

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.



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 [][][]
INTERVIEWERS NAME RESULT***	_____ _____	_____ _____	_____ _____	INTERVIEWER [][] RESULT [][]
NEXT VISIT: DATE TIME LOCATION	_____ _____ _____	_____ _____ _____		TOTAL NUMBER OF VISITS []
QUESTIONNAIRES COMPLETED?	*** RESULT CODES Refused (specify): _____ _____...11 Dwelling vacant or address not a dwelling 12 Dwelling destroyed13 Dwelling not found, not accessible14 Entire hh absent for extended period.....15 No hh member at home at time of visit16 ⇒Need to return Hh respondent postponed interview17 ⇒Need to return 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 household22 ⇒Need to return Selected woman not at home23 ⇒Need to return Selected woman postponed interview24 Selected woman incapacitated25			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 visit32 ⇒Need to return			
[] 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	QUESTIONNAIRE CHECKED BY	OFFICE EDITOR	ENTERED BY	
NAME [][] DAY [][] MONTH [][] YEAR [][][]	NAME [][] DAY [][] MONTH [][] YEAR [][][]	NAME [][]	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	
CODES	06 ADOPTED DAUGHTER	15 MOTHER-IN-LAW				
01 HEAD	07 SISTER	16 HOUSE-GIRL				
02 WIFE (or PARTNER)	08 SISTER-IN-LAW	17 ANOTHER RELATIVE				
03 DAUGHTER OF BOTH WIFE AND HUSBAND	09 AUNTY	18 VISITOR				
04 DAUGHTER FROM FORMER RELATIONSHIP OF WIFE	10 NIECE (HUSBAND)	19 FRIEND				
05 DAUGHTER FROM FORMER RELATIONSHIP OF HUSBAND	11 NIECE (WIFE)	20 GRANDMOTHER				
	12 DAUGHTER-IN-LAW	98 OTHER NOT RELATIVE:				
	13 GRANDDAUGHTER	_____				
	14 MOTHER	99 DON'T KNOW				
(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD:						
<ul style="list-style-type: none"> HOUSE-GIRLS IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD. VISITORS, FRIENDS OR OTHER RELATIVES IF THEY SLEPT IN THE HOUSEHOLD FOR THE PAST 4 WEEKS. 						
(B) ELIGIBLE: ANY WOMAN BETWEEN 15 AND 49 YEARS LIVING IN HOUSEHOLD.						
MORE THAN ONE ELIGIBLE WOMEN IN HH:						
<ul style="list-style-type: none"> 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. 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. CONTINUE WITH HOUSEHOLD QUESTIONNAIRE 						
NO ELIGIBLE WOMAN IN HH:						
<ul style="list-style-type: none"> SAY "I cannot continue because I can only interview women 15–49 years old. Thank you for your assistance." FINISH HERE. 						

