

**APPENDIX D**  
**SURVEY QUESTIONNAIRES**



[Reduced from original]

1987 NATIONAL INDONESIAN CONTRACEPTIVE PREVALENCE SURVEY  
HOUSEHOLD SCHEDULE

IDENTIFICATION	
1. PROVINCE .....	<input type="text"/> <input type="text"/>
2. REGENCY/MUNICIPALITY.....	<input type="text"/> <input type="text"/>
3. SUB-DISTRICT _____	
4. VILLAGE _____	
5. AREA ....1 URBAN.....2 RURAL.....	<input type="checkbox"/>
6. ENUMERATION AREA NUMBER _____	
7. CENSUS BLOK NUMBER _____	
8. SSN 87 SAMPLE CODE .....	<input type="text"/> <input type="text"/> <input type="text"/>
9. NICPS SAMPLE CODE .....	<input type="text"/> <input type="text"/> <input type="text"/>
10. HOUSEHOLD NUMBER.....	<input type="text"/> <input type="text"/> <input type="text"/>
11. NAME OF HOUSEHOLD HEAD _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	MONTH <input type="text"/> <input type="text"/>
INTERVIEWER'S NAME..	<input type="text"/>	<input type="text"/>	<input type="text"/>	INTERV. <input type="text"/> <input type="text"/> <input type="text"/>
RESULT (*).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	FINAL RESULT <input type="checkbox"/>
NEXT VISIT: DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	TOTAL NUMBER OF VISITS <input type="text"/>
TIME	<input type="text"/>	<input type="text"/>	<input type="text"/>	
*RESULT CODES:				
1 COMPLETED	3 POSTPONED	7 DWELLING NOT FOUND		
2 HH PRESENT BUT NO COMPETENT RESPONDENT AT HOME	4 REFUSED	8 OTHER _____		
	5 DWELLING VACANT/ ADDRESS NOT A DWELLING	_____		
	6 DWELLING DESTROYED	_____		

	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	
NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	KEYED BY
DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

We would like some information about the people who usually live in your household.

NAMES OF USUAL RESIDENTS  Please give me the names of the persons who usually live in your household, starting with the head of the household.  (1)	RELATIONSHIP  What is the relationship of (NAME) to other persons already recorded in the household?  (2)	SEX		AGE	WOMEN 10 AND ABOVE		
		Is (NAME) male or female?	How old is he/she?	Has (NAME) ever been married?	What is the highest level of school (NAME) completed?		
		(3)	(4)	(5)	(6)		
LINE NO.		M	F	YEARS	YES	NO	LEVEL*
V		V	V		V	V	
01		1	2		1	2	
02		1	2		1	2	
03		1	2		1	2	
04		1	2		1	2	
05		1	2		1	2	
06		1	2		1	2	
07		1	2		1	2	
08		1	2		1	2	
09		1	2		1	2	
10		1	2		1	2	
11		1	2		1	2	
12		1	2		1	2	

TICK HERE IF CONTINUATION SHEET USED

CIRCLE LINE NO. FOR ALL EVER-MARRIED WOMEN age 15 - 49.

TOTAL NUMBER OF ELIGIBLE WOMEN IN HOUSEHOLD

\*CODES FOR EDUCATION LEVEL

NONE.....0 JR. HIGH..3  
 SOME PRIMRY.1 SR. HIGH..4  
 COMPLETED ACAD/UNIV.5  
 PRIMARY...2 DK.....6

- Just to make sure that I have this right:
- Are there any other persons such as small children or infants that we have not listed? YES  ENTER NAMES IN TABLE NO
  - Are there any other people who may not be members of your family, such as servants, friends or lodgers, but who usually live here? YES  ENTER NAMES IN TABLE NO
  - Are there any other guests or visitors who have been temporarily staying with you for the past six months or more? YES  ENTER NAMES IN TABLE NO
  - Are there any persons who usually live here who have been away for less than six months? YES  ENTER NAMES IN TABLE NO
  - Are there any persons we have listed who have been away for the past six months? YES  DELETE NAMES FROM TABLE NO

1987 NATIONAL INDONESIAN CONTRACEPTIVE PREVALENCE SURVEY  
HOUSEHOLD CONTINUATION SHEET

LINE NO.	NAMES OF USUAL RESIDENTS <small>Please give me the names of the persons who usually live in your household, starting with the head of the household.</small>	RELATIONSHIP <small>What is the relationship of (NAME) to other persons already recorded in the household?</small>	SEX		AGE <small>How old is he/she?</small>	WOMEN 10 AND ABOVE		LEVEL*
			Is (NAME) male or female?			Has (NAME) ever been married?	What is the highest level of school (NAME) completed?	
	(1)	(2)	(3)	(4)	(5)	(6)		
			M F	YEARS	YES NO			
			↓ ↓		↓ ↓			
			v v		v v			
			1 2		1 2			
13								
14			1 2			1 2		
15			1 2			1 2		
16			1 2			1 2		
17			1 2			1 2		
18			1 2			1 2		
19			1 2			1 2		
20			1 2			1 2		
21			1 2			1 2		
22			1 2			1 2		
23			1 2			1 2		
24			1 2			1 2		
25			1 2			1 2		

CIRCLE LINE NO. FOR ALL EVER-MARRIED WOMEN AGE 15 - 49.

TOTAL NUMBER OF ELIGIBLE WOMEN IN HOUSEHOLD

\*CODES FOR EDUCATION LEVEL

- NONE.....0
- SOME PRIMRY..1
- COMPLETED PRIMARY...2
- JR. HIGH..3
- SR. HIGH..4
- ACAD/UNIV..5
- DK.....6

[Reduced from original]

1987 NATIONAL INDONESIAN CONTRACEPTIVE PREVALENCE SURVEY  
INDIVIDUAL WOMAN'S QUESTIONNAIRE

IDENTIFICATION	
1. PROVINCE .....	..... <input type="text"/>
2. REGENCY/MUNICIPALITY .....	..... <input type="text"/>
3. SUB-DISTRICT _____	
4. VILLAGE _____	
5. AREA ....1 URBAN.....2 RURAL.....	<input type="checkbox"/>
6. ENUMERATION AREA NUMBER _____	
7. CENSUS BLOK NUMBER _____	
8. SSN 87 SAMPLE CODE .....	..... <input type="text"/>
9. NICPS SAMPLE CODE .....	..... <input type="text"/>
10. HOUSEHOLD NUMBER.....	..... <input type="text"/>
11. NAME OF HOUSEHOLD HEAD _____	
12. LINE NUMBER OF WOMAN FROM HOUSEHOLD SCHEDULE.....	..... <input type="text"/>
13. NAME OF WOMAN _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE .....				MONTH <input type="text"/>
INTERVIEWER'S NAME..				INTERV. <input type="text"/>
RESULT (*).....				FINAL RESULT <input type="checkbox"/>
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS <input type="text"/>
TIME				
(*) RESULT CODES.... 1 COMPLETED      3 POSTPONED      5 PARTLY COMPLETED 2 NOT AT HOME      4 REFUSED      6 OTHER				

	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	
NAME	_____	_____	_____	KEYED BY
DATE	_____	_____	_____	<input type="text"/>

