input type="checkbox"/> JUNIOR HIGH SCHOOL OR HIGHER <input type="checkbox"/>		→ 117
114	Now I would like you to read this sentence. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CAN NOT READ AT ALL 1 ABLE TO READ - ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3	
115	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
116	CHECK 114: CODE '2' OR '3' CIRCLED <input type="checkbox"/> CODE '1' CIRCLED <input type="checkbox"/>		→ 118
117	Do you read a newspaper or magazine almost everyday, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
118	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119A	What is your religion?	ISLAM 1 PROTESTANT 2 CATHOLIC 3 HINDU 4 BUDHA 5 CONFUCIAN 6 OTHER 7	
120	Are you currently working?	YES 1 NO 2	→ 120B
120A	Have you done any work in the last 12 months?	YES 1 NO 2	→ 201
120B	Do you work in agriculture or not in agriculture?	AGRICULTURE 1 NOT IN AGRICULTURE 2	
123	What is your occupation? That is, what kind of work you mainly do? DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT FILL IN BOXES. _____ _____ _____	PROFESSIONAL, TECHNICAL 01 MANAGER AND ADMINISTRATORS 02 CLERICAL 03 SALES 04 SERVICE 05 AGRICULTURAL WORKER 06 INDUSTRIAL WORKER 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
124	CHECK 120B: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 201

NO.	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP TO
125	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	



SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
201	Now I would like to ask about all the births you have had during your life. Do you have biological children?	YES 1 NO 2	→206
202	Do you have any biological sons or daughters who are now living with you?	YES 1 NO 2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
204	Do you have any biological sons or daughters who are alive but do not live with you?	YES 1 NO 2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/> <input type="text"/>	
206	do you have any biological son or daughter who was born alive but later died? If "NO" PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→209
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/>	
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input type="text"/> <input type="text"/>	
210	CHECK 209: NUMBER OF CHILDREN IS 0 <input type="text"/> →301 NUMBER OF CHILDREN IS 2 OR MORE <input type="text"/> ↓ NUMBER OF CHILDREN IS 1 <input type="text"/> →213		
211	Do the children that you have fathered all have the same biological mother?	YES 1 NO 2	
213	How old were you when your (first) child was born?	AGE IN YEARS <input type="text"/> <input type="text"/>	

SECTION 3. KNOWLEDGE AND PRACTICE OF FAMILY PLANNING

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay, avoid a pregnancy.

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED; THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302 IF APPLICABLE.