* 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	If you don't mind, I would like to ask you a few questions about your household. What is the main source of drinking-water for your household?	TAP/PIPED WATER INSIDE THE HOUSE01 OUTSIDE TAP (PIPED WATER) WITH HH02 PUBLIC TAP03 WELL-WATER, WITH HOUSEHOLD.....04 PUBLIC WELL05 HANDPUMP WELL, WITH HOUSEHOLD06 PUBLIC HANDPUMP WELL07 SPRING WATER08 RIVER/SMALL CREEK/LAKE09 RAINWATER TANK10 RAINWATER DRUM11 BOTTLED WATER FROM SHOP12 OTHER:96 DON'T KNOW98 REFUSED/NO ANSWER99			
2	What kind of toilet does your household have? VIP = VENTILATED IMPROVED PIT LATRINE	OWN FLUSH TOILET01 SHARED FLUSH TOILET02 VIP LATRINE IN THE HOUSEHOLD03 PUBLIC VIP LATRINE04 TRADITIONAL PIT TOILET/LATRINE05 RIVER/CANAL/SEA06 NO FACILITY/BUSH/FIELD07 OTHER:96 DON'T KNOW98 REFUSED/NO ANSWER99			
3	What are the main materials used in the roof of the house? RECORD OBSERVATION	ROOF FROM NATURAL MATERIALS01 (coconut leaf, bamboo, grass, cane, natangura leaf) TEMPORARY ROOF (PLASTIC/CARTON)02 WOOD, TIMBER03 TILED OR CONCRETE ROOF04 CORRUGATED IRON05 OTHER:06 DON'T KNOW98 REFUSED/NO ANSWER99			
4	Does your household have:		YES	NO	DK
	a) Electric light	a) Electric light	1	2	8
	b) A radio	b) Radio	1	2	8
	c) A television	c) Television	1	2	8
	d) A telephone (landline or mobile)	d) Telephone	1	2	8
	e) A refrigerator	e) Refrigerator	1	2	8
	f) A washing machine	f) Washing machine	1	2	8
	g) A microwave oven	g) Microwave oven	1	2	8
	h) A cooking stove	h) Cooking stove	1	2	8
	i) An clothes iron	i) Clothes Iron	1	2	8
	j) A table	j) Table	1	2	8
	k) A chair	k) Chair	1	2	8
	l) A bed	l) Bed	1	2	8
	m) A mattress	m) Mattress	1	2	8
	n) A mat	n) Mat	1	2	8
	o) A kerosene, hurricane or kolman light	o) Kero/Other Light	1	2	8
	p) An axe, big knife, spade, hammer or hoe	p) Axe, knife etc	1	2	8

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?	YES01 NO02 DON'T KNOW98 REFUSED/NO ANSWER99	
7	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS [] DON'T KNOW98 REFUSED/NO ANSWER99	
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 CONCERNED01 A LITTLE CONCERNED02 VERY CONCERNED03 DON'T KNOW98 REFUSED/NO ANSWER99	
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?	YES01 NO02 DON'T KNOW98 REFUSED/NO ANSWER99	
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 CONCERNED01 A LITTLE CONCERNED02 VERY CONCERNED03 DON'T KNOW98 REFUSED/NO ANSWER99	
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?	YES01 NO02 DON'T KNOW98 REFUSED/NO ANSWER99	
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 CONCERNED01 A LITTLE CONCERNED02 VERY CONCERNED03 DON'T KNOW98 REFUSED/NO ANSWER99	
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?	YES01 NO02 DON'T KNOW98 REFUSED/NO ANSWER99	
10	NOTE SEX OF RESPONDENT	MALE1 FEMALE2	