**SECTION 1: RESPONDENT'S BACKGROUND.**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD NUMBER OF PEOPLE LISTED IN THE HOUSEHOLD SCHEDULE.	NUMBER OF PEOPLE.. <input type="text"/> <input type="text"/>	
103	RECORD THE TIME AT START OF INTERVIEW.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
104	First I would like to ask some questions about yourself and your household. For most of the time until you were 12 years old, did you live in a village, in a town, or in a city?	VILLAGE.....1 TOWN.....2 CITY.....3	
105	How long have you been living continuously in (NAME OF VILLAGE)?	ALWAYS.....95 YEARS..... <input type="text"/> <input type="text"/>	 →107
106	Just before you moved to (NAME OF VILLAGE) did you live in the village, in a town, or in a city?	VILLAGE.....1 TOWN.....2 CITY.....3	
107	In what month and year were you born? IF MONTH NOT IN WESTERN CALENDAR, WRITE NAME: _____	MONTH ..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	
108	How old were you at your last birthday? COMPARE 107 AND 108 AND CORRECT IF INCONSISTENT. IF AGE IS <15 OR >49, STOP.	AGE IN COMPLETED YEARS... <input type="text"/> <input type="text"/>	
108A	Are you now married, widowed, divorced or separated?	MARRIED.....1 WIDOWED.....2 DIVORCED/SEPARATED.....3	
109	Have you ever attended school?	YES.....1 NO.....2	 →113
110	What was the highest level of school you attended: primary, junior high, senior high, academy, or university?	PRIMARY SCHOOL.....1 JUNIOR HIGH SCHOOL.....2 SENIOR HIGH SCHOOL.....3 ACADEMY.....4 UNIVERSITY.....5	 →111   →111   →111
110A	Was that a vocational or general high school?	GENERAL.....1 VOCATIONAL.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
111	What was the highest grade (class) you completed at that level? IF COMPLETED LEVEL, CODE 7.	GRADE/ CLASS..... <input type="checkbox"/> DONT KNOW.....8	
112	CHECK 110: PRIMARY <input type="checkbox"/> JUNIOR HIGH SCHOOL OR HIGHER <input type="checkbox"/>		114
113	Can you read a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	115
114	Do you usually read a newspaper or a magazine at least once a week?	YES.....1 NO.....2	
115	Do you usually watch television at least once a week?	YES.....1 NO.....2	
116	Do you usually listen to a radio every day?	YES.....1 NO.....2	
117	What is the major source of drinking water for members of your household?	PIPE.....1 PUMP.....2 WELL.....3 SPRING.....4 RIVER.....5 RAINWATER.....6 OTHER _____ 7 (SPECIFY)	
118	What is the major source of water for household use other than drinking (e.g. washing, cooking) for members of your household?	PIPE.....1 PUMP.....2 WELL.....3 SPRING.....4 RIVER.....5 RAINWATER.....6 OTHER _____ 7 (SPECIFY)	
120	What kind of toilet facility does your household have?	PRIVATE, WITH SEPTIC T..1 PRIVATE, NO SEPTIC TANK.2 SHARED/PUBLIC.....3 OTHER _____ 4 (SPECIFY)	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
122	Does your household have or have access to: Electricity? A radio or cassette? A television? A gas, kerosene, or electric stove?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO OR CASSETTE..</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOVE.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO OR CASSETTE..	1	2	TELEVISION.....	1	2	STOVE.....	1	2	
	YES	NO																
ELECTRICITY.....	1	2																
RADIO OR CASSETTE..	1	2																
TELEVISION.....	1	2																
STOVE.....	1	2																
123	Does any member of your household have or have access to: A non-motor vehicle? A motor vehicle?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>NON-MOTOR VEHICLE..</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTOR VEHICLE.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	NON-MOTOR VEHICLE..	1	2	MOTOR VEHICLE.....	1	2							
	YES	NO																
NON-MOTOR VEHICLE..	1	2																
MOTOR VEHICLE.....	1	2																
124	MAIN MATERIAL OF THE FLOOR.	<table> <tbody> <tr> <td>TILE.....</td> <td>1</td> </tr> <tr> <td>CONCRETE/BRICK.....</td> <td>2</td> </tr> <tr> <td>WOOD.....</td> <td>3</td> </tr> <tr> <td>BAMBOO.....</td> <td>4</td> </tr> <tr> <td>DIRT/EARTH.....</td> <td>5</td> </tr> <tr> <td>OTHER _____</td> <td>6</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	TILE.....	1	CONCRETE/BRICK.....	2	WOOD.....	3	BAMBOO.....	4	DIRT/EARTH.....	5	OTHER _____	6	(SPECIFY)			
TILE.....	1																	
CONCRETE/BRICK.....	2																	
WOOD.....	3																	
BAMBOO.....	4																	
DIRT/EARTH.....	5																	
OTHER _____	6																	
(SPECIFY)																		
130	What religion are you?	<table> <tbody> <tr> <td>MUSLIM.....</td> <td>1</td> </tr> <tr> <td>PROTESTANT/CHRISTIAN...</td> <td>2</td> </tr> <tr> <td>CATHOLIC.....</td> <td>3</td> </tr> <tr> <td>HINDU.....</td> <td>4</td> </tr> <tr> <td>BUDDHIST.....</td> <td>5</td> </tr> <tr> <td>OTHER _____</td> <td>6</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	MUSLIM.....	1	PROTESTANT/CHRISTIAN...	2	CATHOLIC.....	3	HINDU.....	4	BUDDHIST.....	5	OTHER _____	6	(SPECIFY)			
MUSLIM.....	1																	
PROTESTANT/CHRISTIAN...	2																	
CATHOLIC.....	3																	
HINDU.....	4																	
BUDDHIST.....	5																	
OTHER _____	6																	
(SPECIFY)																		

**SECTION 2: REPRODUCTION.**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	How I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206
202	Do you have any son or daughter you have given birth to who is now living with you?	YES.....1 NO.....2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE ENTER ZEROS <00>.	SONS AT HOME..... <input type="text"/> <input type="text"/> DAUGHTERS AT HOME. <input type="text"/> <input type="text"/>	
204	Do you have any son or daughter you have given birth to who is alive but does not live with you?	YES.....1 NO.....2	→206
205	How many sons live elsewhere? How many daughters live elsewhere? IF NONE ENTER ZEROS <00>.	SONS ELSEWHERE.... <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE..... <input type="text"/> <input type="text"/>	
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any (other) boy or girl who cried or showed any signs of life but only survived a few hours or days?	YES.....1 NO.....2	→208
207	How many boys have died? And how many girls have died? IF NONE ENTER ZEROS <00>.	BOYS DEAD..... <input type="text"/> <input type="text"/> GIRLS DEAD..... <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, 207, AND ENTER TOTAL. IF NONE ENTER ZEROS <00>.	TOTAL..... <input type="text"/> <input type="text"/>	
209	CHECK 208: Just to make sure that I have this right, you have had in total _____ live births during your life? Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-209 AS NECESSARY		
210	CHECK 208: ONE OR MORE LIVE BIRTHS <input type="checkbox"/> NO LIVE BIRTHS <input type="checkbox"/> →221		

211 Now I would like to talk to you about all of your births, whether still alive or not, starting with the first birth you had.  
 RECORD THE NAMES OF ALL LIVE BIRTHS THAT THE WOMAN HAD STARTING WITH THE FIRST BIRTH ON LINE ONE. FILL IN THE NAMES OF ALL CHILDREN, WHETHER OR NOT THEY ARE STILL ALIVE AND THEN ASK QUESTIONS 213-218 AS APPROPRIATE FOR EACH CHILD.  
 RECORD TWINS ON SEPARATE LINES AND MARK WITH A BRACKET.