301	Have you ever heard of (METHOD)? What ways or methods have you heard about?	302. Have you ever used (METHOD)?	
01	FEMALE STERILIZATION/TUBECTOMY "Women can have an operation to avoid having any more children"	YES 1 NO 2 ▾	Has your wife ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION/VASECTOMY "Men can have an operation to avoid having any more children"	YES 1 NO 2 ▾	Have you ever had an operation to avoid having any more children? YES 1 NO 2
03	PILL "Women can take a pill every day to avoid becoming pregnant"	YES 1 NO 2 ▾	
04	IUD "Women can have a loop or coil placed inside them by a doctor or a nurse"	YES 1 NO 2 ▾	
05	INJECTABLES "Women can have an injection by a health provider which stops them from becoming pregnant for one, two or three months"	YES 1 NO 2 ▾	
06	NORPLANT/IMPLANT "Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years"	YES 1 NO 2 ▾	
07	CONDOM "Men can put a rubber sheet on their penis before sexual intercourse"	YES 1 NO 2 ▾	YES 1 NO 2
08	INTRAVAG/DIAPHAGM "Women can place a tissue or a thin flexible disk in the vagina before intercourse"	YES 1 NO 2 ▾	
09	LACTATIONAL AMENORRHEA METHOD (LAM) "Up to 6 months after child birth, a woman can use a method that requires she breastfeeds frequently, day and night, and that her menstrual period has not returned"	YES 1 NO 2 ▾	
10	PERIODIC ABSTINENCE OR CALENDAR SYSTEM "Couples can avoid having sexual intercourse on the days of the month she is most likely to get pregnant"	YES 1 NO 2 ▾	YES 1 NO 2
11	WITHDRAWAL "Men can be careful and pull out before climax"	YES 1 NO 2 ▾	YES 1 NO 2
12	ANY OTHER METHOD "Have you heard any other ways or methods that women or men can use to avoid pregnancy?"	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
302A	Are you currently using any method of family planning?	YES 1 NO 2	→ 302C
302B	Which method are you using?	MALE STERILIZATION 1 CONDOM 2 PERIODIC ABSTINENCE 3 WITHDRAWAL 4 OTHER 6 SPECIFY	
302C	Is your wife currently using any method of family planning?	YES 1 NO 2 DON'T KNOW 8	→ 302F
302D	Which method is your wife using? Any other method?	FEMALE STERILIZATION A PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G INTRAVAG/DIAPHRAGM H LACTATIONAL AMENORRHEA METHOD I PERIODIC ABSTINENCE J WITHDRAWAL K OTHER X (SPECIFY)	
302E	CIRCLE 'A' FOR FEMALE STERILIZATION CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.		
302F	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	3
302G	Where is that? IF THE SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE (NAME OF PLACE) Any other place? RECORD ALL PLACES MENTIONED. DO NOT READ OUT RESPONSES.	PUBLIC SECTOR HOSPITAL A HEALTH CENTER B CLINIC C FP FIELDWORKER D FP MOBILE UNIT E OTHER F (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL G CLINIC H DOCTOR I NURSE/MIDWIFE J VILLAGE MIDWIFE K PHARMACY/DRUG STORE L OTHER M (SPECIFY) OTHER DELIVERY POST N HEALTH POST O FP POST P FRIENDS/RELATIVES Q SHOP R OTHER X (SPECIFY)	
308	From one menstrual period to the <u>next</u> , are there certain days when a women is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→ 310
309	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD ENDS 3 IN THE MIDDLE OF THE CYCLE 4 OTHER 6 SPECIFY DON'T KNOW 8	
310	Do you think that a woman who is breastfeeding can become pregnant when she has sexual relations with her husband?	YES 1 NO 2 DON'T KNOW/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
311	CHECK 301(07) AND 302 (07) : KNOWLEDGE AND USE OF CONDOM		
	HAS HEARD OF AND USED CONDOM	HAS HEARD OF CONDOMS BUT HAS NEVER USED	
	↓		→ 323
		NEVER HEARD OF CONDOM	
		→ 324	
314	When you have sex, do you use a condom every time, sometimes, or not at all?	EVERY TIME 1 SOMETIMES 2 NOT AT ALL 3 NOT HAVING SEX 4	
316	Have you ever experienced any problems with using condoms?	TOO EXPENSIVE A EMBARRASSING TO BUY/OBTAIN B DIFFICULT TO DISPOSE OF C DIFFICULT TO PUT ON/TAKE OFF D SPOILS THE MOOD E DIMINISHES PLEASURE F WIFE OBJECTS TO/DOES	
	IF YES: What problems did you experience?		
	PROBE: Any other problems?		
	RECORD ALL PROBLEMS MENTIONED.		
	DO NOT READ OUT RESPONSES.		
316A	Have you ever paid for sex?	YES 1 NO 2	→ 317
316B	In the past 12 months, did you ever pay for sex?	YES 1 NO 2	→ 317
316C	The last time you paid for sex, was a condom used?	YES 1 NO 2	
317	CHECK 314: CURRENT USE OF CONDOMS	EVERY TIME OR SOMETIMES ↓ NOT AT ALL/NOT HAVING SEX	→ 323
319	From where do you usually obtain the condoms?	PUBLIC SECTOR HOSPITAL 11 HEALTH CENTER 12 CLINIC 13 FP FIELDWORKER 14 FP MOBILE UNIT 15 OTHER 16 (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL 21 CLINIC 22 DOCTOR 23 NURSE/MIDWIFE 24 PHARMACY/DRUG STORE 25 OTHER 26 (SPECIFY) OTHER DELIVERY POST 31 HEALTH POST 32 FP POST 33 FRIENDS/RELATIVES 34 SHOP 35 OTHER 36 (SPECIFY)	
320	How much do you usually pay for a packet of condoms?	COST RUPIAH FREE 99995 DON'T KNOW 99998	→ 323

