

# Vanuatu National Survey on Women's Lives and Family Relationships



Survey conducted by the Vanuatu Women's Centre in partnership with  
the Vanuatu National Statistics Office

Draft 7 English language version,  
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This survey instrument was adapted by Vanuatu Women's Centre with permission from the "WHO Multi-Country Study on Women's Health and Life Experiences, Final Core Questionnaire, version 10", © World Health Organization, 2003.



Australian Government  
AusAID

The logo for nzaid, featuring a stylized wave or swoosh above the word "nzaid" in a bold, lowercase sans-serif font.

# ADMINISTRATION FORM

IDENTIFICATION				
LOCATION (CAPITAL/TOWN - VILA = 1, LUGANVILLE = 2; RURAL PROVINCES - TORBA = 3, SANMA = 4, PENAMA = 5, MALAMPA = 6, SHEFA = 7, TAFEA = 8) VILLAGE _____ ENUMERATION AREA NUMBER ..... HOUSEHOLD NUMBER .....  NAME OF HOUSEHOLD HEAD : _____				[   ]  [   ][   ][   ][   ] [   ][   ][   ][   ]
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [   ][   ] MONTH [   ][   ] YEAR [   ][   ][   ][   ] INTERVIEWER [   ][   ] RESULT [   ][   ]
INTERVIEWERS NAME RESULT***	_____ _____	_____ _____	_____ _____	
NEXT VISIT: DATE TIME LOCATION	_____ _____ _____	_____ _____ _____		TOTAL NUMBER OF VISITS [   ]
QUESTIONNAIRES COMPLETED?  [   ] 1. None completed ⇒	<b>*** RESULT CODES</b>  Refused (specify): _____ .....11 Dwelling vacant or address not a dwelling 12 Dwelling destroyed .....13 Dwelling not found, not accessible .....14 Entire hh absent for extended period.....15 No hh member at home at time of visit.....16 Hh respondent postponed interview .....17  Entire hh speaking unknown language. ...18			CHECK HH SELECTION FORM:  TOTAL IN HOUSEHOLD (Q1) [   ][   ]  TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN (Q3, total with YES) [   ][   ]
[   ] 2. HH selection form (and in most cases HH questionnaire) only ⇒	Selected woman refused (specify): _____ .....21 No eligible woman in household .....22 Selected woman not at home .....23 Selected woman postponed interview .....24 Selected woman incapacitated .....25			LINE NUMBER OF SELECTED FEMALE RESPONDENT (Q3) [   ][   ]
[   ] 3. Woman's questionnaire partly ⇒	Does not want to continue (specify) : _____ .....31 Rest of interview postponed to next visit .....32			
[   ] 4. Woman's questionnaire completed ⇒	.....41			
LANGUAGE OF QUESTIONNAIRE (Bislama = 1; English = 2; French = 3) LANGUAGE INTERVIEW CONDUCTED IN (Bislama = 1; English = 2; French = 3; Other = 4)				[   ] [   ]
QUALITY CONTROL PROCEDURE CONDUCTED (1 = yes, 2 = no)				[   ]
FIELD SUPERVISOR  NAME [   ][   ] DAY [   ][   ] MONTH [   ][   ] YEAR [   ][   ][   ][   ]	QUESTIONNAIRE CHECKED BY  NAME [   ][   ] DAY [   ][   ] MONTH [   ][   ] YEAR [   ][   ][   ][   ]	OFFICE EDITOR  NAME [   ][   ]	ENTERED BY  ENTRY 1: _____  ENTRY 2: _____	

IF MORE THAN ONE HH IN SELECTED DWELLING: FILL OUT SEPERATE HH SELECTION FORM FOR EACH ONE  
THE MALE HEAD OF THE HOUSEHOLD CAN ANSWER THESE QUESTIONS, OR ANY RESPONSIBLE ADULT IN HOUSEHOLD – SUCH AS ANY ADULT WOMAN, GRANDPARENTS OR A CHILD OVER 15 YEARS.

HOUSEHOLD SELECTION FORM					
	Hello, my name is _____. I am here from the Vanuatu Women's Centre and National Statistics Office. We want to learn about women's lives and family relationships. There are 3 parts to the survey – for the first 2 parts, we would like to talk to the head of the household. If he/she is not here, we would like to talk to another adult. For the third part, we would like to talk to one woman, who will be chosen by chance.				
1	Please can you tell me how many people live here, and share food? PROBE: Does this include children (including infants) living here? Does it include any other people who may not be members of your family, such as house-girls, house-boys, friends, visitors or relatives who have lived here and shared food for more than one month? MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL			TOTAL NUMBER OF PEOPLE IN HOUSEHOLD [ ]	
2	Is the head of the household male or female? PUT BOTH IF THEY DON'T WANT TO SAY EITHER MALE OR FEMALE			MALE ..... 1 FEMALE ..... 2 BOTH ..... 3	
	FEMALE HOUSEHOLD MEMBERS	RELATIONSHIP TO HH HEAD	RESIDENCE	AGE	ELIGIBLE
3	Today we would like to talk to one woman from your household. To help me to identify whom I should talk to, would you please give me the first names of all girls or women who usually live in your household (and share food).	What is the relationship of NAME to the head of the household.* (USE CODES BELOW)	Does NAME usually live here? SPECIAL CASES: SEE (A) BELOW. YES NO	How old is NAME? (YEARS, estimate)	SEE CRITERIA BELOW (A + B) YES NO
LINE NUM.					
1			1 2		1 2
2			1 2		1 2
3			1 2		1 2
4			1 2		1 2
5			1 2		1 2
6			1 2		1 2
7			1 2		1 2
8			1 2		1 2
9			1 2		1 2
10			1 2		1 2
<b>CODES</b> 01 HEAD 02 WIFE (or PARTNER) 03 DAUGHTER OF BOTH WIFE AND HUSBAND 04 DAUGHTER FROM FORMER RELATIONSHIP OF WIFE 05 DAUGHTER FROM FORMER RELATIONSHIP OF HUSBAND 06 ADOPTED DAUGHTER 07 SISTER 08 SISTER-IN-LAW 09 AUNTY 10 NIECE (HUSBAND) 11 NIECE (WIFE) 12 DAUGHTER-IN-LAW 13 GRANDDAUGHTER 14 MOTHER 15 MOTHER-IN-LAW 16 HOUSE-GIRL 17 ANOTHER RELATIVE 18 VISITOR 19 FRIEND 20 GRANDMOTHER 98 OTHER NOT RELATIVE: 99 DON'T KNOW					
<b>(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD:</b> <ul style="list-style-type: none"> <li>HOUSE-GIRLS IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD.</li> <li>VISITORS, FRIENDS OR OTHER RELATIVES IF THEY SLEPT IN THE HOUSEHOLD FOR THE PAST 4 WEEKS.</li> </ul> <b>(B) ELIGIBLE: ANY WOMAN BETWEEN 15 AND 49 YEARS LIVING IN HOUSEHOLD.</b> <b>MORE THAN ONE ELIGIBLE WOMEN IN HH:</b> <ul style="list-style-type: none"> <li>RANDOMLY SELECT ONE ELIGIBLE WOMAN FOR INTERVIEW. TO DO THIS, WRITE THE LINE NUMBERS OF ELIGIBLE WOMEN ON PIECES OF PAPER, AND PUT IN A BAG, CUP OR POT. ASK THE HOUSEHOLD HEAD OR OTHER MEMBER TO PICK OUT A NUMBER – THIS SELECTS THE PERSON TO BE INTERVIEWED.</li> <li>PUT CIRCLE AROUND LINE NUMBER OF WOMAN SELECTED. ASK IF YOU CAN TALK WITH THE SELECTED WOMAN. IF SHE IS NOT AT HOME, AGREE ON DATE FOR RETURN VISIT.</li> <li>CONTINUE WITH HOUSEHOLD QUESTIONNAIRE</li> </ul> <b>NO ELIGIBLE WOMAN IN HH:</b> <ul style="list-style-type: none"> <li>SAY “I cannot continue because I can only interview women 15–49 years old. Thank you for your assistance.”</li> <li>FINISH HERE.</li> </ul>					

\* If both (male and female) are the head, refer to the male.

THE MALE HEAD OF THE HOUSEHOLD CAN ANSWER THESE QUESTIONS, OR ANY RESPONSIBLE ADULT IN HOUSEHOLD – SUCH AS ANY ADULT WOMAN, GRANDPARENTS OR A CHILD OVER 15 YEARS.

HOUSEHOLD QUESTIONNAIRE																																																																								
	QUESTIONS & FILTERS	CODING CATEGORIES																																																																						
1	<p>If you don't mind, I would like to ask you a few questions about your household.</p> <p>What is the main source of drinking-water for your household?</p>	<p>TAP/PIPED WATER INSIDE THE HOUSE .....01</p> <p>OUTSIDE TAP (PIPED WATER) WITH HH .....02</p> <p>PUBLIC TAP .....03</p> <p>WELL-WATER, WITH HOUSEHOLD.....04</p> <p>PUBLIC WELL .....05</p> <p>HANDPUMP WELL, WITH HOUSEHOLD .....06</p> <p>PUBLIC HANDPUMP WELL .....07</p> <p>SPRING WATER .....08</p> <p>RIVER/SMALL CREEK/LAKE .....09</p> <p>RAINWATER TANK .....10</p> <p>RAINWATER DRUM .....11</p> <p>BOTTLED WATER FROM SHOP .....12</p> <p>OTHER: .....96</p> <p>DON'T KNOW .....98</p> <p>REFUSED/NO ANSWER .....99</p>																																																																						
2	<p>What kind of toilet does your household have?</p> <p>VIP = VENTILATED IMPROVED PIT LATRINE</p>	<p>OWN FLUSH TOILET .....01</p> <p>SHARED FLUSH TOILET .....02</p> <p>VIP LATRINE IN THE HOUSEHOLD .....03</p> <p>PUBLIC VIP LATRINE .....04</p> <p>TRADITIONAL PIT TOILET/LATRINE .....05</p> <p>RIVER/CANAL/SEA .....06</p> <p>NO FACILITY/BUSH/FIELD .....07</p> <p>OTHER: .....96</p> <p>DON'T KNOW .....98</p> <p>REFUSED/NO ANSWER .....99</p>																																																																						
3	<p>What are the main materials used in the roof of the house?</p> <p>RECORD OBSERVATION</p>	<p>ROOF FROM NATURAL MATERIALS .....01</p> <p>(coconut leaf, bamboo, grass, cane, natangura leaf)</p> <p>TEMPORARY ROOF (PLASTIC/CARTON) .....02</p> <p>WOOD, TIMBER .....03</p> <p>TILED OR CONCRETE ROOF .....04</p> <p>CORRUGATED IRON .....05</p> <p>OTHER: .....06</p> <p>DON'T KNOW .....98</p> <p>REFUSED/NO ANSWER .....99</p>																																																																						
4	<p>Does your household have:</p> <p>a) Electric light</p> <p>b) A radio</p> <p>c) A television</p> <p>d) A telephone (landline or mobile)</p> <p>e) A refrigerator</p> <p>f) A washing machine</p> <p>g) A microwave oven</p> <p>h) A cooking stove</p> <p>i) An clothes iron</p> <p>j) A table</p> <p>k) A chair</p> <p>l) A bed</p> <p>m) A mattress</p> <p>n) A mat</p> <p>o) A kerosene, hurricane or kolman light</p> <p>p) An axe, big knife, spade, hammer or hoe</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr><td>a) Electric light</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>b) Radio</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>c) Television</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>d) Telephone</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>e) Refrigerator</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>f) Washing machine</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>g) Microwave oven</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>h) Cooking stove</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>i) Clothes Iron</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>j) Table</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>k) Chair</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>l) Bed</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>m) Mattress</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>n) Mat</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>o) Kero/Other Light</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>p) Axe, knife etc</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) Electric light	1	2	8	b) Radio	1	2	8	c) Television	1	2	8	d) Telephone	1	2	8	e) Refrigerator	1	2	8	f) Washing machine	1	2	8	g) Microwave oven	1	2	8	h) Cooking stove	1	2	8	i) Clothes Iron	1	2	8	j) Table	1	2	8	k) Chair	1	2	8	l) Bed	1	2	8	m) Mattress	1	2	8	n) Mat	1	2	8	o) Kero/Other Light	1	2	8	p) Axe, knife etc	1	2	8		
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5	Does any member of your household own: a) A bicycle? b) A motorcycle? c) A car? d) A truck, hilux or 4-wheel drive? e) A speedboat with an engine? f) A canoe?	YES 1 1 1 1 1 1 NO 2 2 2 2 2 2 DK 8 8 8 8 8 8	
6	Do people in your household own any land?	YES .....01 NO .....02 DON'T KNOW .....98 REFUSED/NO ANSWER .....99	
7	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS ..... [ ][ ] DON'T KNOW .....98 REFUSED/NO ANSWER .....99	
8	Are you concerned about the levels of crime in your community (like robberies, assaults or murders)? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED .....01 A LITTLE CONCERNED .....02 VERY CONCERNED .....03 DON'T KNOW .....98 REFUSED/NO ANSWER .....99	
9	In the past 4 weeks, has someone from this household been the victim of a crime in this community, such as a robbery or assault?	YES .....01 NO .....02 DON'T KNOW .....98 REFUSED/NO ANSWER .....99	
9 a	Are you concerned about violence due to land disputes? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED .....01 A LITTLE CONCERNED .....02 VERY CONCERNED .....03 DON'T KNOW .....98 REFUSED/NO ANSWER .....99	
9 b	In the past 4 weeks, has someone from this household been the victim of a crime in this community due to a land dispute?	YES .....01 NO .....02 DON'T KNOW .....98 REFUSED/NO ANSWER .....99	
9 c	Are you concerned about violence due to black magic/sorcery? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED .....01 A LITTLE CONCERNED .....02 VERY CONCERNED .....03 DON'T KNOW .....98 REFUSED/NO ANSWER .....99	
9 d	In the past 4 weeks, has someone from this household been the victim of a crime in this community due to black magic/sorcery?	YES .....01 NO .....02 DON'T KNOW .....98 REFUSED/NO ANSWER .....99	
10	NOTE SEX OF RESPONDENT	MALE .....1 FEMALE .....2	

Thank you very much for your assistance.