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 [][]	
SECTION 1 RESPONDENT AND HER COMMUNITY			
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 NO 2 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 REMEMBER8 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 REMEMBER8 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 MARRIAGEC 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 REMEMBER9998 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 CHOSE1 RESPONDENT CHOSE2 RESPONDENT'S FAMILY CHOSE3 PARTNER CHOSE4 PARTNER'S FAMILY CHOSE.....5 OTHER: _____ 6 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	⇒133* ⇒133*
131 a	What was the reason that your <u>current/most recent</u> husband was chosen for you? PROBE THE REASON THAT HER HUSBAND WAS CHOSEN FOR HER	ARRANGED MARRIAGE01 SWAPPING ARRANGMENT02 COMPENSATION PAYMENT03 BRIDE PRICE WAS PAID04 PASSED ON TO A MAN IN HER HUSBAND'S FAMILY DUE TO BRIDE PRICE (AFTER HER HUSBAND' DEATH)05 MARRIED TO THE MAN WHO RAPED HER.....06 SETTLEMENT FOR LAND DISPUTE07 OTHER: _____ 96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER.....99	
132	Were you forced to marry your <u>current/most recent</u> husband?	YES 1 NO.....2 DON'T KNOW/DON'T REMEMBER8 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 NO2 DON'T KNOW/DON'T REMEMBER8 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 PAID1 PARTIALLY PAID2 NONE PAID3 DON'T KNOW/DON'T REMEMBER8 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 IMPACT1 NEGATIVE IMPACT2 NO IMPACT3 DON'T KNOW/DON'T REMEMBER8 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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a) DIZZINESS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>b) VAGINAL DISCHARGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">ONCE OR TWICE</th> <th style="width: 10%; text-align: center;">A FEW TIMES</th> <th style="width: 10%; text-align: center;">MANY TIMES</th> </tr> </thead> <tbody> <tr> <td>a) FOR SLEEP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td>b) FOR PAIN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td>c) FOR SADNESS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">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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a) FOR SLEEP	1	2	3	4																			
b) FOR PAIN	1	2	3	4																			
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>	NO ONE CONSULTED.....A DOCTORB NURSE C MIDWIFED AID POST WORKERE PHARMACIST.....F CUSTOM DOCTORG TRADITIONAL BIRTH ATTENDANTH CHURCH LEADER I COUNSELLOR (where?):J OTHER:X																																																																
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? b) Is your appetite poor? c) Do you sleep badly? d) Are you easily frightened?</p> <p>e) Do your hands shake? f) Do you feel nervous, tense or worried? g) Is your digestion poor? h) Do you have trouble thinking clearly?</p> <p>i) Do you feel unhappy? j) Do you cry more than usual? k) Do you find it difficult to enjoy your daily activities? l) Do you find it difficult to make decisions?</p> <p>m) Are you finding it hard to do your daily work? n) Do you feel unable to be active and useful in your life? o) Are you no longer interested in things that you used to enjoy? p) Do you feel that you are a worthless person?</p> <p>q) Have you been thinking of ending your life? r) Do you feel tired all the time? s) Do you have uncomfortable feelings in your stomach? t) Are you easily tired?</p>	<table border="0"> <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>	YES 1 NO2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	⇒212																																																															
211	<p>Have you <u>ever</u> tried to take your life?</p>	YES 1 NO2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9																																																																
212	<p>In the <u>past 12 months</u>, have you had an operation (other than a caesarean section)?</p>	YES 1 NO2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9																																																																
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)? IF YES: How many nights in the past 12 months?</p>	NIGHTS IN HOSPITAL [][] NONE00 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER..... 99																																																																

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

	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 [][] IF 1 OR MORE⇒ 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 ==>		A. [301] ____ + [309 a+b+c] ____ + 1 = [308a] ____ + [308b] ____ + [2x308c] ____ = ____	
IF NOT PREGNANT NOW ==>		B. [301] ____ + [309 a+b+c] ____ = [308a] ____ + [308b] ____ + [2x308c] ____ = ____	
VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.			
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</u> partner 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 <u>last 12 months of your last relationship</u>), 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 <u>last 12 months</u> 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 <u>last 12 months of your last relationship</u>), 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 <u>last 12 months</u> 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: _____ y) 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 last 12 months 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 last 12 months 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:		YES NO DK
	a) She does not complete her household work to his satisfaction	a) HOUSEHOLD	1 2 8
	b) She disobeys him	b) DISOBEYS	1 2 8
	c) She refuses to have sexual relations with him	c) NO SEX	1 2 8
	d) She asks him whether he has other girlfriends	d) GIRLFRIENDS	1 2 8
	e) He suspects that she is unfaithful	e) SUSPECTS	1 2 8
	f) He finds out that she has been unfaithful	f) UNFAITHFUL	1 2 8
	g) Brideprice HAS NOT been paid	g) NOT PAID	1 2 8
	h) Brideprice HAS been paid	h) BRIDEPRICE PAID	1 2 8
	i) She is living in his house or on his land	i) HIS HOUSE/LAND	1 2 8
	j) He thinks she needs to be disciplined, taught a lesson or educated	j) DISCIPLINE/ TEACHING	1 2 8
	k) She is unable to get pregnant	k) NOT PREGNANT/ BARREN	1 2 8