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
321	How many condoms are in each packet?	NUMBER	<input type="checkbox"/> <input type="checkbox"/>
322	Do you think that at this price condoms are inexpensive, just affordable, or too expensive?	INEXPENSIVE JUST AFFORDABLE TOO EXPENSIVE	1 2 3
323	I will now read you some statements about condom use that other men have made. Please tell me if you agree or disagree with each. Condoms diminish a man's sexual pleasure. A condom is very inconvenient to use. A condom can be reused. A condom protects against disease. A woman has no right to tell a man to use a condom.	DIS- AGREE AGREE DK SEXUAL PLEASURE ... INCONVENIENT CAN BE REUSED PROTECT AGAINST DISEASE WOMAN'S RIGHT	8 8 8 8 8
324	CHECK 301(02) AND 302 (02): KNOWLEDGE AND USE OF MALE STERILIZATION HAS HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED <input type="checkbox"/> RESPONDENT IS STERILIZED <input type="checkbox"/> HAS NOT HEARD OF MALE STERILIZATION <input type="checkbox"/>		→326 →328
325	Once you have had all the children you want, would you yourself ever consider getting sterilized?	WOULD CONSIDER WOULD NOT CONSIDER UNSURE/DEPENDS WIFE ALREADY STERILIZED	1 2 3 4 → 328
326	In your opinion what are some of the advantages of male sterilization? PROBE: Any other advantages? RECORD ALL ADVANTAGES MENTIONED. DO NOT READ OUT RESPONSES.	PUTS MAN IN CONTROL EFFECTIVE METHOD OPERATION IS SAFE SAFER THAN FEMALE STERILIZATION OPERATION INEXPENSIVE LESS EXPENSIVE THAN FEMALE STERILIZATION OPERATION IS SIMPLE GIVES MAN FREEDOM OTHER SPECIFY	A B C D E F G H X → 328
327	Why would you never consider getting sterilized? PROBE: Any other reasons? RECORD ALL REASONS MENTIONED. DO NOT READ OUT RESPONSES.	AGAINST RELIGION BAD FOR MAN'S HEALTH OPERATION NOT SAFE LESS INTRUSIVE WAYS AVAILABLE MAY WANT MORE CHILDREN/ MAY WANT TO REPLACE CHILD WHO DIED MAY REMARRY SOME DAY COSTS LOSS OF SEXUAL FUNCTION LOSS OF MANLINESS OTHER SPECIFY	A B C D E F G H I X
328	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. Contraception is women's business and a man should not have to worry about it. Women who are sterilized may become promiscuous. Being sterilized for a man is equivalent to being castrated. A woman is the one who gets pregnant, so she should be the one to get sterilized.	DIS- AGREE AGREE DK CONTRACEPTION WOMEN'S BUSINESS STERILIZED WOMEN ARE PROMISCUOUS ... MALE STERILIZATION IS CASTRATION WOMAN SHOULD BE THE ONE STERILIZED	8 8 8 8