Survey on women's lives and family relationships

## WOMAN'S QUESTIONNAIRE

Confidential upon completion

## INDIVIDUAL CONSENT FORM

Hello, my name is \_\_\_\_\_. I am from the Vanuatu Women's Centre and the National Statistics Office. We are conducting a survey to learn about women's lives and family relationships. We would like to talk to you about this. You have been chosen by chance to participate in the survey. (EXPLAIN HOW SHE WAS CHOSEN IF NECESSARY.)

All your answers will be kept strictly secret. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right or wrong answers. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to other women in Vanuatu.

Do you have any questions?

(The interview takes between 30 to 60 minutes to complete.) Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

☐ DOES NOT AGREE TO BE INTERVIEWED      THANK PARTICIPANT FOR HER TIME AND END

☐ AGREES TO BE INTERVIEWED



Is now a good time to talk?

It's very important that we talk in private. Is this a good place to hold the interview, or is there somewhere else that you would like to go?

---

### TO BE COMPLETED BY INTERVIEWER

I CERTIFY THAT I HAVE READ THE ABOVE CONSENT PROCEDURE TO THE PARTICIPANT.

SIGNED:

---

---

REMEMBER, BEFORE YOU GO SOMEWHERE PRIVATE TO TALK, ASK THE WOMAN TO COLLECT ANY DOCUMENT THAT SHOWS HER DATE OF BIRTH, AND THE DATE OF BIRTH AND BIRTH WEIGHT OF HER YOUNGEST CHILD – FOR EXAMPLE, BIRTH CERTIFICATE AND MARRIAGE CERTIFICATE, IF SHE HAS THEM.

DATE OF INTERVIEW: day [ ][ ] month [ ][ ] year [ ][ ][ ][ ]

100. RECORD THE TIME		Hour [ ][ ] (24 h) Minutes [ ][ ]	
<b>SECTION 1      RESPONDENT AND HER COMMUNITY</b>			
QUESTIONS & FILTERS		CODING CATEGORIES	SKIP TO
If you don't mind, I would like to start by asking you a little about <COMMUNITY NAME>.			
<i>INSERT NAME OF COMMUNITY/VILLAGE/ ABOVE AND IN THE QUESTIONS BELOW. IF NO NAME, SAY "IN THIS COMMUNITY/VILLAGE/AREA" AS APPROPRIATE.</i>			
101	Do neighbours in COMMUNITY NAME generally tend to know each other well?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9	
102	If there were a street fight in COMMUNITY NAME would people generally do something to stop it?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9	
103	If someone in COMMUNITY NAME decided to undertake a community project (for example, building a church or community hall, health centre or water system) would most people be willing to contribute time, labour or money?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9	
104	In this community do most people generally trust one another in matters of lending and borrowing things?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9	
105	If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9	
106	I would now like to ask you some questions about yourself. What is your date of birth (day, month and year that you were born)?	DAY ..... [ ][ ] MONTH ..... [ ][ ] YEAR ..... [ ][ ][ ][ ] DON'T KNOW YEAR ..... 9998 REFUSED/NO ANSWER ..... 9999	
107	How old are you now? IF NOT SURE: About how old?	AGE (YEARS) ..... [ ][ ]	
108	How long have you been living continuously in COMMUNITY NAME?	NUMBER OF YEARS ..... [ ][ ] LESS THAN 1 YEAR ..... 00 LIVED ALL HER LIFE ..... 95 VISITOR (AT LEAST 4 WEEKS IN HOUSEHOLD) ..... 96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER ..... 99	
108 a	What is your religion?	NO RELIGION ..... 0 CATHOLIC ..... 01 ANGLICAN ..... 02 ASSEMBLIES OF GOD (AOG) ..... 03 CHURCH OF CHRIST ..... 04 PRESBYTERIAN ..... 05 SEVENTH DAY ADVENTIST ..... 06 APOSTOLIC ..... 07 OTHER: ..... 96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER ..... 99	
109	Can you read and write?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9	



110	Have you ever attended school? SCHOOL INCLUDES PRIMARY, SECONDARY, TERTIARY AND VOCATIONAL EDUCATION	YES ..... 1 <b>NO ..... 2</b> DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9	⇒112
111	What is the highest level of education that you achieved? MARK HIGHEST LEVEL.  ADD UP THE TOTAL NUMBER OF YEARS IN SCHOOLING, INCLUDING TERTIARY EDUCATION	PRIMARY ..... year ..... 1 SECONDARY ..... year ..... 2 TERTIARY ..... year ..... 3  NUMBER OF YEARS SCHOOLING ..... [ ][ ] DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER ..... 99	
112	Where did you grow up? PROBE: Before age 12 where did you live longest?	THIS COMMUNITY ..... 1 OTHER RURAL AREA/VILLAGE/ISLAND ..... 2 ANOTHER TOWN ..... 3 ANOTHER COUNTRY ..... 4 ANOTHER COMMUNITY IN SAME TOWN ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
113	Do any of your family of birth live close enough by that you can easily see/visit them?	YES ..... 1 NO ..... 2 LIVING WITH FAMILY OF BIRTH ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒115
114	How often do you see or talk to a member of your family of birth? Would you say at least once a week, once a month, once a year, or never?	AT LEAST ONCE A WEEK ..... 1 AT LEAST ONCE A MONTH ..... 2 AT LEAST ONCE A YEAR ..... 3 NEVER (HARDLY EVER) ..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
115	When you need help or have a problem, can you usually ask your family of birth for support?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
116 a	Do you regularly attend a group, organization or association?  IF NO, PROMPT: Organizations like women's or community groups, religious groups or political associations.	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒118
117	Is this group (Are any of these groups) attended by women only? (REFER TO THE ATTENDED GROUPS ONLY)	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
118	Has anyone ever prevented you from attending a meeting or participating in an organization? IF YES, ASK: Who prevented you?  MARK ALL THAT APPLY  IF A GOVERNMENT OR COMMUNITY LEADER IS MENTIONED, PROMPT FOR TYPE OF LEADER (e.g. Chief, Police, Church leader etc)	NOT PREVENTED ..... A PARTNER/HUSBAND ..... B PARENTS ..... C PARENTS-IN-LAW/PARENTS OF PARTNER ..... D SON ..... E DAUGHTER ..... F OTHER RELATIVE ..... G GOVERNMENT/COMMUNITY LEADER (specify): ..... H OTHER: ..... X	

118 a	Has anyone ever prevented you from travelling to another village, community or island? IF YES, ASK: Who prevented you?  MARK ALL THAT APPLY  IF A GOVERNMENT OR COMMUNITY LEADER IS MENTIONED, PROMPT FOR TYPE OF LEADER (e.g. Chief, Police, Church leader etc)	NOT PREVENTED ..... A PARTNER/HUSBAND ..... B PARENTS ..... C PARENTS-IN-LAW/PARENTS OF PARTNER ..... D SON ..... E DAUGHTER ..... F OTHER RELATIVE ..... G GOVERNMENT/COMMUNITY LEADER (specify): ..... H OTHER: ..... X	
118 b	Has anyone ever prevented you from accessing or continuing with your education? IF YES, ASK: Who prevented you?  MARK ALL THAT APPLY  IF A GOVERNMENT OR COMMUNITY LEADER IS MENTIONED, PROMPT FOR TYPE OF LEADER (e.g. Chief, Police, Church leader etc)	NOT PREVENTED ..... A PARTNER/HUSBAND ..... B PARENTS ..... C PARENTS-IN-LAW/PARENTS OF PARTNER ..... D SON ..... E DAUGHTER ..... F OTHER RELATIVE ..... G GOVERNMENT/COMMUNITY LEADER (specify): ..... H OTHER: ..... X	
119	Are you <u>currently</u> married or do you have a male partner?  IF RESPONDENT HAS A MALE PARTNER ASK Do you and your partner live together?	CURRENTLY MARRIED ..... 1  LIVING WITH MAN, NOT MARRIED ..... 3  CURRENTLY HAVING A REGULAR PARTNER (SEXUAL RELATIONSHIP), LIVING APART ..... 4  NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A SEXUAL RELATIONSHIP) ..... 5	⇒ 123  ⇒ 123  ⇒ 123
120 a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED ..... 1 YES, LIVED WITH A MAN, BUT NEVER MARRIED ..... 3  NO ..... 5	⇒ 121 ⇒ 121
120 b	Have you ever had a regular male sexual partner?	YES ..... 1  NO ..... 2  REFUSED/NO ANSWER ..... 9	⇒ S2 ⇒ S2
121	Did the <u>last partnership with a man</u> end in divorce or separation, or did your husband/partner die?	DIVORCED ..... 1 SEPARATED/BROKEN UP ..... 2 WIDOWED/PARTNER DIED ..... 3 DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9	⇒ 123
122	Was the divorce/separation initiated by you, by your husband/partner, or did you both decide that you should separate?	RESPONDENT ..... 1 HUSBAND/PARTNER ..... 2 BOTH (RESPONDENT AND PARTNER) ..... 3 HIS RELATIVES ..... 4 HER RELATIVES ..... 5  OTHER: ..... 6 DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9	
123	How many times in your life have you been married and/or lived together with a man? (INCLUDE CURRENT PARTNER IF LIVING TOGETHER)	NUMBER OF TIMES MARRIED/ LIVED TOGETHER ..... [ ] IF "00"  DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER ..... 99	⇒ S2

124	The next few questions are about your <u>current or most recent</u> partnership. Do/did you live with your husband/partner's parents or any of his relatives?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
125	IF CURRENTLY WITH PARTNER: Do you <u>currently</u> live with your parents or any of your relatives? IF NOT CURRENTLY WITH PARTNER: Were you living with your parents or relatives <u>during your last relationship</u> ?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
129	Did you have any kind of marriage ceremony to formalize the union? What type of ceremony did you have? MARK ALL THAT APPLY	NONE.....A CIVIL MARRIAGE.....B RELIGIOUS MARRIAGE.....C CUSTOMARY MARRIAGE.....D OTHER: .....X	⇒S.2
130	In what year was the (first) ceremony performed? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)	YEAR .....[ ][ ][ ][ ] DON'T KNOW/DON'T REMEMBER.....9998 REFUSED/NO ANSWER.....9999	
131	Did you yourself choose your <u>current/most recent</u> husband, did someone else choose him for you, or did he choose you?  IF SHE DID NOT CHOOSE HERSELF, PROBE: Who chose your <u>current/most recent</u> husband for you?	BOTH CHOSE.....1 RESPONDENT CHOSE.....2 RESPONDENT'S FAMILY CHOSE.....3 PARTNER CHOSE.....4 PARTNER'S FAMILY CHOSE.....5 OTHER: .....6 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	⇒133* ⇒133*
131 a	What was the reason that your <u>current/most recent husband</u> was chosen for you?  PROBE THE REASON THAT HER HUSBAND WAS CHOSEN FOR HER	ARRANGED MARRIAGE.....01 SWAPPING ARRANGMENT.....02 COMPENSATION PAYMENT.....03 BRIDE PRICE WAS PAID.....04 PASSED ON TO A MAN IN HER HUSBAND'S FAMILY DUE TO BRIDE PRICE (AFTER HER HUSBAND'S DEATH).....05 MARRIED TO THE MAN WHO RAPED HER.....06 SETTLEMENT FOR LAND DISPUTE.....07 OTHER: .....96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99	
132	Were you forced to marry your <u>current/most recent husband</u> ?	YES 1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
133	Did your marriage involve bride price payment? IF NO, PROBE: Do you expect bride price to be paid in future?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	⇒S.2 ⇒S.2
134	Has all of the bride price been paid for, or does some part still remain to be paid?	ALL PAID.....1 PARTIALLY PAID.....2 NONE PAID.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
135	Do you think that the amount of bride price payment has had a positive impact on how you are treated by your husband and his family, a negative impact, or no particular impact?	POSITIVE IMPACT.....1 NEGATIVE IMPACT.....2 NO IMPACT.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	

BEFORE STARTING WITH SECTION 2:

REVIEW RESPONSES IN SECTION 1 AND MARK MARITAL STATUS ON REFERENCE SHEET, BOX A.