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	1	2	8
b)	He is drunk	1	2	8
c)	She is sick	1	2	8
d)	He mistreats her	1	2	8
e)	If she suspects/knows that he is HIV+	1	2	8
f)	She suspects/knows he has an STI	1	2	8
g)	He has sex with other women	1	2	8
h)	He has sex with men	1	2	8
i)	She does not want to get pregnant	1	2	8
j)	Brideprice HAS NOT been paid	1	2	8
k)	Brideprice HAS been paid	1	2	8

705	Has he 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) MARK IN BOX C OF REFERENCE SHEET	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 your current husband/partner or any other partner 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) MARK IN BOX C OF REFERENCE SHEET	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 (<u>any of</u>) 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 recent pregnancy in which you were beaten</u> , 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/beatng (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

SECTION 8 INJURIES																																																																			
CHECK: Ref. sheet Box C (S8phsex)	WOMAN EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("YES" TO Option U or V) [] ↓ (1)	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("NO" to BOTH Option U and V) []⇒ (2)	⇒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: 60%;"></td> <td colspan="3" style="text-align: center;">b) ONLY ASK FOR RESPONSES MARKED IN 803a:</td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">Has this happened <u>in the past 12 months</u>?</td> </tr> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>SMALL CUTS, PUNCTURES, BITES..... A</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>SCRATCH, ABRASION, BRUISES.....B</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>SPRAINS, DISLOCATIONS C</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BURNS D</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>PENETRATING INJURY, DEEP CUTS, GASHES...E</td> <td></td> <td></td> <td></td> </tr> <tr> <td>BROKEN EARDRUM, EYE INJURIES..... F</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>FRACTURES, BROKEN BONES G</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BROKEN TEETH..... H</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>INTERNAL INJURIES FROM SEXUAL VIOLENCE I</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>INTERNAL INJURY REQUIRING SPLEEN TO BE REMOVEDJ</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER INTERNAL INJURIES K</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>OTHER (specify): _____ . X</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		b) ONLY ASK FOR RESPONSES MARKED IN 803a:				Has this happened <u>in the past 12 months</u>?				YES	NO	DK	SMALL CUTS, PUNCTURES, BITES..... A	1	2	8	SCRATCH, ABRASION, BRUISES.....B	1	2	8	SPRAINS, DISLOCATIONS C	1	2	8	BURNS D	1	2	8	PENETRATING INJURY, DEEP CUTS, GASHES...E				BROKEN EARDRUM, EYE INJURIES..... F	1	2	8	FRACTURES, BROKEN BONES G	1	2	8	BROKEN TEETH..... H	1	2	8	INTERNAL INJURIES FROM SEXUAL VIOLENCE I	1	2	8	INTERNAL INJURY REQUIRING SPLEEN TO BE REMOVEDJ	1	2	8	OTHER INTERNAL INJURIES K	1	2	8	OTHER (specify): _____ . X	1	2	8		1	2	8	
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OTHER (specify): _____ . X	1	2	8																																																																
	1	2	8																																																																
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 (S9phys)	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
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) (s9child)	CHILDREN LIVING [] ↓ (1)	NO CHILDREN ALIVE [] ⇒ (2)	⇒903
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? REFER TO SPECIFIC ACTIONS OF PHYSICAL AND/OR SEXUAL VIOLENCE SHE DESCRIBED EARLIER	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 a) Police b) Hospital/health centre/aid post c) Public solicitor/lawyers d) Court e) Chief f) Church leader g) Other community leader h) VWC network (for example Vanuatu Women's Centre, Sanma Counselling Centre, Tafea Counselling Centre, Committee Against Violence Against Women, male advocate) i) Other women's organization x) Anywhere else? Where?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) POLICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HOSPITAL/ HEALTH CENTRE</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) PUB SOL/LAWYERS</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) COURT</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) CHIEF</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) CHUCH LEADER</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) OTHER LEADER</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) VWC NETWORK (specify): _____</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) WOMEN'S ORGANIZATION (specify): _____</td> <td>1</td> <td>2</td> </tr> <tr> <td>x) ELSEWHERE (specify) : _____ _____</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>*</td> <td>**</td> </tr> </tbody> </table>		YES	NO	a) POLICE	1	2	b) HOSPITAL/ HEALTH CENTRE	1	2	c) PUB SOL/LAWYERS	1	2	d) COURT	1	2	e) CHIEF	1	2	f) CHUCH LEADER	1	2	g) OTHER LEADER	1	2	h) VWC NETWORK (specify): _____	1	2	i) WOMEN'S ORGANIZATION (specify): _____	1	2	x) ELSEWHERE (specify) : _____ _____	1	2		*	**	910 b. ASK ONLY FOR THOSE MARKED YES in 910a. Were you satisfied with the help given? <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	YES	NO	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
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CHECK: Question 910a * ** (s9check)	MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *) [] ↓	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **) []	⇒912																																																										
	(1)	(2)																																																											