SECTION 4. MARRIAGE AND ATTITUDES TOWARD WOMEN

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
401	Have you been married once, or more than once?	ONCE 1 MORE THAN ONCE 2	
402	Does your wife live with you or somewhere else?	IN HOUSEHOLD 1 ELSEWHERE 2	
403	WRITE WIFE'S NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE. IF WIFE DOES NOT LIVE IN THE HOUSEHOLD, ENTER '00'	NAME _____ LINE NUMBER: <input type="text"/> <input type="text"/>	
404	CHECK 401: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONCE <input type="checkbox"/>		→ 407
405	Do you have other wives who do not live in this household?	YES 1 NO 2	→ 407
406	What is the name of your wife who does not live in this household?	NAME _____ _____	
407	How old were you when you and your (first) wife married?	AGE <input type="text"/> <input type="text"/>	
408	How old were you when you first had sexual intercourse?	AGE <input type="text"/> <input type="text"/>	
409	For a man, what is the best age to get married?	AGE <input type="text"/> <input type="text"/>	
410	For a woman, what is the best age to get married ?	AGE <input type="text"/> <input type="text"/>	
411	What is the best age for a woman to have her first child?	AGE <input type="text"/> <input type="text"/>	
412	After what age, should a woman not to deliver anymore child?	AGE <input type="text"/> <input type="text"/>	
413	Who in your family usually has the final say on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family friends or relatives? What food should be cooked each day?	RESPONDENT = 1 WIFE OF RESPONDENT = 2 RESPONDENT & HIS WIFE = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 NO DECISION = 6 OWN HEALTH CARE 1 2 3 4 5 6 LARGE HH PURCHASES 1 2 3 4 5 6 DAILY PURCHASES 1 2 3 4 5 6 VISIT RELATIVES 1 2 3 4 5 6 FOOD TO COOK DAILY 1 2 3 4 5 6	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
414	<p>Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p>	<p>YES NO DK</p> <p>GOES OUT WITHOUT TELLING 1 2 8</p> <p>NEGLECT CHILDREN ... 1 2 8</p> <p>ARGUES 1 2 8</p> <p>REFUSES SEX 1 2 8</p> <p>BURNS FOOD 1 2 8</p>	