## SECTION 2 GENERAL HEALTH

201	I would now like to ask a few questions about your health and use of health services. Would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT ..... 1 GOOD ..... 2 FAIR ..... 3 POOR ..... 4 VERY POOR ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9																				
201 a	Do you have any physical or intellectual disability?	NO PROBLEM ..... 1 PHYSICAL DISABILITY ..... 2 INTELLECTUAL DISABILITY ..... 3 BOTH ..... 4 OTHER ..... 6 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9																				
202	Now I would like to ask you about your health in the <u>past 4 weeks</u> . How would you describe your ability to walk around? I will give 5 options, which one best describes your situation: Would you say that you have no problems, very few problems, some problems, many problems or that you are unable to walk at all?	NO PROBLEMS ..... 1 VERY FEW PROBLEMS ..... 2 SOME PROBLEMS ..... 3 MANY PROBLEMS ..... 4 UNABLE TO WALK AT ALL ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9																				
203	In the <u>past 4 weeks</u> did you have problems with performing usual activities, such as work, study, household, family or social activities? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?	NO PROBLEMS ..... 1 VERY FEW PROBLEMS ..... 2 SOME PROBLEMS ..... 3 MANY PROBLEMS ..... 4 UNABLE TO PERFORM USUAL ACTIVITIES ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9																				
204	In the <u>past 4 weeks</u> have you been in pain or discomfort? Please choose from the following 5 options. Would you say not at all, slight pain or discomfort, moderate, severe or extreme pain or discomfort?	NO PAIN OR DISCOMFORT ..... 1 SLIGHT PAIN OR DISCOMFORT ..... 2 MODERATE PAIN OR DISCOMFORT ..... 3 SEVERE PAIN OR DISCOMFORT ..... 4 EXTREME PAIN OR DISCOMFORT ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9																				
205	In the <u>past 4 weeks</u> have you had problems with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	NO PROBLEMS ..... 1 VERY FEW PROBLEMS ..... 2 SOME PROBLEMS ..... 3 MANY PROBLEMS ..... 4 EXTREME MEMORY PROBLEMS ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9																				
206	In the <u>past 4 weeks</u> have you had:  a) Dizziness b) Vaginal discharge	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) DIZZINESS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) VAGINAL DISCHARGE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) DIZZINESS	1	2	8	b) VAGINAL DISCHARGE	1	2	8								
	YES	NO	DK																			
a) DIZZINESS	1	2	8																			
b) VAGINAL DISCHARGE	1	2	8																			
207	In the <u>past 4 weeks</u> , have you taken medication: (including medicine/tablets or custom medicine) a) To help you calm down or sleep? b) To relieve pain? c) To help you not feel sad or depressed? FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?	<table border="1"> <thead> <tr> <th></th> <th>NO</th> <th>ONCE OR TWICE</th> <th>A FEW TIMES</th> <th>MANY TIMES</th> </tr> </thead> <tbody> <tr> <td>a) FOR SLEEP</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>b) FOR PAIN</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>c) FOR SADNESS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		NO	ONCE OR TWICE	A FEW TIMES	MANY TIMES	a) FOR SLEEP	1	2	3	4	b) FOR PAIN	1	2	3	4	c) FOR SADNESS	1	2	3	4
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c) FOR SADNESS	1	2	3	4																		

208	<p>In the <u>past 4 weeks</u>, did you consult a doctor or other professional or traditional health worker or church leader because you yourself were sick?</p> <p>IF YES: Whom did you consult? MARK ALL THAT APPLY</p> <p>PROBE: Did you also see anyone else?</p> <p>IF SHE MENTIONS A COUNSELLOR, PROBE: Where did you see a counsellor?</p>	<p>NO ONE CONSULTED..... A</p> <p>DOCTORB</p> <p>NURSE C</p> <p>MIDWIFE ..... D</p> <p>AID POST WORKER ..... E</p> <p>PHARMACIST..... F</p> <p>CUSTOM DOCTOR ..... G</p> <p>TRADITIONAL BIRTH ATTENDANT ..... H</p> <p>CHURCH LEADER ..... I</p> <p>COUNSELLOR (where?): ..... J</p> <p>OTHER: ..... X</p>																																																																	
209	<p>The next questions are related to other common problems that may have bothered you in the <u>past 4 weeks</u>. If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no.</p> <p>a) Do you often have headaches?</p> <p>b) Is your appetite poor?</p> <p>c) Do you sleep badly?</p> <p>d) Are you easily frightened?</p> <p>e) Do your hands shake?</p> <p>f) Do you feel nervous, tense or worried?</p> <p>g) Is your digestion poor?</p> <p>h) Do you have trouble thinking clearly?</p> <p>i) Do you feel unhappy?</p> <p>j) Do you cry more than usual?</p> <p>k) Do you find it difficult to enjoy your daily activities?</p> <p>l) Do you find it difficult to make decisions?</p> <p>m) Are you finding it hard to do your daily work?</p> <p>n) Do you feel unable to be active and useful in your life?</p> <p>o) Are you no longer interested in things that you used to enjoy?</p> <p>p) Do you feel that you are a worthless person?</p> <p>q) Have you been thinking of ending your life?</p> <p>r) Do you feel tired all the time?</p> <p>s) Do you have uncomfortable feelings in your stomach?</p> <p>t) Are you easily tired?</p>	<table><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>a) HEADACHES</td><td>1</td><td>2</td></tr><tr><td>b) APPETITE</td><td>1</td><td>2</td></tr><tr><td>c) SLEEP BADLY</td><td>1</td><td>2</td></tr><tr><td>d) FRIGHTENED</td><td>1</td><td>2</td></tr><tr><td>e) HANDS SHAKE</td><td>1</td><td>2</td></tr><tr><td>f) NERVOUS</td><td>1</td><td>2</td></tr><tr><td>g) DIGESTION</td><td>1</td><td>2</td></tr><tr><td>h) THINKING</td><td>1</td><td>2</td></tr><tr><td>i) UNHAPPY</td><td>1</td><td>2</td></tr><tr><td>j) CRY MORE</td><td>1</td><td>2</td></tr><tr><td>k) NOT ENJOY</td><td>1</td><td>2</td></tr><tr><td>l) DECISIONS</td><td>1</td><td>2</td></tr><tr><td>m) WORK SUFFERS</td><td>1</td><td>2</td></tr><tr><td>n) USEFUL</td><td>1</td><td>2</td></tr><tr><td>o) LOST INTEREST</td><td>1</td><td>2</td></tr><tr><td>p) WORTHLESS</td><td>1</td><td>2</td></tr><tr><td>q) ENDING LIFE</td><td>1</td><td>2</td></tr><tr><td>r) FEEL TIRED</td><td>1</td><td>2</td></tr><tr><td>s) STOMACH</td><td>1</td><td>2</td></tr><tr><td>t) EASILY TIRED</td><td>1</td><td>2</td></tr></tbody></table>			YES	NO	a) HEADACHES	1	2	b) APPETITE	1	2	c) SLEEP BADLY	1	2	d) FRIGHTENED	1	2	e) HANDS SHAKE	1	2	f) NERVOUS	1	2	g) DIGESTION	1	2	h) THINKING	1	2	i) UNHAPPY	1	2	j) CRY MORE	1	2	k) NOT ENJOY	1	2	l) DECISIONS	1	2	m) WORK SUFFERS	1	2	n) USEFUL	1	2	o) LOST INTEREST	1	2	p) WORTHLESS	1	2	q) ENDING LIFE	1	2	r) FEEL TIRED	1	2	s) STOMACH	1	2	t) EASILY TIRED	1	2	
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210	<p>Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: In your life, have you <u>ever</u> thought about ending your life?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER ..... 8</p> <p>REFUSED/NO ANSWER..... 9</p>	⇒212																																																																
211	<p>Have you <u>ever</u> tried to take your life?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER ..... 8</p> <p>REFUSED/NO ANSWER..... 9</p>																																																																	
212	<p>In the <u>past 12 months</u>, have you had an operation (other than a caesarean section)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER ..... 8</p> <p>REFUSED/NO ANSWER..... 9</p>																																																																	
213	<p>In the <u>past 12 months</u>, did you have to spend any nights in a hospital/clinic/aid post/health centre or dispensary because you were sick (other than to give birth)?</p> <p>IF YES: How many nights in the past 12 months?</p>	<p>NIGHTS IN HOSPITAL ..... [ ][ ]</p> <p>NONE ..... 00</p> <p>DON'T KNOW/DON'T REMEMBER ..... 98</p> <p>REFUSED/NO ANSWER..... 99</p>																																																																	

214	Do you <u>now</u> smoke..... 1. Daily? 2. Occasionally? 3. Not at all?	DAILY ..... 1 OCCASIONALLY ..... 2 NOT AT ALL ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒216 ⇒216
215	Have you <u>ever</u> smoked in your life? Did you ever smoke.... 1. Daily? (smoking at least once a day) 2. Occasionally? (at least 100 cigarettes in your lifetime, but never daily) 3. Not at all? (not at all, or less than 100 cigarettes in your life time)	DAILY ..... 1 OCCASIONALLY ..... 2 NOT AT ALL ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
216	How often do you drink alcohol or home brew? Would you say: 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year  5. Never	EVERY DAY ..... 1 ONCE OR TWICE A WEEK ..... 2 ONCE OR TWICE A MONTH ..... 3 ONCE OR TWICE A YEAR ..... 4  NEVER ..... 5  DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒217a
217	On the days that you drank alcohol or home brew in the <u>past 4 weeks</u> , about how many alcoholic drinks did you usually have a day?	USUAL NUMBER OF DRINKS ..... [ ][ ] NO ALCOHOLIC DRINKS IN PAST 4 WEEKS ..... 00	
217 a	How often do you drink kava? Would you say: 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year  5. Never	EVERY DAY ..... 1 ONCE OR TWICE A WEEK ..... 2 ONCE OR TWICE A MONTH ..... 3 ONCE OR TWICE A YEAR ..... 4  NEVER ..... 5  DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒S.3 OR IF YES TO Q216, GO TO 218
217 b	On the days that you drank kava in the <u>past 4 weeks</u> , about how many shells did you usually have a day?	USUAL NUMBER OF DRINKS ..... [ ][ ] NO KAVA DRINKS IN PAST 4 WEEKS ..... 00	
218	In the <u>past 12 months</u> , have you experienced any of the following problems, related to your drinking of alcohol, home brew or kava? a) money problems b) health problems c) conflict with family, relatives or friends d) problems with authorities (bar owner, police, chief, church leaders) x) other, specify.	YES NO a) MONEY PROBLEMS 1 2 b) HEALTH PROBLEMS 1 2 c) CONFLICT 1 2 d) PROBLEMS WITH AUTHORITIES 1 2 x) OTHER: _____ 1 2	

### SECTION 3 REPRODUCTIVE HEALTH

SECTION 3 REPRODUCTIVE HEALTH			
Now I would like to ask about all of the children that you may have given birth to during your life.			
301	Have you ever given birth? How many children have you given birth to that were alive when they were born? (INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG)	NUMBER OF CHILDREN BORN ..... [ ][ ]  <div style="text-align: right; color: blue;">IF 1 OR MORE .....⇒</div> NONE ..... 00	⇒ 303
302	Have you ever been pregnant?	YES..... 1 NO ..... 2 MAYBE/NOT SURE ..... 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER ..... 9	⇒ 304 ⇒ 310 ⇒ 310 ⇒ 310 ⇒ 310
303	How many children do you have, who are alive now? RECORD NUMBER	CHILDREN ..... [ ][ ] NONE ..... 00	
304	Have you ever given birth to a boy or a girl who was born alive, but later died? This could be at any age. IF NO, PROBE: Any baby who cried or showed signs of life but survived for only a few hours or days?	YES 1 NO ..... 2	⇒ 306
305	a) How many sons have died? a) How many daughters have died? (THIS IS ABOUT ALL AGES)	a) SONS DEAD ..... [ ][ ] b) DAUGHTERS DEAD ..... [ ][ ] IF NONE ENTER '00'	
306	Do (did) all your children have the same biological father, or more than one father?	ONE FATHER..... 1 MORE THAN ONE FATHER ..... 2 N/A (NEVER HAD LIVE BIRTH) ..... 7 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER ..... 9	⇒ 308
307	How many of your children receive financial support from their father(s)? Would you say none, some children or all children?  IF ONLY ONE CHILD AND SHE SAYS 'YES,' CODE '3' ('ALL').	NONE ..... 1 SOME ..... 2 ALL ..... 3 N/A ..... 7 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER ..... 9	
308	How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy? PROBE: How many pregnancies were with twins, triplets?	a) TOTAL NO. OF PREGNANCIES. .... [ ][ ] b) PREGNANCIES WITH TWINS ..... [ ] c) PREGNANCIES WITH TRIPLETS ..... [ ]	
309	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? PROBE: How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort?	a) MISCARRIAGES ..... [ ][ ] b) STILLBIRTHS ..... [ ][ ] c) ABORTIONS ..... [ ][ ] IF NONE ENTER '00'	
310	Are you pregnant now?	YES..... 1 NO ..... 2 MAYBE ..... 3	⇒ A ⇒ B ⇒ B
DO EITHER A OR B:                      IF PREGNANT NOW ==>   <div style="text-align: right;">IF NOT PREGNANT NOW ==&gt;</div>		A. [301] ____ + [309 a+b+c] ____ + 1 = [308a] ____ + [308b] ____ + [ 2x308c] ____ = ____  B. [301] ____ + [309 a+b+c] ____ = [308a] ____ + [308b] ____ + [ 2x308c] ____ = ____	
<b>VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.</b>			
311	Have you ever used anything, or tried in any way, to delay or avoid getting pregnant?	YES..... 1 NO ..... 2 NEVER HAD SEXUAL INTERCOURSE ..... 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER ..... 9	⇒ 315 ⇒ 315

312	Are you <u>currently</u> doing something, or using any method, to delay or avoid getting pregnant?	YES..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER ..... 9	⇒315
313	What (main) method are you <u>currently</u> using?  IF MORE THAN ONE, ONLY MARK MAIN METHOD	PILL/TABLETS ..... 01 INJECTABLES ..... 02 IUD/LOOP..... 03 FEMALE CONDOM..... 04 CALENDAR/MUCUS METHOD..... 05 FEMALE STERILIZATION..... 06  CONDOMS ..... 07 MALE STERILIZATION/VASECTOMY ..... 08 WITHDRAWAL ..... 09  HERBS ..... 10 OTHER: ..... 96  DON'T KNOW/DON'T REMEMBER..... 98 REFUSED/NO ANSWER ..... 99	⇒315 ⇒315 ⇒315
314	Does your <u>current</u> husband/partner know that you are using a method of family planning?	YES..... 1 NO ..... 2 N/A: NO CURRENT PARTNER ..... 7 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER ..... 9	
315	Has/did your <u>current/most recent</u> husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?	YES..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER ..... 9	⇒317 ⇒317 ⇒317
316	How did he let you know that he disapproved of using methods to avoid getting pregnant?  MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE ..... A SHOUTED/GOT ANGRY ..... B THREATENED TO BEAT ME..... C THREATENED TO LEAVE/THROW ME OUT OF HOME..... D BEAT ME/PHYSICALLY ASSAULTED..... E TOOK OR DESTROYED METHOD ..... F TOLD HIS OR HER RELATIVES ..... G TOLD THE CHIEF ..... H THREATENED TO GET ANOTHER WOMAN ..... I GOT ANOTHER WOMAN ..... J LEFT THE HOME TEMPORARILY ..... K THREATENED TO DESERT HER OR DESERTED HER ..... L  OTHER ..... X	
317	Apart from what you have told me before, I would now like to ask some specific questions about condoms. Have you ever used a condom with your <u>current/most recent</u> partner?	YES..... 1 NO ..... 2  DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER ..... 9	⇒318
317 a	The last time that you had sex with your <u>current/most recent partner</u> did you use a condom?	YES..... 1 NO ..... 2  DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER ..... 9	
318	Have you ever asked your <u>current/most recent</u> partner to use a condom?	YES..... 1 NO ..... 2  DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER ..... 9	



