

## English Version Questionnaire

Questionnaire No.	
Household ID No	

Time Interview Started: Hour: \_\_\_\_\_ Minute: \_\_\_\_\_

Time Interview Ended: Hour: \_\_\_\_\_ Minute: \_\_\_\_\_

Date	
Interviewer's name	

### At individual level

#### Participant's background characteristics

S/N	Respondent's identification _____ Questionnaire Code_____ <b>Instruction: Circle to the appropriate answer</b>  <b>Socio-Demographic questions</b>	Response	Skip
01	How old are you?	Completed age .....	
02	What is your educational status?	Informal education .....1 Primary level (1-7) .....2 Secondary level .....3 College .....4	
03	What is your husband's educational status?	Informal education .....1 Primary level (1-7) .....2 Secondary level .....3 College .....4	
04	What is your occupation?	Employed---1 Self-employed.....2 Unemployed-----3	
05	What is your husband's occupation?	Employed---1 Self-employed.....2 Unemployed-----3,	
06	What is your marital status?	Single--1, Married----2. Divorced---3, Separated---4. Widowed-----5,	
07	Are you currently living with your partner?	Yes .....1 No.....2	
08	Does your husband have other wives?	Yes....1, No.....2	

09	If YES, how many wives does your husband have?	The number of wives.....	
10	What is the total number of your family members?	Total number.....	
11	How much money do you earn per month on average?	Tsh.....	
12	How many meals does your family usually have per day?	One meal-----1 Two meals----- --2, Three meals-----3	
13	What is the main source of drinking water for the members of your family?	Public tap/standpipe.....1 Well, / .....2 Rainwater.....3 River.....4	
14	How long does it take to go there and get water?	Minutes-----1, Hours-----2	
15	What is the main material of the floor?	Earth/ sand----1, Dang----2, Tiles ----3, cement-----4, Carpet-----5	
16	What is the main material of the roof?	Grass/ mud-----1, Iron sheets-----2	
17	What is the main material of the exterior walls?	Palms/Trunks/Bamboo----1 Mud----2, Stones -----3, Sun-dried bricks----4, Backed bricks— 5 Cement blocks-----6	
18	Which type of transport does your family possess?	A bicycle-----1, A motorcycle-----2 A car-----3 Others (specify)-----4	
19	Where do you currently access media?	None ....1, Television.....2 , Radio .....3 Newspaper - hard copy.....4	
20	What kind of toilet facility do members of your family usually use?	Flush toilet.....1, Pit latrine .....2 No Facility/Bush/Field ..... 3	
21	What is the main source of energy you mainly use?	Electricity..... 1 Lpg/Natural Gas..... 2 Biogas.....3, Kerosene..... 4 Charcoal.....6 Firewood.....7	

**Past obstetric characteristics**

**Health services received during pregnancy**

01	Parity	Number of children .....	
02	Did you receive ANC care during your pregnancy period?	Yes -----1 No-----2	

03	If yes, how many ANC contacts did you have during your pregnancy?	Number of contacts .....1	
04	What was the gestational age at first contact?	In weeks .....1	
05	Why did you not receive any ANC services? (CIRCLE ALL RESPONSES GIVEN.)	I did not know where to go.....1 Health facility too far.....2 Too expensive .....3 No one was there to accompany....4 Services are not good.....5	
<b>Services received during delivery</b>			
01	Where did you give birth to your last child?	Health facility.....1 Home.....2 TBA's home ..... 3	
02	Did you plan to give birth at this place?	Yes.....1 No ..... 2	
03	If delivered at a health facility, how did you get there?	Ambulance.....1 Private car.....2 Taxi/bus.....3 Motorbike.....4 On foot.....5 Bicycle.....6	
04	How long did it take to reach the health facility?	Less than 30 minutes.....1 30 minutes.....2 1 hour.....3 1 hour to 2 hours.....4 More than 2 hours.....5	
05	Who made the final decision about where you would give birth?	Respondent.....1 Respondent and husband ..... 2 Husband.....3 Relatives .....4 TBA.....5	
06	Can you tell the reasons why you did not give birth in a health facility?	I didn't think it necessary..... 1 The husband/family didn't think it necessary ....2 The facility is too far..... 3. The roads are rough and poor.....4 No transport.... 5. Too expensive ... 6. Services are poor. ....7 No time to go.... 8	
<b>Health Services After Delivery</b>			
01	Did you have subsequent visits during postnatal period? (7,28,42 days)	Yes .....1 No.....2	
02	If yes, how many times did you have postnatal Contacts during the postpartum period?	Once.....1 Twice.....2 More than twice...3	

<b>Practices of birth preparedness</b>			
	Which preparation did you make during pregnancy for safe delivery?	Identify transport.....1 Save money .....2 Identify blood donor.....3 Identified health facility for delivery ....4 Identified a companion to the facility....5 Prepared materials for delivery like clothes for herself and the baby....6	