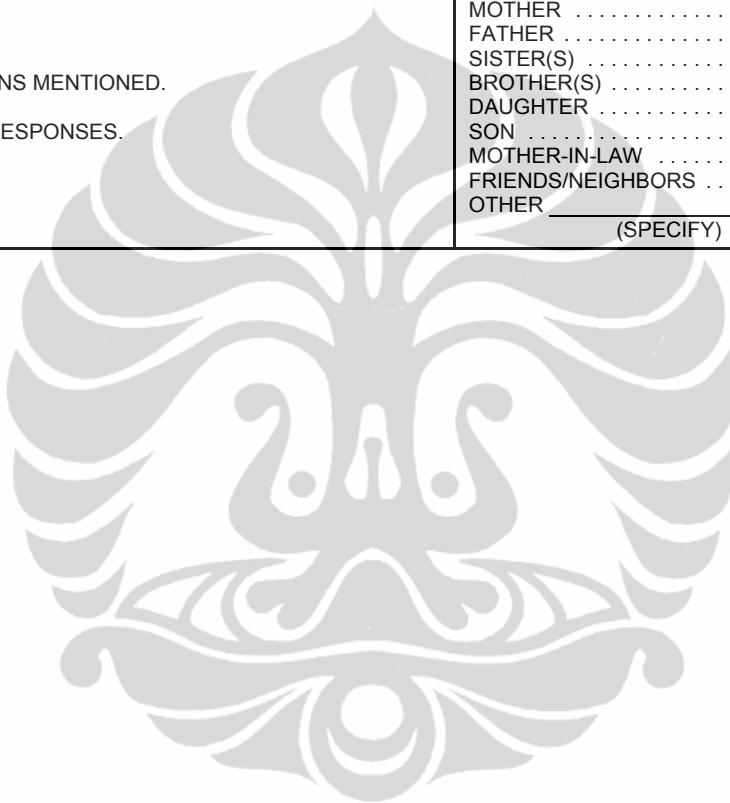


SECTION 5. FERTILITY PREFERENCES

NO	QUESTIONS AND FILTERS	CODE	SKIP TO
502	CHECK 302 (02): RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>		→ 601A
502A	COPY THE NAME OF RESPONDENT'S WIFE IF MORE THAN 2 WIVES, USE EXTRA QUESTIONNAIRE.	FIRST WIFE LINE NUMBER ... <input type="text"/> <input type="text"/> SECOND WIFE LINE NUMBER ... <input type="text"/> <input type="text"/>	
503	Is (NAME) pregnant now?	YES 1 NO 2 DK/UNSURE 8 (SKIP TO 505) ←	YES 1 NO 2 DK/UNSURE 8 (SKIP TO 505) ←
504	When (NAME) became pregnant, did you want her to become pregnant then, did you want to wait until later, or did you <u>not</u> want her to have more children <u>at all</u> ?	THEN 1 LATER 2 NOT AT ALL 8 (SKIP TO 506) ←	THEN 1 LATER 2 NOT AT ALL 8 (SKIP TO 506) ←
505	In the next few weeks, if you discovered that (NAME) was pregnant, would that be a big problem, a small problem or no problem for you?	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STERILIZED/ HISTERECTOMY 4 (SKIP TO 507) ←	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STERILIZED/ HISTERECTOMY 4 (SKIP TO 507) ←
506	Do you think (NAME) wants the same number of children that you want to have with her, or does she want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8
507	How often do you talk to (NAME) about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 OFTEN 3	NEVER 1 ONCE OR TWICE 2 OFTEN 3
508	Do you think that (NAME) approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8
508A		GO TO 503 FOR NEXT WIFE. IF NO MORE WIVES, GO TO 509.	GO TO 503 FOR NEXT WIFE. IF NO MORE WIVES, GO TO 509.
509	CHECK 503: NO WIFE PREGNANT /UNSURE <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?	WIFE PREGNANT <input type="checkbox"/> Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?	HAVE A/ANOTHER CHILD 1 NO MORE/NONE 2 → 516 CAN'T GET PREGNANT 3 → 521 UNDECIDED PREGNANT 4 NOT PREGNANT/DON'T KNOW 5 → 516
510	How long would you like to wait from now before the birth if (a/another) child?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 OTHER _____ 996 DON'T KNOW 998	

NO	QUESTIONS AND FILTERS	CODE	SKIP TO
516	CHECK 302A: USE CONTRACEPTION METHOD NO, NOT USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/>		→ 521
517	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 519
518	Which contraceptive method would you prefer to use?	MALE STERILIZATION 1 CONDOM 2 PERIODIC ABSTINENCE 3 WITHDRAWAL 4 OTHER _____ (SPECIFY) 6 UNSURE 8	<input type="checkbox"/> → 521
519	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASON NOT HAVING SEX 11 MENOPAUSE/HISTERECTOMY 12 SUBFECUND/INFECUND 13 WANTS AS MANY CHILDREN AS POSSIBLE 14 OPPOSITION TO USE RESPONDENT OPPOSED 21 WIFE OPPOSED 22 OTHER OPPOSED 23 RELIGIOUS PROHIBITION 24 LACK OF KNOWLEDGE KNOWS NO METHODS 31 KNOWS NO SOURCE 32 METHOD RELATED REASON HEALTH CONCERN 41 FEAR OF SIDE EFFECTS 42 TOO FAR 43 COST TOO MUCH 44 INCONVENIENT TO USE 45 GAIN/LOSS WEIGHT 46 WIFE IS USING 47 OTHER _____ (OTHER) 96 DON'T KNOW 98	
521	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> ↓ If you could go back to the time when you just married and have no children and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE, THEN RECORD NUMERIC RESPONSE OR OTHER ANSWER.	NO LIVING CHILDREN <input type="checkbox"/> ↓ If you could choose exactly the number of children to have in your whole life, how many would that be? NUMBER OF CHILDREN ... <input type="checkbox"/> <input type="checkbox"/>	
522	How many of these children would you like to be boys and how many would you like to be girls?	NUMBER .. BOYS <input type="checkbox"/> GIRLS <input type="checkbox"/> EITHER <input type="checkbox"/> OTHER _____ (SPECIFY) 999996	