319	Has your <u>current/most recent</u> husband/partner ever refused to use a condom?	YES..... 1 NO ..... 2  DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER ..... 9	⇒S.4  ⇒S.4 ⇒S.4
320	How did he let you know that he disapproved of using a condom?  MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE..... A SHOUTED/GOT ANGRY..... B THREATENED TO BEAT ME..... C THREATENED TO LEAVE/THROW ME OUT OF HOME ..... D BEAT ME/PHYSICALLY ASSAULTED..... E TOOK OR DESTROYED CONDOM..... F ACCUSED ME OF BEING UNFAITHFUL/ NOT A GOOD WOMAN..... G LAUGHED AT/NOT TAKE ME SERIOUS ..... H SAID IT IS NOT NECESSARY ..... I TOLD HIS OR HER RELATIVES ..... J TOLD THE CHIEF ..... K THREATENED TO GET ANOTHER WOMAN ..... L GOT ANOTHER WOMAN ..... M LEFT THE HOME TEMPORARILY ..... N THREATENED TO DESERT HER OR DESERTED HER ..... O  OTHER..... X	
BEFORE STARTING WITH SECTION 4: REVIEW RESPONSES AND MARK REPRODUCTIVE HISTORY ON REFERENCE SHEET, BOX B.			

## SECTION 4 CHILDREN

CHECK: Ref. Sheet, box B, point Q  (s4bir)		ANY LIVE BIRTHS [ ] ↓ (1)	NO LIVE BIRTHS [ ] ⇒ (2)	⇒S.5
401	I would like to ask about the last time that you gave birth (Live birth, regardless of whether the child is still alive or not). What is the date of birth of this child?		DAY ..... [ ][ ] MONTH ..... [ ][ ] YEAR ..... [ ][ ][ ]	
402	What name was given to your last born child?  Is (NAME) a boy or a girl?		NAME: .....  BOY ..... 1 GIRL ..... 2	
403	Is your last born child (NAME) still alive?		YES ..... 1 NO ..... 2	⇒405
404	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS CHECK AGE WITH BIRTH DATE		AGE IN YEARS ..... [ ][ ] IF NOT YET COMPLETED 1 YEAR ..... 00	⇒406 ⇒406
405	How old was (NAME) when he/she died?		YEARS ..... [ ][ ] MONTHS (IF LESS THAN 1 YEAR) ..... [ ][ ] DAYS (IF LESS THAN 1 MONTH) ..... [ ][ ]	
406	CHECK IF DATE OF BIRTH OF LAST CHILD (IN Q401) IS MORE OR LESS THAN 5 YEARS AGO		5 OR MORE YEARS AGO ..... 1 LESS THAN 5 YEARS AGO ..... 2	⇒417
407	I would like to ask you about your <u>last pregnancy</u> . At the time you became pregnant with this child (NAME), did you want to become pregnant then, did you want to wait until later, did you want no (more) children, or did you not mind either way?		BECOME PREGNANT THEN ..... 1 WAIT UNTIL LATER ..... 2 NOT WANT CHILDREN ..... 3 NOT MIND EITHER WAY ..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
408	At the time you became pregnant with this child (NAME), did your husband/partner want you to become pregnant then, did he want to wait until later, did he want no (more) children at all, or did he not mind either way?		BECOME PREGNANT THEN ..... 1 WAIT UNTIL LATER ..... 2 NOT WANT CHILDREN ..... 3 NOT MIND EITHER WAY ..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
409	When you were pregnant with this child (NAME), did you see anyone for an antenatal check? IF YES: Whom did you see? Anyone else?  MARK ALL THAT APPLY		NO ONE ..... A  DOCTOR ..... B OBSTETRICIAN/GYNAECOLOGIST ..... C NURSE/MIDWIFE ..... D AID POST WORKER ..... E TRADITIONAL BIRTH ATTENDANT ..... F OTHER: ..... ..... X	
410	Did your husband/partner stop you, encourage you, or have no interest in whether you received antenatal care for your pregnancy?		STOP ..... 1 ENCOURAGE ..... 2 NO INTEREST ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
411	When you were pregnant with this child, did your husband/partner have preference for a son, a daughter or did it not matter to him whether it was a boy or a girl?		SON ..... 1 DAUGHTER ..... 2 DID NOT MATTER ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	

412	During this pregnancy, did you drink any alcohol, home brew or kava? IF YES: Which ones did you drink during this pregnancy?  MARK ALL THAT APPLY	NO .....A  ALCOHOL .....B HOME BREW.....C KAVA .....D OTHER (specify).....X	
413	During this pregnancy, did you smoke any cigarettes or use tobacco or marijuana? IF YES: Which ones did you smoke?  MARK ALL THAT APPLY	NO .....A  CIGARETTES/TOBACCO.....B MARIJUANA .....C OTHER (specify).....X	
414	Were you given a (postnatal) check-up at any time during the 6 weeks after delivery?	YES .....1 NO .....2 NO, CHILD NOT YET SIX WEEKS OLD .....3 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER.....9	
415	Was this child (NAME) weighed at birth?	YES .....1 NO .....2 DON'T KNOW /DON'T REMEMBER .....8 REFUSED/NO ANSWER.....9	⇒417 ⇒417
416	How much did he/she weigh? RECORD FROM HEALTH CARD WHERE POSSIBLE	KG FROM CARD [ ] [ ] .....1 KG FROM RECALL [ ] [ ] .....2 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER.....9	
417	Do you have any children aged between <u>6 and 14</u> years? How many? (include 6-year-old and 14-year-old children)	NUMBER ..... [ ] [ ] NONE .....00	⇒S.5
418	a) How many are boys? b) How many are girls?	a) BOYS ..... [ ] b) GIRLS ..... [ ]	
419	How many of these children (ages 6-14 years) currently live with you? PROBE: a) How many boys? b) How many girls?	a) BOYS ..... [ ] b) GIRLS ..... [ ] IF "0" FOR BOTH SEXES ==== GO TO ⇒	⇒S.5
420	Do any of these children (ages 6-14 years):  a) Have nightmares often? b) Suck their thumbs or fingers? c) Wet their bed often? d) Are any of these children very quiet or withdrawn, or find it difficult to talk to or play with other children? e) Are any of them aggressive with you or other children?	YES NO DK a) NIGHTMARES 1 2 8 b) SUCK THUMB 1 2 8 c) WET BED 1 2 8 d) QUIET/ALONE 1 2 8 e) AGGRESSIVE 1 2 8	
421	Of these children (ages 6-14 years), how many of your boys and how many of your girls have ever run away from home?	a) NUMBER OF BOYS RUN AWAY ..... [ ] b) NUMBER OF GIRLS RUN AWAY ..... [ ] IF NONE ENTER '0'	
422	Of these children (ages 6-14 years), how many of your boys and how many of your girls are studying/in school?	a) BOYS ..... [ ] b) GIRLS ..... [ ] IF "0" FOR BOTH SEXES ==== GO TO ⇒	⇒S.5
423	Have any of these children had to repeat (failed) a year at school?  MAKE SURE ONLY CHILDREN AGED 6-14 YEARS.	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER.....9	
424	Have any of these children stopped school for a while or dropped out of school?  MAKE SURE ONLY CHILDREN AGED 6-14 YEARS.	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER.....9	

SECTION 5 CURRENT OR MOST RECENT HUSBAND/PARTNER				
CHECK: Ref. sheet, Box A  (s5mar)	CURRENTLY MARRIED, OR LIVING WITH A MAN/WITH SEXUAL PARTNER (Options K, L) [ ] ↓ (1)	FORMERLY MARRIED/ LIVING WITH A MAN/ WITH SEXUAL PARTNER (Option M) [ ] ↓ (2)	NEVER MARRIED/ NEVER LIVED WITH A MAN (NEVER SEXUAL PARTNER) (Option N) [ ] ⇒ (3)	⇒ S.5
501	I would now like you to tell me a little about your <u>current/most recent</u> husband/partner. How old was your husband/partner on his last birthday? PROBE: IF SHE DOES NOT KNOW HIS AGE: Is he much older or younger than you? IF MOST RECENT PARTNER DIED: How old would he be now if he were alive?	AGE (YEARS) ..... [ ][ ]  MUCH OLDER THAN HER..... 1 A BIT OLDER ..... 2 MUCH YOUNGER THAN HER..... 3 A BIT YOUNGER ..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER..... 9		
502	In what year was he born?	YEAR ..... [ ][ ][ ][ ] DON'T KNOW/DON'T REMEMBER ..... 9998 REFUSED/NO ANSWER..... 9999		
503	Can (could) he read and write?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER..... 9		
504	Did he ever attend school?	YES 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER..... 9		⇒ 506
505	What is the highest level of education that he achieved? MARK HIGHEST LEVEL.  CONVERT TO YEARS IN SCHOOL	PRIMARY _____ year ..... 1 SECONDARY _____ year ..... 2 TERTIARY _____ year ..... 3 DON'T KNOW ..... 8  NUMBER OF YEARS SCHOOLING..... [ ][ ] DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER..... 99		
506	IF CURRENTLY WITH PARTNER: Is he currently working, looking for work or unemployed, retired or studying? IF NOT CURRENTLY WITH PARTNER: Towards the end of your relationship was he working, looking for work or unemployed, retired or studying?	WORKING ..... 1 LOOKING FOR WORK/UNEMPLOYED..... 2 RETIRED ..... 3 STUDENT ..... 4 DISABLED/LONG TERM SICK..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER..... 9		⇒ 508 ⇒ 508 ⇒ 509
507	When did his last job finish? Was it in the past 4 weeks, between 4 weeks and 12 months ago, or before that? (FOR MOST RECENT HUSBAND/PARTNER: in the last 4 weeks or in the last 12 months of your relationship?)	IN THE PAST 4 WEEKS ..... 1 4 WKS - 12 MONTHS AGO ..... 2 MORE THAN 12 MONTHS AGO ..... 3 NEVER HAD A JOB..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER..... 9		⇒ 509
508	What kind of work does/did he normally do?  SPECIFY KIND OF WORK FOR EACH ANSWER	PROFESSIONAL: ..... 01 OWN BUSINESS: ..... 02 LABOURER: ..... 03 MILITARY/POLICE: ..... 04 SELF EMPLOYED: ..... 05 (agriculture, fishing, forestry, carving, vending, sewing) CIVIL SERVANT: ..... 06 (national, provincial, area) POLITICIAN: ..... 07 OTHER: ..... 96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER ..... 99		

509	How often does/did your husband drink alcohol/home brew? 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never	EVERY DAY ..... 1 ONCE OR TWICE A WEEK ..... 2 ONCE OR TWICE A MONTH ..... 3 ONCE OR TWICE A YEAR ..... 4 NEVER ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒512a
510	In the <u>past 12 months</u> (In the last 12 months of your last relationship), how often have you seen (did you see) your husband/partner drunk on alcohol or home brew? Would you say most days, once or twice a week, once or twice a month, once or twice a year, or never?	MOST DAYS ..... 1 ONCE OR TWICE A WEEK ..... 2 ONCE OR TWICE A MONTH ..... 3 ONCE OR TWICE A YEAR ..... 4 NEVER ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
511	In the <u>past 12 months</u> (In the last 12 months of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking of alcohol or home brew? a) Money problems b) Family problems PROBE: What kind of family problems? (damage to property, quarrelling, threat to her/children/relatives/others, assault to her/children/relatives/others, going with another woman, sexual harassment, sexual violence, STIs, loss of job, his health) x) Any other problems, specify.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 TYPE OF FAMILY PROBLEM: _____ x) OTHER: _____ 1 2	
511 a	How often does/did your husband drink kava? 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never	EVERY DAY ..... 1 ONCE OR TWICE A WEEK ..... 2 ONCE OR TWICE A MONTH ..... 3 ONCE OR TWICE A YEAR ..... 4 NEVER ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒512
511 b	In the <u>past 12 months</u> (In the last 12 months of your last relationship), how often have you seen (did you see) your husband/partner drunk on kava? Would you say most days, once or twice a week, once or twice a month, once or twice a year, or never?	MOST DAYS ..... 1 ONCE OR TWICE A WEEK ..... 2 ONCE OR TWICE A MONTH ..... 3 ONCE OR TWICE A YEAR ..... 4 NEVER ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
511 c	In the <u>past 12 months</u> (In the last 12 months of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking of kava? a) Money problems b) Family problems PROBE: What kind of family problems? (damage to property, quarrelling, threat to her/children/relatives/others, assault to her/children/relatives/others, going with another woman, sexual harassment, sexual violence, STIs, loss of job, his health) y) Any other problems, specify.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 TYPE OF FAMILY PROBLEM: _____ x) OTHER: _____ 1 2	
512	Does/did your husband/partner ever use drugs? Would you say: 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never  IF YES, PROBE: What kind of drug?	EVERY DAY ..... 1 ONCE OR TWICE A WEEK ..... 2 ONCE OR TWICE A MONTH ..... 3 ONCE OR TWICE A YEAR ..... 4 NEVER ..... 5 IN THE PAST, NOT NOW ..... 6 TYPE OF DRUG _____ DON'T KNOW /DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	

