# H3PG17B - S22Q17B PARENTS PAID PRENAT CARE-W3

| Type | Code |
|---|---|
| Measurement Unit | numeric |
| H3PG17B | 17B. [If MAX=1:] How was <PARTNER>s/YOUR} prenatal care paid for? [If MAX > 1:] For the pregnancy that ended in <CPEMTHT> of <CPEYR>, how was {<PARTNER>s/YOUR} prenatal care paid for? Mark all the kinds of payments that apply.<br>your or <PARTNER>s parents or other relatives |

| | |
|---|---|
| 0 | not marked |
| 1 | marked |