NO	QUESTIONS AND FILTERS	CODE	SKIP TO
524	In the last six months have you heard about family planning: On the radio? On the television?	YES NO RADIO 1 2 TELEVISION 1 2	
524a	In the last six months have you read about family planning In a newspaper or magazine? In a poster? In a pamphlet?	YES NO NEWSPAPER OR MAGAZINE . 1 2 POSTER 1 2 PAMPHLET 1 2	
526	In the last six months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	→ 601A
527	With whom? Anyone else? RECORD ALL PERSONS MENTIONED. DO NOT READ OUT RESPONSES.	WIFE..... A MOTHER..... B FATHER..... C SISTER(S)..... D BROTHER(S)..... E DAUGHTER..... F SON..... G MOTHER-IN-LAW..... H FRIENDS/NEIGHBORS .. I OTHER _____ X (SPECIFY)	



SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO	
601A	CHECK 209: HAS ONE OR MORE CHILDREN <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		701	
602	Please tell me the name and sex of your child (who was born most recently): (NAME OF CHILD)	BOY 1 GIRL 2		
603	In what month and year was (NAME OF LAST CHILD) born?	MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
607	CHECK 603: CHILD BORN SINCE JANUARY 1997 <input type="checkbox"/> CHILD BORN BEFORE JANUARY 1997 <input type="checkbox"/>		616	
612	ASK QUESTION 612, FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY, ALL QUESTIONS REFER TO THE LAST BIRTH. Did (NAME OF CHILD'S MOTHER) receive any advice or care from a doctor or any health care provider during the (pregnancy/delivery/six weeks after delivery)?	PREGNANCY YES 1 NO 2 DK 8 (GO TO 612 NEXT COLUMN)	DELIVERY YES 1 NO 2 DK 8 (GO TO 612 NEXT COLUMN)	6 WEEKS AFTER DELIVERY YES 1 NO 2 DK 8
616	Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy may be in danger? RECORD ALL SIGNS AND SYMPTOMS MENTIONED: DO NOT READ OUT RESPONSES.	PROLONGED LABOR A VAGINAL BLEEDING B FEVER C CONVULSIONS D BABY IN WRONG POSITION E SWOLLEN LIMBS F FAINTS G BREATHLESSNESS H TIREDNESS I OTHER X (SPECIFY) DON'T KNOW Z		
617	At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF LAST CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?	YES 1 NO 2		
618	Did the health provider talk to you about: What food (NAME OF CHILD'S MOTHER) should eat during pregnancy? How much rest she should have during pregnancy? The types of health problems for which she should get immediate medical attention?	YES 1 NO 2 DON'T RECALL 3 FOOD 1 REST 1 PROBLEMS 1		
618A	During (NAME OF CHILD'S MOTHER) pregnancy, did anyone discuss with you about: Where (NAME OF CHILD'S MOTHER) plan to deliver? Transportation to the place of delivery? Who is going to assist the delivery? Payment for delivery? Identifying a possible blood donor?	YES 1 NO 2 PLACE TO DELIVER 1 2 TRANSPORTATION 1 2 DELIVERY ASSISTANT 1 2 PAYMENT 1 2 BLOOD DONOR 1 2		