512 a	How often does/did your husband gamble? 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never	EVERY DAY ..... 1 ONCE OR TWICE A WEEK ..... 2 ONCE OR TWICE A MONTH ..... 3 ONCE OR TWICE A YEAR ..... 4 NEVER ..... 5 IN THE PAST, NOT NOW ..... 6 DON'T KNOW /DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒513
512 b	In the <u>past 12 months</u> (In the <u>last 12 months</u> of your relationship), have you experienced any of the following problems, related to your husband/partner's gambling? a) Money problems b) Family problems PROBE: What kind of family problems? (e.g. damage to property, quarrelling, threat to her/children/relatives/others, assault to her/children/relatives/others, loss of job, his health) x) Any other problems, specify.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 TYPE OF FAMILY PROBLEM (specify): _____ x) OTHER: 1 2	
513	Since you have known him, has he ever been involved in a physical fight with another man?	YES ..... 1 NO ..... 2 DON'T KNOW /DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒515 ⇒515
514	In the <u>past 12 months</u> (In the <u>last 12 months</u> of the relationship), has this happened never, once or twice, a few times or many times?	NEVER ..... 1 ONCE OR TWICE ..... 2 A FEW (3-5) TIMES ..... 3 MANY (MORE THAN 5) TIMES ..... 4 DON'T KNOW /DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
515	Has your <u>current/most recent</u> husband/partner had a relationship with any other women while being with you?	YES ..... 1 NO ..... 2 MAY HAVE ..... 3 DON'T KNOW /DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒S.6 ⇒S.6
516	Has your <u>current/most recent</u> husband/partner had children with any other woman while being with you?	YES 1 NO ..... 2 MAY HAVE ..... 3 DON'T KNOW /DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	

## SECTION 6 ATTITUDES

	In this community and everywhere, people have different ideas about families and what is acceptable behaviour for men and women in the home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement. I am interested in your opinion, not community opinions. There are no right or wrong answers.																																																		
601	A good wife/partner obeys her husband/partner even if she disagrees	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER..... 9																																																	
602	Family problems should only be discussed with people in the family	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER..... 9																																																	
603	It is important for a man to show his wife/partner that he is the boss	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER..... 9																																																	
604	A woman should be able to choose her own friends even if her husband/partner disapproves	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER..... 9																																																	
605	It's a wife's obligation to have sex with her husband/partner even if she doesn't feel like it	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER..... 9																																																	
606	If a man mistreats his wife/partner, others outside of the family should intervene	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER..... 9																																																	
606 a	A woman or girl should not touch food when she has her monthly period/menstruation	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER..... 9																																																	
606 b	It is all right for a woman or girl to be swapped or exchanged for marriage	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER..... 9																																																	
606 c	If bride price has been paid, a wife becomes the property of the husband	AGREE ..... 1 DISAGREE ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER..... 9																																																	
607	In your opinion, does a man have a good reason to hit his wife/partner if: a) She does not complete her household work to his satisfaction b) She disobeys him c) She refuses to have sexual relations with him d) She asks him whether he has other girlfriends e) He suspects that she is unfaithful f) He finds out that she has been unfaithful g) Brideprice HAS NOT been paid h) Brideprice HAS been paid i) She is living in his house or on his land j) He thinks she needs to be disciplined, taught a lesson or educated k) She is unable to get pregnant	<table><tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr><tr><td>a) HOUSEHOLD</td><td>1</td><td>2</td><td>8</td></tr><tr><td>b) DISOBEYS</td><td>1</td><td>2</td><td>8</td></tr><tr><td>c) NO SEX</td><td>1</td><td>2</td><td>8</td></tr><tr><td>d) GIRLFRIENDS</td><td>1</td><td>2</td><td>8</td></tr><tr><td>e) SUSPECTS</td><td>1</td><td>2</td><td>8</td></tr><tr><td>f) UNFAITHFUL</td><td>1</td><td>2</td><td>8</td></tr><tr><td>g) NOT PAID</td><td>1</td><td>2</td><td>8</td></tr><tr><td>h) BRIDEPRICE PAID</td><td>1</td><td>2</td><td>8</td></tr><tr><td>i) HIS HOUSE/LAND</td><td>1</td><td>2</td><td>8</td></tr><tr><td>j) DISCIPLINE/TEACHING</td><td>1</td><td>2</td><td>8</td></tr><tr><td>k) NOT PREGNANT/BARREN</td><td>1</td><td>2</td><td>8</td></tr></table>		YES	NO	DK	a) HOUSEHOLD	1	2	8	b) DISOBEYS	1	2	8	c) NO SEX	1	2	8	d) GIRLFRIENDS	1	2	8	e) SUSPECTS	1	2	8	f) UNFAITHFUL	1	2	8	g) NOT PAID	1	2	8	h) BRIDEPRICE PAID	1	2	8	i) HIS HOUSE/LAND	1	2	8	j) DISCIPLINE/TEACHING	1	2	8	k) NOT PREGNANT/BARREN	1	2	8	
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608	In your opinion, can a married woman refuse to have sex with her husband if:		YES	NO	DK
	a) She doesn't want to	a) NOT WANT	1	2	8
	b) He is drunk	b) DRUNK	1	2	8
	c) She is sick	c) SICK	1	2	8
	d) He mistreats her	d) MISTREAT	1	2	8
	e) If she suspects/knows that he is HIV+	e) HIV+	1	2	8
	f) She suspects/knows he has an STI	f) STI	1	2	8
	g) He has sex with other women	g) OTHER WOMEN	1	2	8
	h) He has sex with men	h) SEX WITH MEN	1	2	8
	i) She does not want to get pregnant	i) PREGNANT	1	2	8
	j) Brideprice HAS NOT been paid	j) NOT PAID	1	2	8
	k) Brideprice HAS been paid	k) BRIDEPRICE			



# SECTION 7 RESPONDENT AND HER PARTNER

CHECK: Ref. sheet, Box A  (s7mar)		EVER MARRIED/EVER LIVING WITH A MAN/SEXUAL PARTNER (Options K, L, M) [ ] ↓ (1)		NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER SEXUAL PARTNER (Option N) [ ] ⇒ (2)		⇒\$10																																																																																			
<p>When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats (treated) you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept secret, and that you do not have to answer any questions that you do not want to. May I continue?</p>																																																																																									
701	<p>In general, do (did) you and your (current or most recent) husband/partner discuss the following topics together:</p> <p>a) Things that have happened to him in the day b) Things that happen to you during the day c) Your worries or feelings d) His worries or feelings</p>			<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) HIS DAY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) YOUR DAY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) YOUR WORRIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HIS WORRIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>					YES	NO	DK	a) HIS DAY	1	2	8	b) YOUR DAY	1	2	8	c) YOUR WORRIES	1	2	8	d) HIS WORRIES	1	2	8																																																														
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702	<p>In your relationship with your (current or most recent) husband/partner, how often would you say that you quarrelled? Would you say rarely, sometimes or often?</p>			<table border="1"> <tbody> <tr> <td>RARELY .....</td> <td>1</td> </tr> <tr> <td>SOMETIMES .....</td> <td>2</td> </tr> <tr> <td>OFTEN .....</td> <td>3</td> </tr> <tr> <td>DON'T KNOW/DON'T REMEMBER.....</td> <td>8</td> </tr> <tr> <td>REFUSED/NO ANSWER .....</td> <td>9</td> </tr> </tbody> </table>				RARELY .....	1	SOMETIMES .....	2	OFTEN .....	3	DON'T KNOW/DON'T REMEMBER.....	8	REFUSED/NO ANSWER .....	9																																																																								
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703	<p>I am now going to ask you about some situations that are true for many women. Thinking about your (current or most recent) husband/partner, would you say it is generally true that he:</p> <p>a) Tries to keep you from seeing your friends b) Tries to restrict contact with your family of birth c) Insists on knowing where you are at all times d) Ignores you and treats you indifferently e) Gets angry if you speak with another man f) Is often suspicious that you are unfaithful g) Expects you to ask his permission before seeking health care for yourself h) Expects you to ask his permission before you do anything</p>			<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) SEEING FRIENDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) CONTACT FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) WANTS TO KNOW</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) IGNORES YOU</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) GETS ANGRY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) SUSPICIOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) HEALTH CARE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h) DO ANYTHING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>					YES	NO	DK	a) SEEING FRIENDS	1	2	8	b) CONTACT FAMILY	1	2	8	c) WANTS TO KNOW	1	2	8	d) IGNORES YOU	1	2	8	e) GETS ANGRY	1	2	8	f) SUSPICIOUS	1	2	8	g) HEALTH CARE	1	2	8	h) DO ANYTHING	1	2	8																																														
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704	<p>The next questions are about things that happen to many women, and that your current partner, or any other partner may have done to you.</p> <p>Has your <u>current</u> husband/partner, or <u>any</u> other partner ever....</p>	<p>A) (If YES continue with B. 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705	Has <u>he</u> or any other partner ever....	A) (If YES continue with B. If NO skip to next item)  YES NO	B) Has this happened <u>in the past 12 months?</u> (If YES ask C only. If NO ask D only)  YES NO	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item) One Few Many	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times?  One Few Many
	a) Slapped you or thrown something at you that could hurt you?	1 2	1 2	1 2 3	1 2 3
	b) Pushed you or shoved you or pulled your hair?	1 2	1 2	1 2 3	1 2 3
	c) Hit you with his fist or with something else that could hurt you?	1 2	1 2	1 2 3	1 2 3
	d) Kicked you, dragged you or beaten you up?	1 2	1 2	1 2 3	1 2 3
	e) Choked or burnt you on purpose?	1 2	1 2	1 2 3	1 2 3
	f) Threatened to use a gun, knife, wood, iron, axe or other weapon against you?	1 2	1 2	1 2 3	1 2 3
	g) Actually used a gun, knife, wood, iron, axe or other weapon against you?	1 2	1 2	1 2 3	1 2 3
705 h	VERIFY WHETHER RESPONDENT ANSWERED YES TO ANY QUESTION ON PHYSICAL VIOLENCE - QUESTIONS 705 (a) to (g) <b>MARK IN BOX C OF REFERENCE SHEET</b>		YES, PHYSICAL VIOLENCE ..... 1 NO PHYSICAL VIOLENCE ..... 2		⇒706 MARK IN BOX C
705i	Was the behaviour you just talked about (mention actions reported in 705), by your current or most recent husband/partner, by any other partner that you may have had before, or both?		CURRENT/MOST RECENT PARTNER.....1 PREVIOUS PARTNER.....2 BOTH.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER ..... 9		
706		A) (If YES continue with B. If NO skip to next item)  YES NO	B) Has this happened <u>in the past 12 months?</u> (If YES ask C only. If NO ask D only)  YES NO	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item) One Few Many	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times?  One Few Many
	a) Did <u>your current husband/partner or any other partner</u> ever physically force you to have sexual intercourse when you did not want to?	1 2	1 2	1 2 3	1 2 3
	b) Did you ever have sexual intercourse when you did not want to because you were afraid of what your partner or any other partner might do?	1 2	1 2	1 2 3	1 2 3
	c) Did your partner or any other partner ever forced you to do something sexual that you found degrading or humiliating?	1 2	1 2	1 2 3	1 2 3
706 d	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON SEXUAL VIOLENCE - QUESTIONS 706 (a) to (c) <b>MARK IN BOX C OF REFERENCE SHEET</b>		YES, SEXUAL VIOLENCE ..... 1 NO SEXUAL VIOLENCE ..... 2		⇒709 MARK IN BOX C
706 e	Was the behaviour you just talked about (mention actions reported in 706), by your current or most recent husband/partner, by any other partner that you may have had before, or both?		CURRENT/MOST RECENT PARTNER.....1 PREVIOUS PARTNER.....2 BOTH.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER ..... 9		

CHECK : (s7preg) Ref. sheet, Box B (s7prnum) (s7prcur)		EVER BEEN PREGNANT (option P) (1) [ ] ↓ NUMBER OF PREGNANCIES (option T) [ ][ ] ↓ CURRENTLY PREGNANT? (option S) YES....1 NO.... 2 ↓	NEVER PREGNANT (2) [ ]⇒	⇒S.8
709	You said that you have been pregnant TOTAL times. Were you ever slapped, hit, beaten, punched, kicked or hit/beaten with anything by (any of) your partner(s) while you were pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9		⇒S.8 ⇒S.8 ⇒S.8
710	IF RESPONDENT WAS PREGNANT ONLY ONCE, ENTER "01"  IF RESPONDENT WAS PREGNANT MORE THAN ONCE: Did this happen in one pregnancy, or more than one pregnancy? In how many pregnancies were you beaten?	NUMBER OF PREGNANCIES BEATEN ..... [ ][ ]		
710 a	Did this happen in the <u>last</u> pregnancy?  IF RESPONDENT WAS PREGNANT ONLY ONCE, CIRCLE CODE '1'.	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9		
711	Were you ever slapped, hit, beaten, punched or kicked in the stomach while you were pregnant (or hit with any other thing in the stomach, such as wood, iron or pipe)?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9		
711 a	Has anyone ever penetrated your vagina against your will with their hand or an object when you were pregnant, in order to harm you or your baby?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9		
IF VIOLENCE REPORTED IN MORE THAN ONE PREGNANCY, THE FOLLOWING QUESTIONS REFER TO THE LAST/MOST RECENT PREGNANCY IN WHICH VIOLENCE REPORTED				
712	During the <u>most</u> recent pregnancy in which you were beaten, was the person who slapped, hit, punched, kicked or beat you (with any object) the father of the child?	YES ..... 1 NO ..... 2 DON'T KNOW /DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9		
713	Were you living with this person when it happened?	YES 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9		
714	Had the same person also done this you before you were pregnant?	YES 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9		⇒S.8 ⇒S.8
715	Compared to before you were pregnant, did the slapping/beatings (REFER TO RESPONDENT'S PREVIOUS ANSWERS) get less, stay about the same, or get worse while you were pregnant? By worse I mean, more frequent or more severe.	GOT LESS ..... 1 STAYED ABOUT THE SAME ..... 2 GOT WORSE ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9		