212 What name was given to your (first, next) birth?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born? IF MONTH NOT WESTERN, WRITE NAME.	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died? RECORD DAYS IF UNDER 1 MONTH, MONTHS IF UNDER 2 YEARS OR YEARS IF MORE THAN 2 YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday?	218 IF ALIVE: Is he/she living with you now?
01	BOY..1 GIRL..2	MONTH <input type="text"/> YEAR. <input type="text"/>	YES.....1 GO TO 217< NO.....2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	AGE <input type="text"/>	YES..1 NO..2
02	BOY..1 GIRL..2	MONTH <input type="text"/> YEAR. <input type="text"/>	YES.....1 GO TO 217< NO.....2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	AGE <input type="text"/>	YES..1 NO..2
03	BOY..1 GIRL..2	MONTH <input type="text"/> YEAR. <input type="text"/>	YES.....1 GO TO 217< NO.....2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	AGE <input type="text"/>	YES..1 NO..2
04	BOY..1 GIRL..2	MONTH <input type="text"/> YEAR. <input type="text"/>	YES.....1 GO TO 217< NO.....2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	AGE <input type="text"/>	YES..1 NO..2
05	BOY..1 GIRL..2	MONTH <input type="text"/> YEAR. <input type="text"/>	YES.....1 GO TO 217< NO.....2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	AGE <input type="text"/>	YES..1 NO..2
06	BOY..1 GIRL..2	MONTH <input type="text"/> YEAR. <input type="text"/>	YES.....1 GO TO 217< NO.....2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	AGE <input type="text"/>	YES..1 NO..2
07	BOY..1 GIRL..2	MONTH <input type="text"/> YEAR. <input type="text"/>	YES.....1 GO TO 217< NO.....2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	AGE <input type="text"/>	YES..1 NO..2
08	BOY..1 GIRL..2	MONTH <input type="text"/> YEAR. <input type="text"/>	YES.....1 GO TO 217< NO.....2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	AGE <input type="text"/>	YES..1 NO..2

212 What name was given to your (first, next) birth?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born? IF MONTH NOT WESTERN, WRITE NAME	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died? RECORD DAYS IF UNDER 1 MONTH, MONTHS IF UNDER 2 YEARS OR YEARS IF MORE THAN 2 YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday?	218 IF ALIVE: Is he/ she living with you now? now?
09	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR. <input type="text"/>	YES.....1 GO TO 217 NO.....2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	AGE <input type="text"/>	YES.1 NO..2
10	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR. <input type="text"/>	YES.....1 GO TO 217 NO.....2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	AGE <input type="text"/>	YES.1 NO..2
11	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR. <input type="text"/>	YES.....1 GO TO 217 NO.....2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	AGE <input type="text"/>	YES.1 NO..2
12	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR. <input type="text"/>	YES.....1 GO TO 217 NO.....2	DAYS 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS 3 <input type="text"/> GO TO NEXT BIRTH	AGE <input type="text"/>	YES.1 NO..2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
219	CHECK 208 AND NUMBER OF BIRTHS IN 212 (BIRTH HISTORY): NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)		
221	Are you pregnant now?	YES.....1 NO.....2 NOT SURE.....3	→226 →226
222	For how many months have you been pregnant?	MONTHS..... <input type="text"/>	→227
226	How long ago did your last menstrual period start?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 BEFORE LAST PREG.....995 NEVER MENSTRUATED.....996	
227	When during her monthly cycle do you think a woman has the greatest chance of becoming pregnant?  PROBE: What are the days during the month when a woman has to be careful to avoid becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS.....4 AT ANY TIME.....5 OTHER.....6 (SPECIFY) DONT KNOW.....8	
228	PRESENCE OF OTHERS AT THIS POINT:	YES NO CHILDREN UNDER 10.. 1 2 HUSBAND.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	

**SECTION 3: KNOWLEDGE AND PRACTICE OF BIRTH CONTROL (FAMILY PLANNING)**

301 Now I would like to talk about a different topic. There are various ways that a couple can delay or avoid a pregnancy or a birth. Which of these methods have you heard of?

- a) CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
- b) FOR EACH METHOD NOT MENTIONED SPONTANEOUSLY READ THE NAME AND DESCRIPTION, THEN ASK 302 AND CIRCLE CODE 2 IF METHOD IS RECOGNIZED. CIRCLE CODE 3 IF METHOD IS NOT RECOGNIZED.
- c) THEN ASK 303-305 FOR EACH METHOD THAT WAS CODED EITHER 1 OR 2 IN 302.

	302 Have you ever heard of (READ METHOD AND DESCRIPTION)?	303 Have you ever used (METHOD)	304 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)*	305 What is the main problem, if any, with using (METHOD)? (CODES BELOW)**
PILL "Women can take a pill every day."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
IUD "Women can have a loop or coil placed inside them by a doctor or a nurse."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
INJECTIONS "Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
DIAPHRAGM, FOAM, JELLY "Women can place a sponge or suppository or diaphragm or jelly or cream inside them immediately before intercourse."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
CONDOM, RUBBER, DUREX "Men can use a rubber sheath during sexual intercourse."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____

\*CODES FOR 304:

- FP CLINIC/HEALTH CENTER/HOSPITAL...01
- FAMILY PLANNING FIELDWORKER.....02
- FP POST/ COMMUNITY ORGANIZATION...03
- FP MOBILE UNIT (TKBK/TMK).....04
- SAFARI/CAMPAIGN.....05
- PHARMACY/SHOP.....06
- PRIVATE DOCTOR.....07
- PRIVATE MIDWIFE.....08
- PUBLIC HEALTH POST (POSYANDU).....09
- TRADITIONAL HEALER (DUKUN).....10
- OTHER \_\_\_\_\_ 11  
(SPECIFY)
- NOWHERE.....12
- DONT KNOW.....98

\*\*CODES FOR 305

- NONE.....01
- NOT EFFECTIVE.....02
- HUSBAND  
DISAPPROVES.....03
- HEALTH CONCERNS.....04
- ACCESS/AVAIL.....05
- COSTS TOO MUCH.....06
- INCONVENIENT  
TO USE.....07
- RELIGIOUS/MORAL.....08
- OTHER (SPECIFY).....11
- DONT KNOW.....98