911	<p>What were the reasons that made you go for help?</p> <p>MARK ALL MENTIONED AND GO TO 913</p>	<p>ENCOURAGED BY FRIENDS/HER FAMILYA ENCOURAGED BY HIS FAMILYB HAD INFORMATION ABOUT WHERE TO GO.....C AWARE OF HER RIGHTSD KNEW OTHER WOMEN WHO HAD BENEFITED.....E COULD NOT TAKE ANY MOREF BADLY INJUREDG HE THREATENED OR TRIED TO KILL HERH HE THREATENED OR HIT CHILDRENI SAW THAT CHILDREN SUFFERINGJ THROWN OUT OF THE HOMEK AFRAID SHE WOULD KILL HIM.....L AFRAID HE WOULD KILL HERM</p> <p>OTHER (specify): _____ _____ .X</p>	<p>FOR ALL OPTIONS GO TO 913</p>
912	<p>What were the reasons that you did not go to any of these?</p> <p>MARK ALL MENTIONED</p>	<p>DON'T KNOW/NO ANSWERA FEAR OF THREATS/CONSEQUENCES/ MORE VIOLENCEB HE STOPPED HER FROM GOINGC HE THREATENED TO KILL HERD VIOLENCE NORMAL/NOT SERIOUSE EMBARRASSED/ASHAMED/AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMEDF BELIEVED NOT HELP/KNOW OTHER WOMEN NOT HELPEDG AFRAID WOULD END RELATIONSHIPH AFRAID WOULD LOSE CHILDRENI BRING BAD NAME TO FAMILYJ</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>MARK ALL MENTIONED</p> <p>PROBE: How would you like them to help more?</p>	<p>NO ONE MENTIONEDA HER FAMILYB HIS FAMILYC HEALTH CENTRE/AID POST/HOSPITALD POLICEE PUBLIC SOLICITOR/LAWYERSF CHIEFG CHURCH LEADERH OTHER COMMUNITY LEADER.....I 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 [] [] NEVER 00 N.A. (NOT LIVING TOGETHER) 97 DON'T KNOW/DON'T REMEMBER..... 98 REFUSED/NO ANSWER..... 99</p>	<p>⇒919 ⇒S.10</p>