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
619A	Is (NAME OF LAST CHILD) still alive?	YES 1 NO 2	→701
621A	Has (NAME OF LAST CHILD) received (NAME OF VACCINE): BCG? Polio? DPT? Measles? Hepatitis	YES NO DK BCG 1 2 8 POLIO 1 2 8 DPT 1 2 8 MEASLES 1 2 8 HEPATITIS 1 2 8	
621B	CHECK 621A: ALL VACCINES NOT ONE 'YES' <input type="checkbox"/> ↓ AT LEAST ONE 'YES' <input type="checkbox"/>		→624
623	What is the main reason why (NAME OF CHILD) has not received any of these vaccinations?	TOO EXPENSIVE 01 DOES NOT KNOW WHERE TO GET THEM 02 NOT AVAILABLE 03 NOT IMPORTANT/NOT NEEDED ... 04 NOT GOD FOR CHILD'S HEALTH ... 05 CHILD TOO YOUNG 06 TOO FAR/NO TRANSPORT 07 OTHER _____ SPECIFY DON'T KNOW ANY VACCINE 97 DON'T KNOW WHY 98	
624	Does (NAME OF LAST CHILD) live with you in your household?	YES 1 NO 2	→ 627
625	In your household who usually decides what to do if the (NAME OF LAST CHILD) is ill? Anybody else? CIRCLE ALL MENTIONED: DO NOT READ OUT RESPONSES.	RESPONDENT A CHILD'S MOTHER B WIFE/STEPMOTHER C FEMALE RELATIVE D MALE RELATIVE E OTHER _____ SPECIFY CHILD HAS NEVER BEEN ILL Y	
627	Please tell me if you would be angry with (NAME OF CHILD's MOTHER) if she ever done the following: She took (NAME OF LAST CHILD) to be vaccinated without for your permission? Without asking you, she took (NAME OF LAST CHILD) to a doctor or health worker because she thought the child was ill?	NO. YES NOT ANGRY DON'T KNOW VACCINATION 1 2 8 DOCTOR/ HEALTH CARE 1 2 8	

SECTION 7. AIDS AND SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	724
701A	From which sources of information have you learned about AIDS? Any thing else? CIRCLED ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWS PAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIEND/RELATIVE I WORK PLACE J OTHER _____ X (SPECIFY)	
702	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	709
703	What can a person do? Anything else? RECORD ALL WAYS MENTIONED. DO NOT READ OUT RESPONSES.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSON WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
704	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
705	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
706	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
707	Can a person get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
707A	Can people reduce their chances of getting the AIDS virus by taking herbal medicine or antibiotic before they have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
709	Can you tell from looking at a person if s/he has the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
710	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2	
711	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	□ → 714
712	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY .. 1 2 8 DURING DELIVERY 1 2 8 BY BREASTFEEDING .. 1 2 8	
714	Have you ever talked about ways to prevent getting the virus that causes AIDS with your wife?	YES 1 NO 2	
716	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DON'T KNOW/UNSURE 8	
717	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DON'T KNOW/UNSURE/DEPENDS .. 8	
720	Do you know that a person can be tested for AIDS?	YES 1 NO 2	→ 724
722	Do you know a place where you can go to get an AIDS test?	YES 1 NO 2	
724	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES 1 NO 2	→ 721
724A	From which sources of information have you learned about sexually transmitted diseases (STDs)? RECORD ALL WAYS MENTIONED. DO NOT READ OUT RESPONSES.	RADIO A TELEVISION B NEWS PAPER/MAGAZINE C POSTER D HEALTH PROFESSIONAL E RELIGIOUS INSTITUTION F SCHOOL/TEACHER G COMMUNITY MEETING H FRIEND/RELATIVE I WORK PLACE J OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO				
725	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN A GENITAL DISCHARGE/DРИPPING .. B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCE L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z</p>					
726	<p>If woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any other?</p> <p>RECORD ALL SYMPTOMS MENTIONED. DO NOT READ OUT RESPONSES.</p>	<p>ABDOMINAL PAIN A GENITAL DISCHARGE/DРИPPING .. B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K HARD TO GET PREGNANT/HAVE A CHILD L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z</p>					
727	RECORD THE TIME	<p>HOUR</p> <p>MINUTES</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>					