	302 Have you ever heard of (READ METHOD AND DESCRIPTION)?	303 Have you ever used (METHOD)	304 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)*	305 What is the main problem, if any, with using (METHOD)? (CODES BELOW)**
<b>FEMALE STERILIZATION</b> "Women can have an operation to avoid having any more children."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
<b>MALE STERILIZATION</b> "Men can have an operation to avoid having any more children."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
<b>MORPLANT</b> "Women can have small rods put in the arm to stop getting pregnant."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	<input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
<b>ABORTION</b> "Women can do something to get rid of a pregnancy."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2		
<b>PERIODIC ABSTINENCE, CALENDAR</b> "Couples can avoid having sexual intercourse on certain days of each month when the woman is more likely to get pregnant."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2	Where would you go to obtain advice about (METHOD)? <input type="checkbox"/> <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> <input type="checkbox"/> OTH: _____
<b>WITHDRAWAL</b> "Men can be careful and pull out before climax."	YES/SPON.....1 YES/PRBD.....2 NO.....3	YES.....1 NO.....2		<input type="checkbox"/> <input type="checkbox"/> OTH: _____
<b>ANY OTHER METHODS?</b> "Have you heard of any other ways or methods that women or men can use to avoid pregnancy?" SPECIFY  a. _____  b. _____  c. _____ (SPECIFY)	YES/SPON.....1 NO.....3	a. YES..1 NO...2  b. YES..1 NO...2  c. YES..1 NO...2	*CODES FOR 304: FP CLINIC/HEALTH CENTER/ HOSPITAL...01 FAMILY PLANNING FIELDWORKER.....02 FP POST/ COMMUNITY ORGANIZATION.....03 FP MOBILE UNIT.....04 SAFARI/CAMPAIGN.....05 PHARMACY/ SHOP.....06 PRIVATE DOCTOR.....07 PRIVATE MIDWIFE.....08 PUBLIC HEALTH POST..09 TRADITIONAL HEALER..10 OTHER.....11 NOWHERE.....12 DON'T KNOW.....98	**CODES FOR 305 NONE.....01 NOT EFFECTIVE...02 HUSBAND DISAPPROVES...03 HEALTH CONCERNS.04 ACCESS/AVAIL....05 COSTS TOO MUCH..06 INCONVENIENT TO USE.....07 RELIGIOUS/MORAL.08 OTHER (SPECIFY).11 DON'T KNOW.....98
	ASK 303-305 FOR EACH METHOD KNOWN EITHER SPONTANEOUSLY OR AFTER PROBING.			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	CHECK 303: NOT A SINGLE "YES" <input type="checkbox"/> AT LEAST ONE "YES" <input type="checkbox"/>		
307	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	311A
308	What have you used or done? CORRECT 302-303 AND OBTAIN INFORMATION FOR 304 TO 306 AS NECESSARY.		
309	CHECK 303: EVER USED PERIODIC ABSTINENCE <input type="checkbox"/> NEVER USED PERIODIC ABSTINENCE <input type="checkbox"/>		311
310	The last time you used periodic abstinence, how did you determine on which days you had to abstain?	BASED ON CALENDAR.....1 BASED ON BODY TEMPERATURE.....2 BASED ON CERVICAL MUCUS (BILLINGS METHOD).....3 BASED ON BODY TEMPERATURE AND MUCUS..4 OTHER.....5 (SPECIFY)	
311	How many living children, if any, did you already have when you first did something to avoid getting pregnant? IF NONE ENTER ZEROS <00>.	NUMBER OF CHILDREN.....	<input type="text"/>
311A	CHECK 108A AND 306: MARRIED <input type="checkbox"/> WIDOWED, DIVORCED/SEPARATED <input type="checkbox"/> EVER USED <input type="checkbox"/> NEVER USED <input type="checkbox"/> EVER USED <input type="checkbox"/> NEVER USED <input type="checkbox"/> 332A 333 339		
312	CHECK 221: NOT PREGNANT OR NOT SURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		311
313	Are you currently doing something or using any method to avoid getting pregnant?	YES.....1 NO.....2	318

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
314	Which method are you using?  CHECK 302-305 FOR THIS METHOD AND CORRECT IF NECESSARY.	PILL.....01   IUD.....02 →317A INJECTIONS.....03 →315H DIAPHRAGM/FOAM/JELLY...04 →317A CONDOM.....05 →315K FEMALE STERILIZATION...06 MALE STERILIZATION.....07 } →317 NORPLANT.....08 →317A PERIODIC ABSTINENCE...10 WITHDRAWAL.....11 } PROLONGED ABSTINENCE...12 } >318 HERBS (JAMU).....13 ABDOM'L MASSAGE (PIJAT)14 OTHER _____ 15 (SPECIFY)	
314A	Do you have a package of pills in the house?	YES.....1   NO.....2 →315C	
315	Please show me the package of pills you are now using. (RECORD NAME OF BRAND)	BRAND: <input type="text"/> <input type="text"/>	
315A	CHECK PACKET FOR PILL USE AND MARK CORRECT CODE.	PILLS MISSING IN ORDER..1 →315E PILLS MISSING OUT OF ORDER.....2 NO PILLS MISSING.....3	
315B	Why is it that you have not taken the pills (in order)?	DOESN'T KNOW WHAT TO DO..1 HEALTH REASONS.....2 } >315E FOLLOWING PLKB'S INSTR..3 NEW PACKET.....4 OTHER _____ 5	
315C	Why don't you have a package of pills in the house?	RAN OUT.....1   COST TOO MUCH.....2 HUSBAND AWAY.....3 HAS PERIOD.....4 OTHER _____ 5	
315D	SHOW BRAND CHART FOR PILLS: Please tell me which of these is the brand of pills that you are using.	BRAND: <input type="text"/> <input type="text"/> DOESN'T KNOW.....98	
315E	When was the last time you took a pill?	DAYS AGO..... <input type="text"/> <input type="text"/> MORE THAN ONE MONTH....97	
315F	CHECK 315E:  TWO DAYS AGO OR LESS (GO TO 317A) <input type="checkbox"/> MORE THAN TWO DAYS AGO <input type="checkbox"/>		

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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
315G	Why aren't you taking the pill these days?	HUSBAND AWAY.....1 FORGOT.....2 HEALTH REASONS.....3 COST TOO MUCH.....4 NO NEED TO TAKE DAILY...5 RAN OUT.....6 HAS PERIOD.....7 OTHER.....8	>317A
315H	When did you last have an injection?	MONTHS AGO..... <input type="text"/>	
315I	CHECK 315H:  MORE THAN THREE MONTHS AGO <input type="checkbox"/> THREE MONTHS AGO OR LESS <input type="checkbox"/>		>317A
315J	Why haven't you had an injection recently?	HUSBAND AWAY.....1 FORGOT.....2 HEALTH REASONS.....3 COST TOO MUCH.....4 OTHER.....8	>317A
315K	Please show me the package of condoms that your husband is using. RECORD NAME OF BRAND	BRAND: <input type="text"/> <input type="text"/> NOT ABLE TO SHOW.....98	>317A
315L	Why can't you show me the package of condoms that your husband is using?	HUSBAND KEEPS.....1 RAN OUT.....2 OTHER.....3	
315M	SHOW BRAND CHART FOR CONDOMS: Please tell me which of these is the brand of condoms that your husband is using.	BRAND: <input type="text"/> <input type="text"/> DOESN'T KNOW.....98	>317A
317	In what month and year did you (he) have the operation? IF MONTH NOT WESTERN, WRITE NAME	WHEN: MONTH <input type="text"/> <input type="text"/> YEAR..... DOESN'T KNOW.....98	
317A	How much did it cost you for this method? WRITE COST OF METHOD PLUS SERVICE.	COST. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....999996 DK.....999998	>319
318	In the last 12 months, have you obtained a method or advice about how to avoid pregnancy?	YES.....1 NO.....2	1—>319B 2—>321