915	<p>What were the reasons why you left <u>the last time</u>?</p> <p>MARK ALL MENTIONED</p>	<p>NO PARTICULAR INCIDENTA ENCOURAGED BY FRIENDS/HER FAMILY.....B ENCOURAGED BY HIS FAMILY.....C HAD INFORMATION ABOUT WHERE TO GOD AWARE OF HER RIGHTS.....E KNEW OTHER WOMEN WHO HAD BENEFITEDF 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 HERN ENCOURAGED BY ORGANIZATION (specify): _____O OTHER (specify): _____X</p>		
916	<p>Where did you go <u>the last time</u>?</p> <p>MARK ONE</p> <p>VWC network: specify VWC, SCC, TCC, CAVAW, male advocate</p>	<p>HER RELATIVES01 HIS RELATIVES.....02 HER FRIENDS/NEIGHBOURS.....03 HOTEL04 STREET05 CHIEF.....06 CHURCH LEADER07 VWC NETWORK (specify): _____08 OTHER (specify): _____96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99</p>		
917	<p>How long did you stay away <u>the last time</u>?</p> <p>RECORD NUMBER OF DAYS OR MONTHS</p>	<p>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</p>	⇒S.10	
<p>CHECK: (Ref. sheet, Box B, option R)</p> <p>(s9child)</p>		<p>CHILDREN LIVING [] ↓</p> <p>(1)</p>	<p>NO CHILDREN ALIVE [] ⇒</p> <p>(2)</p>	⇒918
917a	<p>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?</p>	<p>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</p>	<p>⇒918 ⇒918</p>	
917b	<p>What was the reason that you did not take any/all of your child/children with you when you left?</p> <p>PROBE: Any other reasons</p>	<p>CHILDREN NOT HOME AT THE TIME A PREVENTED FROM TAKING CHILDRENB CHILDREN REFUSED TO LEAVEC NO TRANSPORT TO TAKE CHILDREND OTHER (specify): _____ . X</p>		

<p>918</p> <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 CHILDRENA</p> <p>SANCTITY OF MARRIAGEB</p> <p>FOR SAKE OF FAMILY/CHILDREN (FAMILY HONOUR)C</p> <p>COULDN'T SUPPORT CHILDREN.....D</p> <p>LOVED HIM.....E</p> <p>HE ASKED HER TO GO BACKF</p> <p>FAMILY SAID TO RETURNG</p> <p>FORGAVE HIMH</p> <p>THOUGHT HE WOULD CHANGE.....I</p> <p>THREATENED HER/CHILDREN/FAMILYJ</p> <p>COULD NOT STAY THERE (WHERE SHE WENT)K</p> <p>VIOLENCE NORMAL/NOT SERIOUSL</p> <p>BRIDEPRICE WAS PAIDM</p> <p>FEAR OF BLACK MAGIC/SORCERYN</p> <p>HE USED A LOVE SPELLO</p> <p>OBTAINED A DOMESTIC VIOLENCE, FAMILY PROTECTION OR RESTRAINING ORDERP</p> <p>RECEIVED COUNSELLING FROM (specify):Q</p> <p>OTHER (specify):X</p>	<p>FOR ALL OPTIONS GO TO Section 10</p>
<p>919</p> <p>What were the reasons that made you stay?</p> <p>MARK ALL MENTIONED</p>		<p>DIDN'T WANT TO LEAVE CHILDRENA</p> <p>SANCTITY OF MARRIAGEB</p> <p>DIDN'T WANT TO BRING SHAME ON FAMILYC</p> <p>COULDN'T SUPPORT CHILDREN.....D</p> <p>LOVED HIM.....E</p> <p>DIDN'T WANT TO BE SINGLEF</p> <p>FAMILY SAID TO STAYG</p> <p>FORGAVE HIMH</p> <p>THOUGHT HE WOULD CHANGE.....I</p> <p>THREATENED HER/CHILDREN/FAMILYJ</p> <p>NOWHERE TO GOK</p> <p>VIOLENCE NORMAL/NOT SERIOUSL</p> <p>BRIDEPRICE WAS PAIDM</p> <p>FEAR OF BLACK MAGIC/ SORCERYN</p> <p>HE USED A LOVE SPELLO</p> <p>OBTAINED A DOMESTIC VIOLENCE, FAMILY PROTECTION OR RESTRAINING ORDERP</p> <p>RECEIVED COUNSELLING FROM (specify):Q</p> <p>OTHER (specify):X</p>	