## SECTION 8 INJURIES

<b>CHECK:</b> Ref. sheet Box C  <i>(S8phsex)</i>	<b>WOMAN EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE</b>  ("YES" TO Option U or V)      [   ] <div style="text-align: center;">↓</div> <i>(1)</i>	<b>WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE</b> ("NO" to BOTH Option U and V)  <div style="text-align: right;">[   ]⇒</div> <i>(2)</i>	⇒S.10																																			
I would now like to learn more about the injuries that you experienced from (any of) your partner's actions that we have talked about (MAY NEED TO REFER TO SPECIFIC ACTIONS RESPONDENT MENTIONED IN SECTION 7). By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.																																						
801	Have you <u>ever</u> been injured as a result of these actions by (any of) your husband/partner(s). Please think of the actions that we talked about before.	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒804a																																			
802 a	In your life, how many times were you injured by (any of) your husband(s)/partner(s)? Would you say once or twice, several times (3 to 5 times) or many times?	ONCE/TWICE ..... 1 SEVERAL (3-5) TIMES ..... 2 MANY (MORE THAN 5) TIMES ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9																																				
802 b	Has this happened <u>in the past 12 months</u> ?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9																																				
803 a	What type of injury did you have? Please mention any injury due to (any of) your husband/partners actions, no matter how long ago it happened.  MARK ALL MENTIONED  PROBE: Any other injury?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           SMALL CUTS, PUNCTURES, BITES ..... A            SCRATCH, ABRASION, BRUISES ..... B            SPRAINS, DISLOCATIONS ..... C            BURNS ..... D            PENETRATING INJURY, DEEP CUTS, GASHES ..... E            BROKEN EARDRUM, EYE INJURIES ..... F            FRACTURES, BROKEN BONES ..... G            BROKEN TEETH ..... H            INTERNAL INJURIES FROM SEXUAL VIOLENCE ..... I            INTERNAL INJURY REQUIRING SPLEEN TO BE REMOVED ..... J            OTHER INTERNAL INJURIES ..... K            OTHER (specify): ..... X         </td> <td style="width: 50%; vertical-align: top;"> <div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>b) ONLY ASK FOR RESPONSES MARKED IN 803a:</b>  <b>Has this happened <u>in the past 12 months</u>?</b> </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%; text-align: center;">YES</th> <th style="width: 33%; text-align: center;">NO</th> <th style="width: 33%; text-align: center;">DK</th> </tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </table> </td> </tr> </table>	SMALL CUTS, PUNCTURES, BITES ..... A SCRATCH, ABRASION, BRUISES ..... B SPRAINS, DISLOCATIONS ..... C BURNS ..... D PENETRATING INJURY, DEEP CUTS, GASHES ..... E BROKEN EARDRUM, EYE INJURIES ..... F FRACTURES, BROKEN BONES ..... G BROKEN TEETH ..... H INTERNAL INJURIES FROM SEXUAL VIOLENCE ..... I INTERNAL INJURY REQUIRING SPLEEN TO BE REMOVED ..... J OTHER INTERNAL INJURIES ..... K OTHER (specify): ..... X	<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> <b>b) ONLY ASK FOR RESPONSES MARKED IN 803a:</b>  <b>Has this happened <u>in the past 12 months</u>?</b> </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%; text-align: center;">YES</th> <th style="width: 33%; text-align: center;">NO</th> <th style="width: 33%; text-align: center;">DK</th> </tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </table>	YES	NO	DK	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	
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803 c	Have you got any <u>permanent disability</u> from any of your injuries? Please mention any permanent disability due to (any of) your husband/partners actions, no matter how long ago it happened.  PROBE: IF YES, WHAT TYPE OF DISABILITY? (for example, loss of hearing, loss of sight in 1 or 2 eyes, loss of voice, loss of limbs, unable to bear children, unable to walk)	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9  TYPE OF DISABILITY _____ _____																																				

804 a	In your life, did you <u>ever</u> lose consciousness because of what (any of your) your husband/partner(s) did to you?	YES 1 NO ..... 3  DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒805a  ⇒805a
804 b	Has this happened <u>in the past 12 months</u> ?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
805 a	In your life, were you <u>ever</u> hurt badly enough by (any of ) your husband/partner(s) that you needed health care (even if you did not receive it)? IF YES: How many times? IF NOT SURE: Estimate how many times?	TIMES NEEDED HEALTH CARE ..... [ ][ ]  REFUSED/NO ANSWER ..... 99  NOT NEEDED ..... 00	⇒S.9
805 b	Has this happened <u>in the past 12 months</u> ?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
806	In your life, did you <u>ever</u> receive health care for this injury (these injuries)? Would you say, sometimes or always or never?	YES, SOMETIMES ..... 1 YES, ALWAYS ..... 2 NO, NEVER ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒S.9
807	In your life, have you ever had to spend any nights in a hospital, clinic, aid post, or health centre due to the injury/injuries? IF YES: How many nights? IF NOT SURE: Estimate how many times?	NUMBER OF NIGHTS IN HOSPITAL..[ ][ ] IF NONE ENTER '00' DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER ..... 99	
808	Did you tell a health worker the real cause of your injury?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	

## SECTION 9 IMPACT AND COPING

I would now like to ask you some questions about what effects your husband/partner's actions has had on you. By actions, I mean... (REFER TO SPECIFIC ACTIONS THE RESPONDENT HAS MENTIONED IN SECTION 7).

IF SHE REPORTED MORE THAN ONE VIOLENT PARTNER, ADD: I would like you to answer these questions in relation to the most recent/last partner who did these things to you.

CHECK: Ref. sheet Box C	WOMAN EXPERIENCED PHYSICAL VIOLENCE  ("YES" TO Option U) [ ] ↓ (1)	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY ("NO" to Option U and "YES" to option V)  [ ] ⇒ (2)	⇒906
(S9phys)			
901	<p>Are there any particular situations that tend to lead to your husband/partner's behaviour? REFER TO ACTIONS OF PHYSICAL VIOLENCE MENTIONED BEFORE.</p> <p>PROBE: Any other situation?</p> <p>MARK ALL MENTIONED</p>	<p>NO PARTICULAR REASON ..... A WHEN HE IS DRUNK ON ALCOHOL ..... B WHEN HE HAS HAD KAVA ..... C MONEY PROBLEMS ..... D DIFFICULTIES AT HIS WORK ..... E WHEN HE IS UNEMPLOYED ..... F NO FOOD AT HOME ..... G PROBLEMS WITH HIS OR HER FAMILY ..... H SHE IS PREGNANT ..... I HE IS JEALOUS OF HER ..... J SHE REFUSES SEX ..... K SHE IS DISOBEDIENT ..... L DURING FESTIVITIES ..... M HE WANTS TO TEACH HER A LESSON, EDUCATE OR DISCIPLINE HER ..... N SHE IS UNABLE TO GET PREGNANT ..... O  OTHER (specify): ..... X</p>	
CHECK: (Ref. sheet, Box B, option R)	CHILDREN LIVING [ ] ↓ (1)	NO CHILDREN ALIVE [ ] ⇒ (2)	⇒903
(s9child)			
902	<p>For any of these incidents, were your children present or did they overhear you being beaten? IF YES: How often? Would you say once or twice, sometimes or most of the time?</p>	<p>NEVER ..... 1 ONCE OR TWICE ..... 2 SOMETIMES ..... 3 MANY TIMES/MOST OF THE TIME ..... 4 DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9</p>	
902 a	<p>For any of these incidents, were your children also beaten? IF YES: How often? Would you say once or twice, sometimes or most of the time?</p>	<p>NEVER ..... 1 ONCE OR TWICE ..... 2 SOMETIMES ..... 3 MANY TIMES/MOST OF THE TIME ..... 4 DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9</p>	
903	<p>During or after a violent incident, does (did) he ever force you to have sex? PROBE: Make you have sex with him against your will? IF YES: How often? Would you say once or twice, sometimes or most of the time?</p>	<p>NEVER ..... 1 ONCE OR TWICE ..... 2 SOMETIMES ..... 3 MANY TIMES/MOST OF THE TIME ..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9</p>	

904	During the times that you were hit, did you ever fight back physically or to defend yourself? IF YES: How often? Would you say once or twice, sometimes or most of the time?	NEVER.....1 ONCE OR TWICE.....2 SOMETIMES.....3 MANY TIMES/MOST OF THE TIME.....4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	⇒905
904 a	What was the effect of you fighting back on the violence at the time? Would you say, that it had no effect, the violence became worse, the violence became less, or that the violence stopped, at least for the moment.	NO CHANGE/NO EFFECT.....1 VIOLENCE BECAME WORSE.....2 VIOLENCE BECAME LESS.....3 VIOLENCE STOPPED.....4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
905	Have you ever hit or physically mistreated your husband/partner when he was not hitting or physically mistreating you? IF YES: How often? Would you say once or twice, sometimes or many times?	NEVER.....1 ONCE OR TWICE.....2 SOMETIMES.....3 MANY TIMES.....4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
906	Would you say that your husband /partner's behaviour towards you has affected your physical or emotional health, or your spiritual well-being? Would you say, that it has had no effect, a little effect or a large effect? <b>REFER TO SPECIFIC ACTIONS OF PHYSICAL AND/OR SEXUAL VIOLENCE SHE DESCRIBED EARLIER</b>	NO EFFECT.....1 A LITTLE.....2 A LOT.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
907	In what way, if any, has your husband/partner's behaviour (the violence) disrupted your work or other income-generating activities? MARK ALL THAT APPLY	N/A (NO WORK FOR MONEY).....A WORK NOT DISRUPTED.....B PARTNER INTERRUPTED WORK.....C UNABLE TO CONCENTRATE.....D UNABLE TO WORK/SICK LEAVE.....E LOST CONFIDENCE IN OWN ABILITY.....F PARTNER STOPPED HER FROM WORKING.....G OTHER (specify):.....X	
908	Who have you told about his behaviour?  MARK ALL MENTIONED  PROBE: Anyone else?	NO ONE.....A FRIENDS.....B PARENTS.....C BROTHER OR SISTER.....D UNCLE OR AUNT.....E HUSBAND/PARTNER'S FAMILY.....F HER FAMILY.....G CHILDREN.....H NEIGHBOURS.....I POLICE.....J DOCTOR/HEALTH WORKER.....K CHURCH LEADER.....L COUNSELLOR FROM VWC NETWORK.....M OTHER COUNSELLOR.....N OTHER NGO/WOMEN'S ORGANIZATION.....O CHIEF.....P OTHER COMMUNITY LEADER.....Q  OTHER (specify):.....X	

909	Did anyone ever try to help you?  IF YES, Who helped you? MARK ALL MENTIONED  PROBE: Anyone else?	NO ONE ..... A FRIENDS ..... B PARENTS ..... C BROTHER OR SISTER ..... D UNCLE OR AUNT ..... E HUSBAND/PARTNER'S FAMILY ..... F HER FAMILY ..... G CHILDREN ..... H NEIGHBOURS ..... I POLICE ..... J DOCTOR/HEALTH WORKER ..... K CHURCH LEADER ..... L COUNSELLOR FROM VWC NETWORK ..... M OTHER COUNSELLOR ..... N OTHER NGO/WOMEN'S ORGANIZATION ..... O CHIEF ..... P OTHER COMMUNITY LEADER ..... Q  OTHER (specify): ..... X				
910 a	Did you ever go to any of the following for help?  READ EACH ONE			910 b. ASK ONLY FOR THOSE MARKED YES in 910a. Were you satisfied with the help given?		
		YES	NO	YES	NO	
a) Police	a) POLICE	1	2	1	2	
b) Hospital/health centre/aid post	b) HOSPITAL/ HEALTH CENTRE	1	2	1	2	
c) Public solicitor/lawyers	c) PUB SOL/LAWYERS	1	2	1	2	
d) Court	d) COURT	1	2	1	2	
e) Chief	e) CHIEF	1	2	1	2	
f) Church leader	f) CHUCH LEADER	1	2	1	2	
g) Other community leader	g) OTHER LEADER	1	2	1	2	
h) VWC network (for example Vanuatu Women's Centre, Sanma Counselling Centre, Tafea Counselling Centre, Committee Against Violence Against Women, male advocate)	h) VWC NETWORK (specify): _____	1	2	1	2	
i) Other women's organization	i) WOMEN'S ORGANIZATION (specify): _____	1	2	1	2	
x) Anywhere else? Where?	x) ELSEWHERE (specify) : _____ _____	1	2	1	2	
		*	**			
CHECK: Question 910a * **  (s9check)	MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *) [ ] ↓ (1)	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **) [ ] (2)		⇒912		