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
319 OR 319A OR 319B	Where did you obtain (METHOD) the last time? Where did the sterilization take place? Where or from whom did you get a method or advice?	FP CLINIC/HEALTH CENTER/ HOSPITAL.....01 FAMILY PLANNING FIELDWORKER.....02 FP POST/ COMMUNITY ORGANIZATION.....03 FP MOBILE UNIT.....04 SAFARI/CAMPAIGN.....05 PHARMACY/ SHOP.....06 PRIVATE DOCTOR.....07 PRIVATE MIDWIFE.....08 PUBLIC HEALTH POST.....09 TRADITIONAL HEALER.....10 OTHER.....11 DON'T KNOW.....98	>321
320	Was there anything you disliked about the service you received there? IF YES: What? IF MORE THAN ONE REASON, CIRCLE MOST IMPORTANT	WAIT TOO LONG.....1 STAFF DISCOURTEOUS.....2 EXPENSIVE.....3 NOT ABLE TO GET DESIRED SERVICES/METHOD.....4 MALE STAFF.....5 OTHER.....6 (SPECIFY) NO COMPLAINTS.....7	
321	CHECK 221: NOT PREGNANT OR NOT SURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		>339
322	CHECK 313, 314: HE/SHE STERILIZED (SKIP TO 324) <input type="checkbox"/> CURRENTLY USING ANOTHER METHOD <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/>		>332A
323	For how long have you been using (CURRENT METHOD) continuously?	DURATION: MONTHS..... YEARS.....	<input type="text"/> <input type="text"/>
324	Have you experienced any problems from using (CURRENT METHOD)?	YES.....1 NO.....2	>326
325	What is the main problem you experienced? WRITE BRIEFLY AND CLEARLY.	METHOD FAILED.....02 HUSBAND DISAPPROVES.....03 HEALTH CONCERNS.....04 ACCESS/AVAILABILITY.....05 COSTS TOO MUCH.....06 INCONVENIENT TO USE.....07 RELIGIOUS/MORAL.....08 OTHER.....11 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
326	In the same month, do you regularly use any other method than (CURRENT METHOD)?	YES.....1 NO.....2	→328
327	Which method is that?  CHECK 302-305 FOR THIS METHOD AND CORRECT IF NECESSARY.	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 NORPLANT.....08 PERIODIC ABSTINENCE...10 WITHDRAWAL.....11 PROLONGED ABSTINENCE...12 HERBS (JAMU).....13 ABDOM'L MASSAGE (PIJAT)14 OTHER _____ 15 (SPECIFY)	
328	(Since your last birth), have you used any other method before (CURRENT METHOD) to avoid a pregnancy or birth?	YES.....1 NO.....2	→341A
329	Which method did you use before (CURRENT METHOD)?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 FEMALE STERILIZATION...06 MALE STERILIZATION....07 NORPLANT.....08 ABORTION.....09 PERIODIC ABSTINENCE...10 WITHDRAWAL.....11 PROLONGED ABSTINENCE...12 HERBS (JAMU).....13 ABDOM'L MASSAGE (PIJAT)14 OTHER _____ 15 (SPECIFY)	
330	In what month and year did you start using (METHOD BEFORE CURRENT)? IF MONTH NOT WESTERN, WRITE NAME	WHEN: MONTH _____ <input type="checkbox"/> <input type="checkbox"/> YEAR..... <input type="checkbox"/> <input type="checkbox"/>	
331	For how long did you use (METHOD BEFORE CURRENT) (the last time)?	DURATION: MONTHS..... <input type="checkbox"/> <input type="checkbox"/> YEARS..... <input type="checkbox"/> <input type="checkbox"/>	
332	What was the main reason you stopped using (METHOD BEFORE CURRENT) then?  IF ANSWER IS "SWITCHED TO OTHER METHOD", PROBE TO FIND REASON	METHOD FAILED.....02 HUSBAND DISAPPROVES...03 HEALTH CONCERNS.....04 ACCESS/AVAILABILITY...05 COSTS TOO MUCH.....06 INCONVENIENT TO USE...07 RELIGIOUS/MORAL.....08 INFREQUENT SEX.....09 FATALISTIC.....10 OTHER _____ 11 (SPECIFY)	→341A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
332A	<b>CHECK 221:</b>  What is the main reason that you are not using a method to avoid pregnancy?  IF PREGNANT, CIRCLE "95".	DESIRES PREGNANCY.....00 LACK OF KNOWLEDGE OR LACK OF SOURCE.....01 OPPOSED TO FP.....02 HUSBAND DISAPPROVES....03 OTHER PEOPLE DISAPPR...04 INFREQUENT SEX.....05 POSTPARTUM/BF.....06 MENOPAUSAL/SUBFECUND...07 HEALTH CONCERNS.....08 ACCESS/AVAILABILITY....09 COSTS TOO MUCH.....10 FATALISTIC.....11 RELIGION.....12 INCONVENIENT TO USE....13 OTHER _____ 14 (SPECIFY) CURRENTLY PREGNANT.....95 DK.....98	
332B	<b>CHECK 306:</b> EVER USED      NEVER USED  <input type="checkbox"/> <input type="checkbox"/>		→339
333	<b>CHECK 208:</b> ANY BIRTHS?  YES <input type="checkbox"/> NO <input type="checkbox"/>		→335
334	Since your last birth have you used any method to avoid a pregnancy or a birth?	YES.....1 NO.....2	→339
335	Which was the last method you used?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 MALE STERILIZATION....07 MORPLANT.....08 ABORTION.....09 PERIODIC ABSTINENCE...10 WITHDRAWAL.....11 PROLONGED ABSTINENCE...12 HERBS (JAMU).....13 ABDOM'L MASSAGE (PIJAT)14 OTHER _____ 15 (SPECIFY)	
336	In what month and year did you start using that method? IF MONTH NOT WESTERN, WRITE NAME	WHEN: MONTH _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YEAR..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
337	For how long had you been using (LAST METHOD) before you stopped using it?	DURATION: MONTHS..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> YEARS..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
338	What was the main reason you stopped using (LAST METHOD) then?	TO GET PREGNANT.....01 METHOD FAILED.....02 HUSBAND DISAPPROVES...03 HEALTH CONCERNS.....04 ACCESS/AVAILABILITY...05 COSTS TOO MUCH.....06 INCONVENIENT TO USE...07 RELIGIOUS/MORAL.....08 INFREQUENT SEX.....09 FATALISTIC.....10 OTHER _____ 11 (SPECIFY)	
339	Do you intend to use a method to avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	}341A
340	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 FEMALE STERILIZATION...06 MALE STERILIZATION....07 NORPLANT.....08 ABORTION.....09 PERIODIC ABSTINENCE...10 WITHDRAWAL.....11 PROLONGED ABSTINENCE...12 HERBS (JAMU).....13 ABDOM'L MASSAGE (PIJAT)14 OTHER _____ 15 (SPECIFY) DOESN'T KNOW.....98	
341	Do you intend to use (PREFERRED METHOD) in the next 12 months?	YES.....1 NO.....2 DK.....8	
341A	If a woman wants to delay the next birth, which method do you think would be best for her to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 FEMALE STERILIZATION...06 MALE STERILIZATION....07 NORPLANT.....08 ABORTION.....09 PERIODIC ABSTINENCE...10 WITHDRAWAL.....11 PROLONGED ABSTINENCE...12 HERBS (JAMU).....13 ABDOM'L MASSAGE (PIJAT)14 OTHER _____ 15 DOESN'T KNOW.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO																																	
341B	If a woman has all the children she wants, which method do you think would be best for her to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 FEMALE STERILIZATION...06 MALE STERILIZATION....07 NORPLANT.....08 ABORTION.....09 PERIODIC ABSTINENCE....10 WITHDRAWAL.....11 PROLONGED ABSTINENCE...12 HERBS (JAMU).....13 ABDOM'L MASSAGE (PIJAT)14 OTHER.....15 DOESN'T KNOW.....98																																		
342	In the last month, have you heard or seen a message about family planning on the radio or on the television?	YES.....1 NO.....2 →344 NO RADIO OR TV.....3 →344																																		
343	Did you hear or see it once or more than once?	ONCE.....1 MORE THAN ONCE.....2																																		
344	Has a family planning fieldworker visited you in the past six months?	YES.....1 NO.....2																																		
345	Have you ever heard of Dualima?	YES.....1 NO.....2 →345B																																		
345A	Can you tell me what it is? DO NOT READ RESPONSES.	CONDOM.....1 FAMILY PLANNING METHOD..2 OTHER..... _____ _____ 3																																		
345B	Of the sources I am going to mention, which do you think are an appropriate source for family planning information?  READ RESPONSES.	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>PRIVATE DOCTOR....</td><td>1</td><td>2</td></tr> <tr><td>PRIVATE MIDWIFE... </td><td>1</td><td>2</td></tr> <tr><td>FP FIELDWORKER....</td><td>1</td><td>2</td></tr> <tr><td>VILLAGE OFFICIAL.. </td><td>1</td><td>2</td></tr> <tr><td>RELIGIOUS LEADER.. </td><td>1</td><td>2</td></tr> <tr><td>WOMEN'S ORG. (PKK) </td><td>1</td><td>2</td></tr> <tr><td>PHARMACIST..... </td><td>1</td><td>2</td></tr> <tr><td>TEACHER..... </td><td>1</td><td>2</td></tr> <tr><td>TELEVISION..... </td><td>1</td><td>2</td></tr> <tr><td>RADIO..... </td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	PRIVATE DOCTOR....	1	2	PRIVATE MIDWIFE...	1	2	FP FIELDWORKER....	1	2	VILLAGE OFFICIAL..	1	2	RELIGIOUS LEADER..	1	2	WOMEN'S ORG. (PKK)	1	2	PHARMACIST.....	1	2	TEACHER.....	1	2	TELEVISION.....	1	2	RADIO.....	1	2	
	YES	NO																																		
PRIVATE DOCTOR....	1	2																																		
PRIVATE MIDWIFE...	1	2																																		
FP FIELDWORKER....	1	2																																		
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WOMEN'S ORG. (PKK)	1	2																																		
PHARMACIST.....	1	2																																		
TEACHER.....	1	2																																		
TELEVISION.....	1	2																																		
RADIO.....	1	2																																		
346	CHECK 214 AND 221:	HAD BIRTH SINCE JAN. 1982 OR PREGNANT <input type="checkbox"/>	NO BIRTH SINCE JAN. 1982 AND NOT PREGNANT OR UNSURE <input type="checkbox"/> SECTION 5																																	

