APPENDIX I: ENGLISH VERSION QUESTIONAIRE

SECTION ONE- SOCIO-DEMOGRAPHIC INFORMATION

Instruction: For all sections, carefully listen to the following questions and write provide an answer which best describes your response.

Code	Questions	Code categories
101	Teenage pregnant woman's age & Date of Birth	____(full years) ___/___/ ____(dd/mm/yy)
102	Residence type of the pregnant teenage mother	1. Rural 2. Semi Urban 3. Urban
103	Marital status of the pregnant teenage mother	1. Married 2. Single 3. Divorced 4. Widowed 5. Cohabiting
104	Occupation of the teenage pregnant woman	1. Student 2. Un employed 3. House Wife 4. Peasant farmer 5. Day/causal laborer 6. Clerical worker 7. Civil servant 8. Others (Specify) ----------
105	Occupation of the husband	1. Student 2. Un employed 3. Peasant Farmer 4. Day/casual laborer 5. Clerical worker 6. Civil servant 7. Other (specify)----------
106	Educational level of the teen pregnant woman	1. None 2. Incomplete Primary 3. Complete Primary 4. Incomplete Secondary 5. Complete secondary 6. Tertiary
107	Educational level of the husband	1. None 2. Incomplete Primary 3. Complete Primary 4. Incomplete Secondary 5. Complete secondary 6. Tertiary
108	Distance to the nearest facility with ANC	1. <1 KM 2. 1-5 KM

		3. >5 KM

SECTION TWO- KNOWLEDGE ABOUT DANGER SIGNS IN PREGNANCY.

No	Question	Question		Code categories (Circle)
201	Do you think it's important for a pregnant woman to visit a health facility?			1. Yes 2. No If yes, why? 1. Routine ANC 2. Sick 3. See a friend 4. Others specify_____
202	If sick, when should a pregnant woman go to the health facility			1. Minor Symptoms 2. Very sick 3. Danger signs 4. Others……
203	Do you know/ever heard about danger signs in Pregnancy?			1. Yes 2. No
204	Where did you get or hear this information from? Tick all applicable			1. Health facility 2.TV 3.Radio 4. Phone Apps (Like WhatsApp, facebook) 5. Others (Specify)_____
205	Have you heard/know about these danger signs in pregnancy? If yes, What should one do when they have these signs?			
	1	Vaginal Bleeding	Yes No	1. Go to health facility 2. Wait for it to intensify 3. Don't be bothered
	2	Convulsions	Yes No	1. Go to health facility 2. Wait for it to intensify 3. Don't be bothered
	3	Blurred Vision	Yes No	1. Go to health facility 2. Wait for it to intensify 3. Don't be bothered
	4	Excessive Vomiting	Yes No	1. Go to health facility 2. Wait for it to intensify 3. Don't be bothered
	5	High Grade Fever	Yes No	1. Go to health facility 2. Wait for it to intensify 3. Don't be bothered
	6	Severe Headache	Yes No	1. Go to health facility 2. Wait for it to intensify 3. Don't be bothered
	7	Swollen Hands and face	Yes No	1. Go to health facility 2. Wait for it to intensify 3. Don't be bothered
	8	Loss Fetal Movements	Yes No	1. Go to health facility

				2. Wait for it to intensify 3. Don't be bothered
	9	Severe Abdominal Pain	Yes No	1. Go to health facility 2. Wait for it to intensify 3. Don't be bothered

SECTION THREE: INDIVIDUAL DETERMINANTS OF KNOWLEDGE ABOUT DANGER SIGNS IN PREGNANCY

No	Questions	Code Category (Choose one)
301	Number of ANC visit for this pregnancy	1.First 2.Second 3. Third and above
302	No of still birth	_____
303	Parity	_____
304	Gravida (Fill in)	_____

SECTION FOUR: SOCIAL DETERMINANTS OF KNOWLEDGE ABOUT DANGER SIGNS IN PREGNANCY

No	Questions		Code categories	
401	What is your religious affiliation		1. Catholic 2.Protestant 3.Muslim 4.Other specify ----------	
402	Have you received any teachings or guidance from religious leaders or institutions regarding pregnancy and its associated risks?			1 Yes 2. No
403	Do you believe that your religious beliefs affect your knowledge of pregnancy danger signs?			1 Yes 2. No
404	If Yes, How?			
405	Do you have access to these communication channels (Select all applicable)?		Radio TV Phone Others (Specify)	1. Yes 2. No 1. Yes 2. No 1. Yes 2. No _____
406	Do you use any of these Communication APPs?		Whatts App Facebook Other (Specify)	1. Yes 2. No 1. Yes 2. No _____
407	Cultural Beliefs and practices	Is teenage pregnancy considered a taboo in your family or community where you live?	1. Yes 2. No	
		If yes, does this impact your ability to discuss or seek help for potential danger signs during pregnancy?	1. Yes 2. No If Yes, Specify how _____ _____ _____ _____	

		Are there specific traditional healing practices (like herbal medicines) used in your culture to address pregnancy-related complications?	1. Yes 2. No If yes, Specify below _____ _____ _____ _____

SECTION FIVE: FACILITY DETERMINANTS OF KNOWLEDGE ABOUT DANGER SIGNS IN PREGNANCY

No	Questions	Code categories	Code Category
501	Have you been followed up by any health worker during ANC in this pregnancy?		1. Yes 2. No
502	If yes, how many times have you been followed up?		1. None 2. Once 3. More than one
503	Do you receive Health education while at a health facility attending ANC?		1. Yes 2. No
504	Do you feel satisfied with the way health workers handle you while at the health facility for ANC?		1. Yes 2. No
505	If the answer is No, give reasons	1. They talk to me rudely 2. I spend a lot of time at the facility 3. The health worker does not care about me 4. Am not given information regarding what they doing on me 5. Others…….	