911	<p>What were the reasons that made you go for help?</p> <p><b>MARK ALL MENTIONED AND GO TO 913</b></p>	<p>ENCOURAGED BY FRIENDS/HER FAMILY .....A</p> <p>ENCOURAGED BY HIS FAMILY .....B</p> <p>HAD INFORMATION ABOUT WHERE TO GO.....C</p> <p>AWARE OF HER RIGHTS .....D</p> <p>KNEW OTHER WOMEN WHO HAD BENEFITED.....E</p> <p>COULD NOT TAKE ANY MORE .....F</p> <p>BADLY INJURED .....G</p> <p>HE THREATENED OR TRIED TO KILL HER .....H</p> <p>HE THREATENED OR HIT CHILDREN.....I</p> <p>SAW THAT CHILDREN SUFFERING .....J</p> <p>THROWN OUT OF THE HOME .....K</p> <p>AFRAID SHE WOULD KILL HIM.....L</p> <p>AFRAID HE WOULD KILL HER .....M</p> <p>OTHER (specify): .....X</p>	FOR ALL OPTIONS GO TO 913
912	<p>What were the reasons that you did not go to any of these?</p> <p><b>MARK ALL MENTIONED</b></p>	<p>DON'T KNOW/NO ANSWER .....A</p> <p>FEAR OF THREATS/CONSEQUENCES/ MORE VIOLENCE .....B</p> <p>HE STOPPED HER FROM GOING .....C</p> <p>HE THREATENED TO KILL HER .....D</p> <p>VIOLENCE NORMAL/NOT SERIOUS .....E</p> <p>EMBARRASSED/ASHAMED/AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMED .....F</p> <p>BELIEVED NOT HELP/KNOW OTHER WOMEN NOT HELPED .....G</p> <p>AFRAID WOULD END RELATIONSHIP .....H</p> <p>AFRAID WOULD LOSE CHILDREN .....I</p> <p>BRING BAD NAME TO FAMILY .....J</p> <p>OTHER (specify): .....X</p>	
913	<p>Is there anyone that you would like (have liked) to receive (more) help from? Who?</p> <p><b>MARK ALL MENTIONED</b></p> <p><b>PROBE: How would you like them to help more?</b></p>	<p>NO ONE MENTIONED .....A</p> <p>HER FAMILY .....B</p> <p>HIS FAMILY .....C</p> <p>HEALTH CENTRE/AID POST/HOSPITAL.....D</p> <p>POLICE .....E</p> <p>PUBLIC SOLICITOR/LAWYERS .....F</p> <p>CHIEF .....G</p> <p>CHURCH LEADER .....H</p> <p>OTHER COMMUNITY LEADER.....I</p> <p>VWC NETWORK.....J</p> <p>OTHER (specify): .....X</p> <p>HOW: .....</p>	
914	<p>Did you ever leave, even if only overnight, because of his behaviour? IF YES: How many times? IF NOT SURE: Estimate how many times?</p>	<p>NUMBER OF TIMES LEFT ..... [ ]</p> <p>NEVER.....00</p> <p>N.A. (NOT LIVING TOGETHER) .....97</p> <p>DON'T KNOW/DON'T REMEMBER.....98</p> <p>REFUSED/NO ANSWER.....99</p>	<p>⇒919</p> <p>⇒S.10</p>

915	What were the reasons why you left <u>the last time</u> ?  MARK ALL MENTIONED	NO PARTICULAR INCIDENT .....A ENCOURAGED BY FRIENDS/HER FAMILY.....B ENCOURAGED BY HIS FAMILY .....C HAD INFORMATION ABOUT WHERE TO GO .....D AWARE OF HER RIGHTS .....E KNEW OTHER WOMEN WHO HAD BENEFITED .....F COULD NOT TAKE ANY MORE.....G BADLY INJURED .....H HE THREATENED OR TRIED TO KILL HER.....I HE THREATENED OR HIT CHILDREN.....J SAW THAT CHILDREN SUFFERING.....K THROWN OUT OF THE HOME.....L AFRAID SHE WOULD KILL HIM.....M AFRAID HE WOULD KILL HER .....N ENCOURAGED BY ORGANIZATION (specify): .....O _____ OTHER (specify): .....X	
916	Where did you go <u>the last time</u> ?  MARK ONE   VWC network: specify VWC, SCC, TCC, CAVAW, male advocate	HER RELATIVES .....01 HIS RELATIVES.....02 HER FRIENDS/NEIGHBOURS.....03 HOTEL .....04 STREET .....05 CHIEF .....06 CHURCH LEADER .....07 VWC NETWORK (specify): .....08 _____ OTHER (specify): .....96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER .....99	
917	How long did you stay away <u>the last time</u> ? RECORD NUMBER OF DAYS OR MONTHS	NUMBER OF DAYS (IF LESS THAN 1 MONTH)..... [ ] [ ] ..1 NUMBER OF MONTHS (IF 1 MONTH OR MORE)..... [ ] [ ] ..2 LEFT PARTNER/DID NOT RETURN/NOT WITH PARTNER .... 3	⇒S.10
CHECK: (Ref. sheet, Box B, option R)  (s9child)		CHILDREN LIVING [ ] ↓ (1)	NO CHILDREN ALIVE [ ] ⇒ (2)
917a	The last time that you left, did you take any of the children with you? Did you take all of the, some of them or none of them?	ALL CHILDREN ..... 1 SOME CHILDREN ..... 2 NONE OF CHILDREN ..... 3 N/A HAD NO CHILDREN AT THE TIME ..... 7 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER ..... 9	⇒918 ⇒918
917b	What was the reason that you did not take any/all of your child/children with you when you left?  PROBE: Any other reasons	CHILDREN NOT HOME AT THE TIME ..... A PREVENTED FROM TAKING CHILDREN .....B CHILDREN REFUSED TO LEAVE .....C NO TRANSPORT TO TAKE CHILDREN .....D OTHER (specify): ..... X	

918	<p>What were the reasons that you returned?</p> <p>MARK ALL MENTIONED AND GO TO SECTION 10</p>	<p>DIDN'T WANT TO LEAVE CHILDREN .....A</p> <p>SANCTITY OF MARRIAGE .....B</p> <p>FOR SAKE OF FAMILY/CHILDREN</p> <p>(FAMILY HONOUR) .....C</p> <p>COULDN'T SUPPORT CHILDREN.....D</p> <p>LOVED HIM.....E</p> <p>HE ASKED HER TO GO BACK .....F</p> <p>FAMILY SAID TO RETURN .....G</p> <p>FORGAVE HIM .....H</p> <p>THOUGHT HE WOULD CHANGE.....I</p> <p>THREATENED HER/CHILDREN/FAMILY .....J</p> <p>COULD NOT STAY THERE (WHERE SHE WENT).....K</p> <p>VIOLENCE NORMAL/NOT SERIOUS .....L</p> <p>BRIDEPRICE WAS PAID .....M</p> <p>FEAR OF BLACK MAGIC/SORCERY .....N</p> <p>HE USED A LOVE SPELL .....O</p> <p>OBTAINED A DOMESTIC VIOLENCE, FAMILY PROTECTION OR RESTRAINING ORDER .....P</p> <p>RECEIVED COUNSELLING FROM (specify): ..... Q</p> <p>OTHER (specify): .....X</p>	<p>FOR ALL OPTIONS GO TO Section 10</p>
919	<p>What were the reasons that made you stay?</p> <p>MARK ALL MENTIONED</p>	<p>DIDN'T WANT TO LEAVE CHILDREN .....A</p> <p>SANCTITY OF MARRIAGE .....B</p> <p>DIDN'T WANT TO BRING SHAME</p> <p>ON FAMILY .....C</p> <p>COULDN'T SUPPORT CHILDREN.....D</p> <p>LOVED HIM.....E</p> <p>DIDN'T WANT TO BE SINGLE .....F</p> <p>FAMILY SAID TO STAY.....G</p> <p>FORGAVE HIM .....H</p> <p>THOUGHT HE WOULD CHANGE.....I</p> <p>THREATENED HER/CHILDREN/FAMILY .....J</p> <p>NOWHERE TO GO .....K</p> <p>VIOLENCE NORMAL/NOT SERIOUS .....L</p> <p>BRIDEPRICE WAS PAID .....M</p> <p>FEAR OF BLACK MAGIC/ SORCERY .....N</p> <p>HE USED A LOVE SPELL .....O</p> <p>OBTAINED A DOMESTIC VIOLENCE, FAMILY PROTECTION OR RESTRAINING ORDER .....P</p> <p>RECEIVED COUNSELLING FROM (specify): ..... Q</p> <p>OTHER (specify): .....X</p>	

## SECTION 10 OTHER EXPERIENCES

	In their lives, many women experience different forms of violence from relatives, other people that they know, and/or from strangers. If you don't mind, I would like to briefly ask you about some of these situations. Everything that you say will be kept private. May I continue?	
1001 a	Since the age of 15 years, has anyone (FOR WOMEN WITH CURRENT OR PAST PARTNER: other than your partner/husband) ever beaten or physically mistreated you in any way?  IF YES: Who did this to you?  PROBE: How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else?	NO ONE ..... A ⇒1002  FATHER ..... B STEPFATHER ..... C OTHER MALE FAMILY MEMBER ..... D FEMALE FAMILY MEMBER: _____ E  TEACHER ..... F POLICE/ SOLDIER ..... G MALE FRIEND OF FAMILY ..... H FEMALE FRIEND OF FAMILY ..... I  BOYFRIEND ..... J STRANGER ..... K SOMEONE AT WORK ..... L CHURCH LEADER ..... M CHIEF ..... N  OTHER (specify): _____ X
1002 a	Since the age of 15 years, has anyone (FOR WOMEN WITH CURRENT OR PAST PARTNER: other than your partner/husband) ever forced you to have sex or to perform a sexual act when you did not want to?  IF YES: Who did this to you?  PROBE: How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else?	NO ONE ..... A ⇒1003  FATHER ..... B STEPFATHER ..... C GRANDFATHER ..... D BROTHER ..... E OTHER MALE FAMILY MEMBER ..... F _____ ..... G FEMALE FAMILY MEMBER: _____  TEACHER ..... H POLICE/ SOLDIER ..... I MALE FRIEND OF FAMILY ..... J FEMALE FRIEND OF FAMILY ..... K  BOYFRIEND ..... L STRANGER ..... M SOMEONE AT WORK ..... N CHURCH LEADER ..... O CHIEF ..... P  OTHER (specify): _____ X

1003 a	<p><u>Before the age of 15 years</u>, do you remember if any-one in your family ever touched you sexually, or made you do something sexual that you didn't want to?</p> <p>IF YES: Who did this to you?</p> <p>IF YES OR NO CONTINUE: How about someone at school? How about a friend or neighbour? Has anyone else done this to you?</p> <p>IF YES: Who did this to you?</p>	NO ONE ..... A	⇒1004					
			ASK ONLY FOR THOSE MARKED IN 1003a					
			<p>b) How old were you when it happened with this person for the first time? (estimate)</p> <p>c) How old was this person? PROBE: Estimate the age if not sure.</p> <p>d) How many times did this happen?</p>	Once/twice	Few times	Many times		
		<p>FATHER ..... B [ ][ ] [ ][ ] 1 2 3</p> <p>STEPFATHER ..... C [ ][ ] [ ][ ] 1 2 3</p> <p>GRANDFATHER ..... D [ ][ ] [ ][ ] 1 2 3</p> <p>BROTHER ..... E [ ][ ] [ ][ ] 1 2 3</p> <p>OTHER MALE FAMILY MEMBER ..... F [ ][ ] [ ][ ] 1 2 3</p> <p>FEMALE FAMILY MEMBER: ..... G [ ][ ] [ ][ ] 1 2 3</p> <p>TEACHER ..... H [ ][ ] [ ][ ] 1 2 3</p> <p>POLICE/ SOLDIER ..... I [ ][ ] [ ][ ] 1 2 3</p> <p>MALE FRIEND OF FAMILY ..... J [ ][ ] [ ][ ] 1 2 3</p> <p>FEMALE FRIEND OF FAMILY ..... K [ ][ ] [ ][ ] 1 2 3</p> <p>BOYFRIEND ..... L [ ][ ] [ ][ ] 1 2 3</p> <p>STRANGER ..... M [ ][ ] [ ][ ] 1 2 3</p> <p>SOMEONE AT WORK ..... N [ ][ ] [ ][ ] 1 2 3</p> <p>CHURCH LEADER ..... O [ ][ ] [ ][ ] 1 2 3</p> <p>CHIEF ..... P [ ][ ] [ ][ ] 1 2 3</p> <p>OTHER (specify): ..... X [ ][ ] [ ][ ] 1 2 3</p> <p>DK = 98</p>						
1004	How old were you when you first had sex? IF SHE IS NOT SURE: About how old?	AGE YEARS ..... [ ][ ] NOT HAD SEX ..... 95 REFUSED/NO ANSWER ..... 99	⇒1006					
1005	How would you describe the first time that you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?	WANTED TO HAVE SEX ..... 1 NOT WANT BUT HAD SEX ..... 2 FORCED TO HAVE SEX ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9						
1006	When you were a child, was your mother hit by your father (or her husband or boyfriend)?	YES ..... 1 NO ..... 2 PARENTS DID NOT LIVE TOGETHER ..... 3 DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9	⇒s10mar* ⇒s10mar* ⇒s10mar*					
1007	As a child, did you see or hear this violence?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9						

* CHECK: Ref. sheet Box A  (s10mar)	EVER MARRIED/EVER LIVING WITH A MAN/SEXUAL PARTNER (Options K,L,M)    [   ]    ↓ (1)	NEVER MARRIED/NEVER LIVED WITH A MAN (Option N)    [   ]    ⇒ (2)	⇒ S.11
1008	As far as you know, was your (most recent) partner's mother hit or beaten by her husband?	YES..... 1 NO ..... 2 PARENTS DID NOT LIVE TOGETHER ..... 3 DON'T KNOW ..... 8 REFUSED/NO ANSWER..... 9	⇒ 1010 ⇒ 1010 ⇒ 1010
1009	Did your (most recent) husband/partner see or hear this violence?	YES..... 1 NO..... 2 DON'T KNOW..... 8 REFUSED/NO ANSWER..... 9	
1010	As far as you know, was your (most recent) husband/partner himself hit or beaten regularly by someone in his family?	YES..... 1 NO..... 2 DON'T KNOW..... 8 REFUSED/NO ANSWER..... 9	

# SECTION 11 FINANCIAL AUTONOMY

Now I would like to ask you some questions about things that you own and your earnings. We need this information to understand the financial position of women nowadays.