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347 Now I would like to get some more information about (your pregnancy and) the children you had in the last five years. CHECK WHETHER PREGNANT AND RECORD NAMES OF BIRTHS SINCE JAN. 1982. THEN ENTER EVER USE OF CONTRACEPTION

348 CHECK 306: EVER USED A METHOD  (ASK 349-356 FOR EACH COLUMN)  
NEVER USED A METHOD  (ASK 355 FOR EACH COLUMN)

BIRTH ORDER

ASK QUESTIONS ABOUT ALL BIRTHS	CURRENTLY PREGNANT?	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND FROM LAST BIRTH	THIRD FROM LAST BIRTH
	YES <input type="checkbox"/> NO <input type="checkbox"/>	(NAME)	(NAME)	(NAME)	(NAME)
349 Before you became pregnant (with NAME) (but after your preceding birth, IF ANY) had you done anything, even for a short time, to avoid getting pregnant or having a birth?	YES.....1 NO.....2 SKIP TO 355 ←	YES.....1 NO.....2 SKIP TO 355 ←	YES.....1 NO.....2 SKIP TO 355 ←	YES.....1 NO.....2 SKIP TO 355 ←	YES.....1 NO.....2 SKIP TO 355 ←

350 Which was the last method you used then?	PILL.....01	IUD.....02	INJECTIONS...03	DIAPH/FM/JLY..04	CONDOM.....05	MALE STERIL...07	NORPLANT.....08	ABORTION.....09	PERIODIC ABST..10	WITHDRAWAL...11	PROLNGD ABST..12	HERBS.....13	MASSAGE.....14	OTHER.....15 (SPECIFY)
USE THESE CODES IN 351														

351 Any method before that? (RECORD CODE). (IF NONE, ENTER 00).	PRECEDING METHOD <input type="text"/>	PRECEDING METHOD <input type="text"/>	PRECEDING METHOD <input type="text"/>	PRECEDING METHOD <input type="text"/>	PRECEDING METHOD <input type="text"/>

352 For how long had you used (LAST METHOD) that time?	DURATION: MONTHS... <input type="text"/>	DURATION: MONTHS... <input type="text"/>	DURATION: MONTHS... <input type="text"/>	DURATION: MONTHS... <input type="text"/>	DURATION: MONTHS... <input type="text"/>

353 Did you become pregnant while you were still using (LAST METHOD)?	YES.....1 (SKIP TO 356)←	YES.....1 (SKIP TO 356)←	YES.....1 (SKIP TO 356)←	YES.....1 (SKIP TO 356)←	YES.....1 (SKIP TO 356)←
	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2

354 What was the main reason you stopped using (LAST METHOD)? (OTHER)	TO GET PREG...01 (GO TO NEXT COL.)	TO GET PREG...01 (GO TO NEXT COL.)	TO GET PREG...01 (GO TO NEXT COL.)	TO GET PREG...01 (GO TO NEXT COL.)	TO GET PREG...01 (GO TO 401)
Col 1 _____	NOT EFFECTIVE..02	NOT EFFECTIVE..02	NOT EFFECTIVE..02	NOT EFFECTIVE..02	NOT EFFECTIVE..02
Col 2 _____	HUSBAND DSPRVD.03	HUSBAND DSPRVD.03	HUSBAND DSPRVD.03	HUSBAND DSPRVD.03	HUSBAND DSPRVD.03
Col 3 _____	HEALTH CONCERN.04	HEALTH CONCERN.04	HEALTH CONCERN.04	HEALTH CONCERN.04	HEALTH CONCERN.04
Col 4 _____	ACCESS/AVAIL...05	ACCESS/AVAIL...05	ACCESS/AVAIL...05	ACCESS/AVAIL...05	ACCESS/AVAIL...05
Col 5 _____	COST TOO MUCH..06	COST TOO MUCH..06	COST TOO MUCH..06	COST TOO MUCH..06	COST TOO MUCH..06
	INCONVENIENT TO USE.....07	INCONVENIENT TO USE.....07	INCONVENIENT TO USE.....07	INCONVENIENT TO USE.....07	INCONVENIENT TO USE.....07
	INFREQUENT SEX.08	INFREQUENT SEX.08	INFREQUENT SEX.08	INFREQUENT SEX.08	INFREQUENT SEX.08
	RELIG/MORAL...09	RELIG/MORAL...09	RELIG/MORAL...09	RELIG/MORAL...09	RELIG/MORAL...09
	FATALISTIC.....10	FATALISTIC.....10	FATALISTIC.....10	FATALISTIC.....10	FATALISTIC.....10
	OTHER (SPECIFY AT LEFT).....11	OTHER (SPECIFY AT LEFT).....11	OTHER (SPECIFY AT LEFT).....11	OTHER (SPECIFY AT LEFT).....11	OTHER (SPECIFY AT LEFT).....11
	DK.....98	DK.....98	DK.....98	DK.....98	DK.....98