1003 a	<p><u>Before the age of 15 years</u>, do you remember if anyone 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				
			b) How old were you when it happened with this person for the first time? (estimate)	c) How old was this person? PROBE: Estimate the age if not sure.	d) How many times did this happen?		
					Once/twice	Few times	Many times
		FATHER B	[][]	[][]	1	2	3
		STEPFATHER C	[][]	[][]	1	2	3
		GRANDFATHER D	[][]	[][]	1	2	3
		BROTHER E	[][]	[][]	1	2	3
		OTHER MALE FAMILY MEMBER F	[][]	[][]	1	2	3
		FEMALE FAMILY MEMBER: _____ G	[][]	[][]	1	2	3
		TEACHER H	[][]	[][]	1	2	3
		POLICE/ SOLDIER I	[][]	[][]	1	2	3
		MALE FRIEND OF FAMILY J	[][]	[][]	1	2	3
		FEMALE FRIEND OF FAMILY K	[][]	[][]	1	2	3
		BOYFRIEND L	[][]	[][]	1	2	3
		STRANGER M	[][]	[][]	1	2	3
		SOMEONE AT WORK N	[][]	[][]	1	2	3
		CHURCH LEADER O	[][]	[][]	1	2	3
		CHIEF P	[][]	[][]	1	2	3
		OTHER (specify): _____ X	[][]	[][]	1	2	3
				DK = 98			
1004	How old were you when you first had sex? IF SHE IS NOT SURE: About how old?	AGE YEARS [][]	⇒1006				
		NOT HAD SEX 95					
		REFUSED/NO ANSWER 99					
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	⇒s10mar*				
		NO 2	⇒s10mar*				
		PARENTS DID NOT LIVE TOGETHER 3	⇒s10mar*				
		DON'T KNOW 8					
		REFUSED/NO ANSWER 9					
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
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	Please tell me if you own any of the following, either by yourself or with someone else:		YES Own by self	YES Own with others	NO Don't own	
		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	a) LAND b) HOUSE c) COMPANY d) LARGE ANIMALS e) SMALL ANIMALS f) VEGETABLES,FRUIT g) HANDCRAFTS h) HOUSEHOLD ITEMS i) JEWELLERY j) WATER TANK/WELL k) LAWN MOWER l) CAR/TRUCK m) BICYCLE n) CANOE o) BOAT WITH MOTOR p) SAVINGS IN BANK q) OTHER SAVINGS x) OTHER PROPERTY:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
FOR EACH, PROBE: Do you own this on your own, or do you own it with others?						
1102	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	NO A	⇒ *s11mar			
		b) JOB: c) SELLING/MARKET/TRADING: d) SEASONAL WORK VANUATU: e) SEASONAL WORK OVERSEAS: x) OTHER:	1 1 1 1 1 1	2 2 2 2 2 2		
* CHECK: Ref. sheet, Box A (s11mar)	CURRENTLY MARRIED/CURRENTLY LIVING WITH A MAN (Option K) [] ↓	NOT CURRENTLY MARRIED OR LIVING WITH A MAN/CURRENT OR PAST SEXUAL PARTNER (Options L, M, N) [] ⇒				⇒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?	SELF/OWN CHOICE 1 GIVE PART TO HUSBAND/PARTNER 2 GIVE ALL TO HUSBAND/PARTNER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9				
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?	MORE THAN HUSBAND/PARTNER 1 LESS THAN HUSBAND/PARTNER 2 ABOUT THE SAME 3 DO NOT KNOW 8 REFUSED/NO ANSWER 9				

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	

REFERENCE SHEET

Box A. MARITAL STATUS

Copy exactly from Q119 and 120a. Follow arrows and mark **only ONE** of the following for marital status:

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 MARRIED3 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	[] Currently married and/or living with man (K) [] Currently with regular sexual partner (dating relationship) (L) [] Previously married/previously lived with man (no current sexual relationship) (M1) [] Previously had sexual relationship (M2)
120a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED..... 1 LIVED WITH A MAN, NOT MARRIED.....3 NO 5	[] Never married /never lived with man (no current or past sexual relationship) (N)
120b	Have you ever had a regular male sexual partner?	YES..... 1 NO..... 2	[] Never married /never lived with man (no current or past sexual relationship) (N)

123. Number of times married/lived together with man: [][] (0)

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