1101	<p>Please tell me if you own any of the following, either by yourself or with someone else:</p> <p>a) Land b) Your house c) A company or business  d) Large animals (cows, horses, pigs etc.) e) Small animals (chickens, goats, etc.) f) Vegetables/fruits from gardens or trees g) Handcrafts (mats, baskets etc.)  h) Large household items (TV, bed, cooker) i) Jewellery, gold or other valuables j) Water tank/well k) Lawn mower  l) Motor car/Hilux/4 wheel drive/Truck m) Bicycle n) Canoe o) Boat with motor  p) Savings in the bank? q) Other savings? x) Other property, specify</p> <p>FOR EACH, PROBE: Do you own this on your own, or do you own it with others?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES Own by self</th> <th>YES Own with others</th> <th>NO Don't own</th> </tr> </thead> <tbody> <tr><td>a) LAND</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>b) HOUSE</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>c) COMPANY</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>d) LARGE ANIMALS</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>e) SMALL ANIMALS</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>f) VEGETABLES,FRUIT</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>g) HANDCRAFTS</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>h) HOUSEHOLD ITEMS</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>i) JEWELLERY</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>j) WATER TANK/WELL</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>k) LAWN MOWER</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>l) CAR/TRUCK</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>m) BICYCLE</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>n) CANOE</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>o) BOAT WITH MOTOR</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>p) SAVINGS IN BANK</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>q) OTHER SAVINGS</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>x) OTHER PROPERTY:</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		YES Own by self	YES Own with others	NO Don't own	a) LAND	1	2	3	b) HOUSE	1	2	3	c) COMPANY	1	2	3	d) LARGE ANIMALS	1	2	3	e) SMALL ANIMALS	1	2	3	f) VEGETABLES,FRUIT	1	2	3	g) HANDCRAFTS	1	2	3	h) HOUSEHOLD ITEMS	1	2	3	i) JEWELLERY	1	2	3	j) WATER TANK/WELL	1	2	3	k) LAWN MOWER	1	2	3	l) CAR/TRUCK	1	2	3	m) BICYCLE	1	2	3	n) CANOE	1	2	3	o) BOAT WITH MOTOR	1	2	3	p) SAVINGS IN BANK	1	2	3	q) OTHER SAVINGS	1	2	3	x) OTHER PROPERTY:	1	2	3	
	YES Own by self	YES Own with others	NO Don't own																																																																												
a) LAND	1	2	3																																																																												
b) HOUSE	1	2	3																																																																												
c) COMPANY	1	2	3																																																																												
d) LARGE ANIMALS	1	2	3																																																																												
e) SMALL ANIMALS	1	2	3																																																																												
f) VEGETABLES,FRUIT	1	2	3																																																																												
g) HANDCRAFTS	1	2	3																																																																												
h) HOUSEHOLD ITEMS	1	2	3																																																																												
i) JEWELLERY	1	2	3																																																																												
j) WATER TANK/WELL	1	2	3																																																																												
k) LAWN MOWER	1	2	3																																																																												
l) CAR/TRUCK	1	2	3																																																																												
m) BICYCLE	1	2	3																																																																												
n) CANOE	1	2	3																																																																												
o) BOAT WITH MOTOR	1	2	3																																																																												
p) SAVINGS IN BANK	1	2	3																																																																												
q) OTHER SAVINGS	1	2	3																																																																												
x) OTHER PROPERTY:	1	2	3																																																																												
1102	<p>a) Do you earn money by yourself? IF YES: What exactly do you do to earn money? ASK ALL. SPECIFY: b) Job c) Selling things, market, trading d) Seasonal work in Vanuatu e) Seasonal work overseas x) Any other activity, specify</p>	<p>NO ..... A</p> <p>b) JOB: ..... c) SELLING/MARKET/TRADING: ..... d) SEASONAL WORK VANUATU: ..... e) SEASONAL WORK OVERSEAS: ..... x) OTHER: .....</p>	<p>⇒ *s11mar</p> <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	YES	NO	1	2	1	2	1	2	1	2	1	2	1	2																																																														
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* CHECK: Ref. sheet, Box A  (s11mar)	<p>CURRENTLY MARRIED/CURRENTLY LIVING WITH A MAN (Option K) [ ] ↓ (1)</p>	<p>NOT CURRENTLY MARRIED OR LIVING WITH A MAN/CURRENT OR PAST SEXUAL PARTNER (Options L, M, N) [ ] ⇒ (2)</p>	⇒ S.12																																																																												
CHECK 1102	1. OPTIONS b) to e) or x) MARKED [ ] ↓	2. OPTION a) MARKED [ ] ⇒	⇒ 1105																																																																												
1103	Are you able to spend the money you earn how you want yourself, or do you have to give all or part of the money to your husband/partner?	<p>SELF/OWN CHOICE ..... 1 GIVE PART TO HUSBAND/PARTNER ..... 2 GIVE ALL TO HUSBAND/PARTNER ..... 3 DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9</p>																																																																													
1104	Would you say that the money that you bring into the family is more than what your husband/partner contributes, less than what he contributes, or about the same as he contributes?	<p>MORE THAN HUSBAND/PARTNER ..... 1 LESS THAN HUSBAND/PARTNER ..... 2 ABOUT THE SAME ..... 3 DO NOT KNOW ..... 8 REFUSED/NO ANSWER ..... 9</p>																																																																													

1105	Have you ever given up/refused a job for money because your husband/partner did not want you to work?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
1106	Has your husband/partner ever taken your earnings or savings from you against your will? IF YES: Has he done this once or twice, several times (5 to 10 times) or many times?	NEVER ..... 1 ONCE OR TWICE ..... 2 SEVERAL TIMES (5-10 TIMES) ..... 3 MANY TIMES/ALL OF THE TIME ..... 4 N/A (DOES NOT HAVE SAVINGS/EARNINGS) ..... 7 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
1107	Does your husband /partner ever refuse to give you money for household expenses, even when he has money for other things? IF YES: Has he done this once or twice, several times (5 to 10 times) or many times?	NEVER ..... 1 ONCE OR TWICE ..... 2 SEVERAL TIMES (5-10 TIMES) ..... 3 MANY TIMES/ALL OF THE TIME ..... 4 N/A (PARTNER DOES NOT EARN MONEY) ..... 7 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
1108	In case of emergency, do you think that you alone could raise enough money to house and feed your family for 4 weeks? This could be for example by selling things that you own, or by borrowing money from people you know, or from a bank or moneylender?	YES ..... 1 NO ..... 2  DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9	
1108 a	Do you think you alone could raise enough money to pay back the brideprice if you were asked to?	YES ..... 1 NO ..... 2 N/A: NO BRIDEPRICE ..... 3 DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9	



## SECTION 12 COMPLETION OF INTERVIEW

1201	<p>I would now like to give you a card. On this card are two pictures. No other information is written on the card. The first picture is of a sad face, the second is of a happy face.</p> <p>No matter what you have already told me, I would like you to put a mark below the sad picture if someone has ever touched you sexually, or made you do something sexual that you didn't want to, <u>before you were 15 years old</u>.</p> <p>Please put a mark below the happy face if this has never happened to you.</p> <p>Once you have marked the card, please fold it over and put it in this envelope. This will ensure that I do not know your answer.</p> <p>GIVE RESPONDENT CARD AND PEN. MAKE SURE THAT THE RESPONDENT FOLDS THE CARD; PUTS IT IN THE ENVELOPE; AND SEALS THE ENVELOPE BEFORE GIVING IT BACK TO YOU. AFTER LEAVING THE INTERVIEW WRITE THE QUESTIONNAIRE CODE ON THE ENVELOPE IMMEDIATELY. LATER, SECURELY STAPLE THE ENVELOPE TO THE QUESTIONNAIRE.</p>	<p>CARD GIVEN FOR COMPLETION .....1</p> <p>CARD <u>NOT</u> GIVEN FOR COMPLETION .....2</p>	
1202	<p>We have now finished the interview. Do you have any comments, or is there anything else you would like to add?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
1203	<p>I have asked you about many difficult things. How has talking about these things made you feel?</p> <p>WRITE DOWN ANY SPECIFIC RESPONSE GIVEN BY RESPONDENT</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>GOOD/BETTER ..... 1</p> <p>BAD/WORSE .....2</p> <p>SAME/ NO DIFFERENCE.....3</p>	
1204	<p>Finally, do you agree that we may contact you again over the next day or two if we need to ask a few more questions for clarification?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	

	<p><b>FINISH ONE – IF RESPONDENT HAS DISCLOSED PROBLEMS/VIOLENCE</b></p> <p>I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about women's lives, their health and experiences of violence.</p> <p>From what you have told us, I can tell that you have had some very difficult times in your life. No one has the right to treat someone else in that way. However, from what you have told me I can see also that you are strong, and have survived through some difficult circumstances.</p> <p>Here is a list of centres and CAVAWs in the VWC network that provide support, legal advice and counselling services to women. Please do contact them if you would like to talk over your situation with anyone. Their services are free, and they will keep anything that you say private. You can go whenever you feel ready to, either soon or later on.</p>	
	<p><b>FINISH TWO - IF RESPONDENT HAS NOT DISCLOSED PROBLEMS/VIOLENCE</b></p> <p>I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about women's lives and family relationships.</p> <p>In case you ever hear of another woman who needs help, here is a list of centres and CAVAWs in the VWC network that provide support, legal advice and counselling services to women. Please do contact them if you or any of your friends or relatives need help. Their services are free, and they will keep anything that anyone says to them private.</p>	
	<p><b>FINISH THREE - IF RESPONDENT HAS ANSWERED YES TO QUESTION 209q – SUICIDAL THOUGHTS IN THE LAST 4 WEEKS</b></p> <p>USE ONE OF THE TWO FINISHES ABOVE, AS APPROPRIATE. THEN CONTINUE AS FOLLOWS:</p> <p>You mentioned earlier that you have been thinking of ending your life over the last 4 weeks. Would you like to talk someone else about this - either someone else in our research team, or someone in your community, like a CAVAW member? The research team is only here for a few days, (or one more day, or they are leaving tomorrow - INSERT AS APPROPRIATE). If you agree, I can tell my supervisor that you have been thinking of ending your life, and she can try to organise someone to talk to you as soon as possible. I have promised you that everything you say to me will be kept secret, so if you would like me to follow up on this I need your permission to do so. Would you like me to tell my supervisor so that she can arrange someone else can talk to you about these feelings?</p> <p>IF SHE ANSWERS YES – THANK HER AGAIN AND REPORT THIS IMMEDIATELY TO THE SUPERVISOR. IF SHE ANSWERS NO – THANK HER AGAIN AND GO ON TO YOUR NEXT ASSIGNED HOUSEHOLD.</p>	
1205	RECORD TIME OF END OF INTERVIEW:      Hour    [   ][   ] (24 h) Minutes [   ][   ]	
1206	ASK THE RESPONDENT. How long did you think the interview lasted ? Hours    [   ]    Minutes [   ][   ]	

INTERVIEWER COMMENTS TO BE COMPLETED AFTER INTERVIEW

[illegible]

## REFERENCE SHEET

### Box A. MARITAL STATUS

Copy exactly from Q119 and 120a. Follow arrows and mark <b>only ONE</b> of the following for marital status:			
119	Are you <u>currently</u> married or do you have a male partner?  <b>IF RESPONDENT HAS A MALE PARTNER ASK</b> Do you and your partner live together?	<p>CURRENTLY MARRIED..... 1</p> <p>LIVING WITH MAN, NOT MARRIED .....3</p> <p>CURRENTLY HAVING A REGULAR PARTNER (SEXUAL RELATIONSHIP), LIVING APART..... 4</p> <p>NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A SEXUAL RELATIONSHIP)..... 5</p>	<p><input type="checkbox"/> Currently married and/or living with man (K)</p> <p><input type="checkbox"/> Currently with regular sexual partner (dating relationship) (L)</p> <p><input type="checkbox"/> Previously married/previously lived with man (no current sexual relationship) (M1)</p> <p><input type="checkbox"/> Previously had sexual relationship (M2)</p>
120 a	Have you <u>ever</u> been married or lived with a male partner?	<p>YES, MARRIED..... 1</p> <p>LIVED WITH A MAN, NOT MARRIED.....3</p> <p>NO ..... 5</p>	
120 b	Have you ever had a regular male sexual partner?	<p>YES..... 1</p> <p>NO..... 2</p>	<p><input type="checkbox"/> Never married /never lived with man (no current or past sexual relationship) (N)</p>
<p>123. Number of times married/lived together with man: <span style="float: right;">[ ] [ ] (0)</span></p>			

### Box B. REPRODUCTIVE HISTORY

Check and complete ALL that applies for reproductive history of respondent:

- |  |             |        |
|--|-------------|--------|
| (P) Respondent has been pregnant at least once (Question 308, 1 or more)   | [ ] Yes     | [ ] No |
| (Q) Respondent had at least one child born alive (Question 301, 1 or more) | [ ] Yes     | [ ] No |
| (R) Respondent has children who are alive (Question 303, 1 or more)        | [ ] Yes     | [ ] No |
| (S) Respondent is currently pregnant (Question 310, option 1)              | [ ] Yes     | [ ] No |
| (T) Number of pregnancies reported (Question 308):                         | [ ] [ ] [ ] |        |

### Box C. VIOLENCE AND INJURIES

Check and complete ALL that applies for respondent:

- |   |         |        |
|---|---------|--------|
| (U) Respondent has been victim of physical violence (Question 705h) | [ ] Yes | [ ] No |
| (V) Respondent has been victim of sexual violence (Question 706d)   | [ ] Yes | [ ] No |