355 At the time you became pregnant (with NAME), did you want to have that child then, did you want to wait until later, or did you want no (more) children at all?	THEN.....1	LATER.....2	NO MORE.....3	(ALL TO NEXT COL)	(GO TO 401)

356 Did you want to have that child, but at a later time, or not have another child at all?	HAVE CHILD LATER.....1	NOT HAVE CHILD.2	(ALL TO NEXT COL)	HAVE CHILD LATER.....1	NOT HAVE CHILD.2	(ALL TO NEXT COL)	HAVE CHILD LATER.....1	NOT HAVE CHILD.2	(ALL TO NEXT COL)	HAVE CHILD LATER.....1	NOT HAVE CHILD.2	(ALL TO NEXT COL)	HAVE CHILD LATER.....1	NOT HAVE CHILD.2	(ALL TO NEXT COL)	(GO TO 401)

**SECTION 4: BREASTFEEDING**

401 CHECK 214: HAD BIRTH SINCE JAN. 1982      NO BIRTH SINCE JAN. 1982

(SKIP TO SECTION 5)

402 ENTER NAME OF EACH BIRTH SINCE JAN. 1982. BEGIN WITH LAST BIRTH. ASK QUESTIONS ABOUT ALL BIRTHS.

ORDER	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-TO-LAST BIRTH	THIRD-TO-LAST BIRTH
	(NAME)	(NAME)	(NAME)	(NAME)
404 Where did you deliver (NAME)?	GENERAL HOSP....1 MATERNITY HOSP...2 HEALTH CENTER...3 HOME.....4 SOMEONE ELSE'S HOUSE.....5 OTHER.....6	GENERAL HOSP....1 MATERNITY HOSP...2 HEALTH CENTER...3 HOME.....4 SOMEONE ELSE'S HOUSE.....5 OTHER.....6	GENERAL HOSP....1 MATERNITY HOSP...2 HEALTH CENTER...3 HOME.....4 SOMEONE ELSE'S HOUSE.....5 OTHER.....6	GENERAL HOSP....1 MATERNITY HOSP...2 HEALTH CENTER...3 HOME.....4 SOMEONE ELSE'S HOUSE.....5 OTHER.....6
405 Who assisted with the delivery of (NAME)?  PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 NO ONE.....6	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 NO ONE.....6	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 NO ONE.....6	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 NO ONE.....6
406 Did you ever feed (NAME) at the breast?	YES..... 1 NO..... 2 } (SKIP TO 409) <	YES..... 1 NO..... 2 } (SKIP TO 409) <	YES..... 1 NO..... 2 } (SKIP TO 409) <	YES..... 1 NO..... 2 } (SKIP TO 409) <
407 IF ALIVE: Are you still breastfeeding (NAME)?  IF DEAD: CIRCLE '2'.	YES..... 1 } (SKIP TO 409) < NO (OR DEAD)....2	YES..... 1 } (SKIP TO 409) < NO (OR DEAD)....2	YES..... 1 } (SKIP TO 409) < NO (OR DEAD)....2	YES..... 1 } (SKIP TO 409) < NO (OR DEAD)....2
408 How many months did you breastfeed (NAME)?	MONTHS.... <input type="text"/> UNTIL DEATH... 96	MONTHS.... <input type="text"/> UNTIL DEATH... 96	MONTHS.... <input type="text"/> UNTIL DEATH... 96	MONTHS.... <input type="text"/> UNTIL DEATH... 96
409 How many months after the birth of (NAME) did your period return?	MONTHS.... <input type="text"/> NO/NOT YET RETURNED.....96	MONTHS.... <input type="text"/> NOT RETURNED...96 (ALL GO TO 411)	MONTHS.... <input type="text"/> NOT RETURNED...96 (ALL GO TO 411)	MONTHS.... <input type="text"/> NOT RETURNED...96 (ALL GO TO 411)
410 Have you resumed sexual relations since the birth of (NAME)?	YES (OR PREG)...1 NO..... 2 } (GO TO NEXT COL) <	YES (OR PREG)...1 NO..... 2 } (GO TO NEXT COL) <	YES (OR PREG)...1 NO..... 2 } (GO TO NEXT COL) <	YES (OR PREG)...1 NO..... 2 } (GO TO NEXT COL) <
411 How many months after the birth of (NAME) did you resume sexual relations?	MONTHS.... <input type="text"/> (GO TO NEXT COL)	MONTHS.... <input type="text"/> (GO TO NEXT COL)	MONTHS.... <input type="text"/> (GO TO NEXT COL)	MONTHS.... <input type="text"/> (GO TO 412)



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																								
412	CHECK 407 FOR LAST BIRTH:																										
	LAST CHILD STILL BREAST-FED <input type="checkbox"/>	ALL OTHERS <input type="checkbox"/>	→501																								
413	How many times did you breastfeed (NAME OF LAST BIRTH) last night, between sundown and sunrise?	NUMBER OF TIMES.... <input type="text"/>	CHILD SLEEPS AT BREAST.96																								
414	How many times did you breastfeed (NAME OF LAST BIRTH) yesterday during the daylight hours?	NUMBER OF TIMES.... <input type="text"/>	AS OFTEN AS WANTED.....96																								
415	At any time yesterday or last night, was (NAME OF LAST BIRTH) given:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>any powdered or tinned milk?</td> <td>1</td> <td>2</td> </tr> <tr> <td>juice or tea or soup?</td> <td>1</td> <td>2</td> </tr> <tr> <td>rice or bread or biscuits?</td> <td>1</td> <td>2</td> </tr> <tr> <td>fruits or vegetables?</td> <td>1</td> <td>2</td> </tr> <tr> <td>eggs or fish or meat?</td> <td>1</td> <td>2</td> </tr> <tr> <td>any other liquid or solid food?</td> <td>1</td> <td>2</td> </tr> <tr> <td>plain water?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	any powdered or tinned milk?	1	2	juice or tea or soup?	1	2	rice or bread or biscuits?	1	2	fruits or vegetables?	1	2	eggs or fish or meat?	1	2	any other liquid or solid food?	1	2	plain water?	1	2	
	YES	NO																									
any powdered or tinned milk?	1	2																									
juice or tea or soup?	1	2																									
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eggs or fish or meat?	1	2																									
any other liquid or solid food?	1	2																									
plain water?	1	2																									