#### **Knowledge of obstetric danger during the continuum of care**

	Question	Codes	
01	What are some serious health problems that can occur during pregnancy that could endanger the life of a pregnant woman?	Vaginal bleeding.....1 Severe headache.....2 Blurred vision.....3 Convulsion.....4 Reduced fetal movement.....5 Severe lower abdominal pain.....6	
02	Danger signs that can occur during labor and delivery that could endanger the life of a pregnant woman?	Severe vaginal bleeding.....1 Severe headache.....2 Blurred vision.....3 Convulsion.....4 Prolonged labor (lasting > 12hours) .....4 Retained placenta (placenta not delivered more than 30 minutes delivery of the baby) ....6	
03	What are some danger signs that can occur 42 days post-delivery that can endanger the life of the woman?	Severe bleeding.....1 Severe headache.....2 Blurred vision .....3 Convulsions.....4 High fever.....5 Malodorous Vaginal Discharge (Heavy, foul-smelling discharge and pain in the stomach) .....6	

#### **Knowledge of the BP items**

	What are the things a woman should prepare for birth?	Identify the mode of transport.....1 Save Money .....2 Identify Blood Donor.....3 Identify health facility for delivery.....4 Identify a companion to a health facility ...5 Materials for delivery including babies and mothers' clothes ----6	
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<b>Attitudes towards BP</b>						
	Question	Codes				
01	A woman should plan ahead for the place where she will give birth to her baby.	SD 1	D 2	UD 3	A 4	SA 5
02	A woman should plan ahead of time how she will get to the place where she will give birth	SD 1	D 2	UD 3	A 4	SA 5
03	A husband or partner doesn't need to accompany his wife to antenatal care visits.	SD 1	D 2	UD 3	A 4	SA 5
04	When women do not go to a health facility to give birth, it is mainly because it is too expensive.	SD 1	D 2	UD 3	A 4	SA5
05	When women do not go to a health facility to give birth, it is mainly because it is too difficult to get there.	SD 1	D 2	UD 3	A 4	SA 5
06	When women do not go to a health facility to give birth, it is mainly because the staff there do not treat them respectfully	SD 1	D 2	UD 3	A 4	SA 5
07	Giving birth is mostly a woman's business. Husbands and family have little to contribute.	SD 1	D 2	UD 3	A 4	SA 5
	<b>Interpersonal level</b>					
01	Did you discuss with your family or another person about where you should give birth?  If yes, with whom did you discuss?	YES, NO Where to give birth 1.....2  husband .....1 Mother-in-law.....2 Other family members.....3 Friend/neighbor .....4 Community health worker.....5				
02	Did you discuss with your family or another person about transport arrangements?  If yes, with whom did you discuss?	YES....1 NO.....2 Transportation .1.....2 Husband .....1 Mother-In-Law.....2 Other Family members.....3 Friend/Neighbor.....4 Community Health Worker 5				
03	During the period of pregnancy, did your husband accompany you for ANC services?	Yes.....1 No.....2				

04	If yes, how many times did he accompany you to the ANC?	Number of times.....1	
	<b>Community level</b>		
01	Where do you think it is safe to give birth?	Health facility.....1 At home.....2 TBA's home.....3 Anywhere .....4	
02	In your community, how would a woman go to a health facility?	Ambulance .....1 Private Car....2. Taxi/Bus ...3 Motorbike .....4 On Foot.....5 Bicycle .....6.	
03	In general, how long would it take to reach this health facility?	Less than 30 minutes.....1 30 minutes.....2 1 hour.....3 1 hour to 2 hours.....4 More than 2 hours.....5	
04	Are the medicines and medical supplies available at these health facilities throughout?	Yes.....1 No.....2 Sometimes.....3	
05	How are the services at this facility? Would you rate them as excellent, good, average, or poor?	Excellent ....1. Good .....2 Average ....3. Poor.....4 Very poor.....5	
06	Does your community provide services to assist women in preparing for birth? For instance, are there transportation services for women? Ways to get money to help families pay for birth? Ways to get blood donated during pregnancy or complications Education programs for PBCR	YES, NO, Transport.....1..... 2 Financial... 1..... 2 Blood.....1.....2 Education ...1.....2	
<b>Societal level</b>			
1	Are the infrastructure such as roads passable throughout the year to access maternal health care services	Yes .....1 No.....2	
2	Are maternal health services provided for free in all public health facilities?	Yes.....1 No.....2	
3	Is a referral system available?	Yes.....1, No.....2	
4	In case of emergency, is the referral system well-known to community members?	Yes.....1 No.....2	

5	Is transportation readily available in case of emergency?	Yes.....1 No.....2.	
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Thank you for your time and consideration.