**SECTION 5: MARRIAGE.**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
	Now I want to ask you some questions about your marriage.		
501	CHECK 108A AND CIRCLE CURRENT MARITAL STATUS.	MARRIED.....1 DIVORCED/SEPARATED.....2 WIDOWED.....3	
502	Have you been married only once or more than once?	ONCE.....1 MORE THAN ONCE.....2	1 →504
503	How many times have you been married? IF MORE THAN EIGHT, WRITE 8.	TIMES..... <input style="width: 40px;" type="text"/>	
504	In what month and year did you get married to your (first) husband? IF MONTH NOT GIVEN IN WESTERN CALENDAR, WRITE NAME.	MONTH..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> DK MONTH.....98 YEAR..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> DK YEAR.....98	
505	How old were you when you (first) got married?	AGE..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	
511	Right after you got married, did you and your (first) husband live with his parents or your parents for at least six months?	YES.....1 NO.....2	1 →512
511A	Why not?	PARENTS NOT ALIVE.....1 HAD OWN HOUSE.....2 OTHER.....3	1 2 3 →514
512	How many years did you live together with a parent at that time?	YEARS..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> UP TO THE PRESENT.....96	
514	Since you were first married, how many different towns or villages have you lived in for six months or more?	NUMBER OF LOCALITIES..... <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
516	How we need some details about your sexual activity in order to get a better understanding of births. How old were you when you first had sexual intercourse?	AGE..... <input type="text"/> <input type="text"/> NEVER HAD INTERCOURSE..97																
516A	CHECK 108A:  CURRENTLY MARRIED <input type="checkbox"/> WIDOWED, DIVORCED/ SEPARATED <input type="checkbox"/>		→524															
517	Have you had sexual intercourse in the last one month?	YES.....1 NO.....2	→519															
518	How many times?	TIMES..... <input type="text"/> <input type="text"/>																
519	When was the last time you had sexual intercourse?	DAYS AGO..... 1 <input type="text"/> <input type="text"/> WEEKS AGO..... 2 <input type="text"/> <input type="text"/> MONTHS AGO..... 3 <input type="text"/> <input type="text"/> BEFORE LAST BIRTH.....996																
524	PRESENCE OF OTHERS AT THIS POINT:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10..</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10..	1	2	HUSBAND.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10..	1	2																
HUSBAND.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																

**SECTION 6: FERTILITY PREFERENCES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	<p>CHECK 314: HUSBAND/WOMAN STERILIZED</p> <p><input type="checkbox"/> (SKIP TO 609)</p> <p style="text-align: center;">OTHER</p> <p style="text-align: center;"><input type="checkbox"/></p>		
602	<p>CHECK 108A:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p style="text-align: center;">DIVORCED/ SEPARATED/ WIDOWED <input type="checkbox"/></p>		→611
603	<p>Now I have some questions about the future.</p> <p>CHECK 221:</p> <p><input type="checkbox"/> NOT PREGNANT/NOT SURE Would you like to have a (another) child or would you prefer not to have any (any more) children?</p> <p><input type="checkbox"/> PREGNANT After the child you are expecting, would you like to have another child or would you prefer not to have any more children?</p>	<p>HAVE A/ANOTHER CHILD.....1</p> <p>NO (MORE) CHILDREN.....2</p> <p>SAYS SHE CAN'T GET PREG.6</p> <p>UNDECIDED OR DK.....8</p>	<p>→606</p> <p>→611</p> <p>→605</p>
604	<p>Would you say that you definitely do not want to have (more) children, or are you not sure?</p>	<p>DEFINITELY NO MORE.....1</p> <p>NOT SURE.....2</p>	<p>→611</p> <p>→611</p>
605	<p>Are you more inclined toward having a (another) child, or toward not having a (another) child?</p>	<p>HAVE ANOTHER.....1</p> <p>NOT HAVE ANOTHER.....2</p> <p>UNDECIDED.....8</p>	<p>→607</p> <p>→611</p> <p>→611</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
606	Would you say that you definitely want a (another) child, or are you not sure?	DEFINITELY MORE.....1 NOT SURE.....2	
607	How long would you like to wait from now before the birth of a (another) child?	MONTHS.....1 <input type="text"/> <input type="text"/> ->611 YEARS.....2 <input type="text"/> <input type="text"/> ->611 DON'T KNOW.....998	
608	CHECK 215: How old would your youngest child be at the birth of the next child? . IF NO LIVING CHILDREN, CIRCLE '96'.	YEARS..... <input type="text"/> <input type="text"/> NO LIVING CHILDREN.....96 ->611 DK.....98	
609	Do you regret that you (your husband) had the operation not to have any more children?	YES.....1 NO.....2 ->611	
610	Would you like to have another child or would you prefer not to have any more children?	HAVE ANOTHER.....1 NO MORE.....2 DK.....8	
611	CHECK 202 and 204: <input type="checkbox"/> HAS NO LIVING CHILDREN: If you could choose exactly the number of children to have in your whole life, how many would that be? <input type="checkbox"/> HAS LIVING CHILDREN: If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?  RECORD SINGLE NUMBER, RANGE OR OTHER ANSWER	NUMBER..... <input type="text"/> <input type="text"/> RANGE: <input type="text"/> <input type="text"/> AND <input type="text"/> <input type="text"/> ->SEC7 OTHER ANSWER: _____ (SPECIFY) ->SEC7	
611A	How many boys and how many girls?	BOYS..... <input type="text"/> <input type="text"/> GIRLS..... <input type="text"/> <input type="text"/>	

**SECTION 7: HUSBAND'S BACKGROUND AND WORK.**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
<b>ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND</b>			
702	Now I have some questions about your (most recent) husband. Did your husband ever attend school?	YES.....1 NO.....2	→706
703	What was the highest level of school he attended: primary, junior high, senior high academy or university?	PRIMARY.....1 JUNIOR HIGH.....2 SENIOR HIGH.....3 ACADEMY.....4 UNIVERSITY.....5 DK.....8	→704 →704 →704 →704 →704
703A	Was that a vocational or general high school?	GENERAL.....1 VOCATIONAL.....2	
704	What was the highest grade/class he completed at that level? IF COMPLETED LEVEL, CODE 7.	GRADE/CLASS..... <input type="text"/> DK.....8	
705	CHECK 703:  PRIMARY <input type="checkbox"/> JUNIOR HIGH OR HIGHER <input type="checkbox"/>		→707
706	Can (could) he read a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
707	What kind of work does (did) your husband mainly do?  DESCRIBE _____ _____ _____	PROFESSIONAL, TECHNICAL AND CLERICAL.....1 SALES, SERVICES.....2 MANUAL.....3 AGRICULTURE.....4 OTHER.....5 (SPECIFY) DK.....8	
708	CHECK 707: DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/> WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/>		→711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
709	Does (did) he earn a regular wage or salary?	YES.....1 NO.....2 DK.....8	} >712				
711	Does (did) he work mainly for money or a share of the crops?	MONEY.....1 SHARE OF THE CROPS.....2 DK.....8					
712	Before you married your (first) husband, did you ever work regularly to earn money?	YES.....1 NO.....2					
714	Since you were first married, have you ever worked regularly to earn money?	YES.....1 NO.....2	} >718				
717	Are you now working to earn money?	YES.....1 NO.....2					
718	RECORD THE TIME AT END OF INTERVIEW.	HOUR..... <table border="1" data-bbox="1067 1062 1129 1104"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES.....					

**SECTION 8: INTERVIEW PARTICULARS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	IN WHAT LANGUAGE DID YOU CONDUCT THE INTERVIEW?	BAHASA INDONESIA.....1 JAVANESE.....2 SUNDANESE.....3 MADURANESE.....4 BALINESE.....5 OTHER.....6 (SPECIFY)	
802	FOR HOW MUCH OF THE INTERVIEW DID YOU DEPEND ON A THIRD PERSON TO INTERPRET FOR YOU?	NONE OF THE INTERVIEW...1 SOME OF THE INTERVIEW...2 MOST OF THE INTERVIEW...3 ALL OF THE INTERVIEW...4 OTHER.....5 (SPECIFY)	

**INTERVIEWER'S OBSERVATIONS**

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Name of Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR'S OBSERVATIONS**

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Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**EDITOR'S OBSERVATIONS**

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Name of Field Editor: \_\_\_\_\_ Date: \_\_\_\_\_



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