

English version Questionnaire

Jimma University

College of Health Science

Questionnaire to assess determinants of longacting reversible contraceptive methods utilization among married women of reproductive age group in Ambo town, 2016

Dear sir/madam

My name is _____; I am here on the behalf of **Dawit Regassa, who is MPH student in EPIDEMIOLOGY specialty** in Jimma University, college of Health Science. Now, I am here for collecting data for theresearch entitled as **“Determinants of long acting reversible contraceptive methods utilization among married women of reproductive age group in Ambo town.”** The purpose of this study is to identify the determinants of long acting reversible contraceptive utilization among married women in the reproductive age group in Ambo town.

The information you give is very useful for you, for the surrounding community and especially for married women of reproductive age group in reducing maternal mortality and child mortality due to unintended pregnancy as a result of non-use of Long- actingreversible contraceptive methods among married women in the reproductive age group in Ambo town by identifying determinant factors.

So I would like your honest participation to give me information related to my questions. I am sure that this interview is private and confidential. You are free not to answer any questions you do not want to. Your name will not be used. This will take about 30 minutes. Your ideas are important to me. Are you willing to participate?

A. Agreed _____ (tick and proceed to fill the questionnaire)

B. Not agreed _____ (tick and go to the next respondent)

Instruction for data collectors

1. Collect data from married women who are currently using any modern contraceptive methods and non-users during the study.
 2. Check the completeness of the questionnaire before ending an interview with the respondent
001. Questionnaire Identification number _____

002. Data Collector's Name _____

Signature _____ Date _____

Supervisor Name _____

Signature _____ Date _____

003. Study area: Zone _____ Woreda _____
Town _____ Kebele _____

House number _____

PART ONE: SOCIO DEMOGRAPHIC FACTORS			
S.no.	Questions	Response	Skip
101	How old are you?	Age ____ (in years)	
102	What is your ethnicity?	1.Oromo 2.Amhara 3.Gurage 4. Tigre 5.Others,specify _____	
103	What is your Religion?	1. Orthodox 2. Protestant 3. Catholic 4. Muslim 5. Other, specify _____	
104	What is your educational status?	1.Illiterate (Can't read and write) 2.Informal (Can read and write) 3. Formal (write the grades completed)	
105	What is educational status of your husband?	1.Illiterate (Can't read and write) 2.Informal (Can read and write) 3. Formal (write the grades completed____)	
106	What is your main occupation?	1. Gov. employee 2.Non-gov.employee (NGO) 3. Housewife 4.Merchant 5.Student 6. Daily laborer 7. Others	
107	What is your husband's main occupation?	1. Gov. employee 2.Non-gov.employee (NGO) 3. Merchant	

		4. Student 5. Daily laborer 6. Others	
108	SOCIO ECONOMIC STATUS (Wealth income questions)	1.Do you have piped water source? 1. Yes 2. No 2. Do you have Flush/pour flush toilet piped to sewer system? 1. Yes 2. No 3. Do you have Electricity? 1. Yes 2. No 4. Do you have your own home? 1. Yes 2. No 5. Is your floor type is cement? 1.Yes 2.No 6. Do you have separated room for sleeping? 1. Yes 2. No 7. Do you have separated room for cooking? 1. Yes 2. No 8. Do you have electrically working griddle? 1. Yes 2. No 9.Do you have Radio? 1. Yes 2. No 10. Do you have Television? 1. Yes 2. No 11.Do you have Mobile phone? 1. Yes 2. No 12. Do you have Fixed line phone? 1. Yes 2. No 13. Do you have Refrigerator? 1. Yes 2. No 14. Do you have vehicle? 1. Yes 2. No 15. Do you have livestock? 1. Yes 2.No	
PART TWO: REPRODUCTIVE HISTORY			
201	Have you ever pregnant?	1.Yes	If No skip

		2.No	to Q 211
202	If yes, were all pregnancies wanted?	1.Yes 2.No	
203	How many live birth have you had?	Enter the number_____	
204	How many live children do you have now?	1.Enter the number_____	
205	What is the sex composition of your live children?	1.Enter the number_____ 2.Male_____ Female_____	
206	Did you have any still birth?	1.Yes 2.No	
207	Have you ever experienced induced Abortion?	1.Yes 2.No	
208	What was your age at first Pregnancy?	1.Enter age in years_____	
209	What was your age at first Delivery?	1.Enter age in years_____	
210	Do you have intention to give birth in the future?	1.Yes 2.No	
211	What is the reason for future child?	1.Have few children 2. Need of son 3. Death of child 4. Partner wants more children 5. Others	
212	Does your partner want a child in the future?	1.Yes 2.No 3. I don't know	
213	Who is responsible to decide to limit the number of children you want have?	1.Wife 2.Husband 3.Joint decision	
PART THREE: INDIVIDUAL RELATED FACTORS			
301	What is your first source of information for modern contraception?	1. Mass media (TV/Radio) 1.Yes 2.No 2. Friends/relatives 1.Yes 2.No 3. Health extension worker 1.Yes 2.No 4. Family members 1.Yes 2.No 5. Health workers other than HEWs 1.Yes 2.No	
302	Did you have discussion on modern contraception with your husband?	1.Yes 2.No	

303	Do you have an intention to use long acting reversible contraceptive methods? (For non-users only)	1.Yes 2.No	
304	If yes, which long acting reversible contraceptive methods do you plan to use? (For non-users)	1.Implanon 2. Jadelle 2.IUCD	
305	Do you want continue with the current method you are using until date of removal of long acting reversible contraceptive methods? (For users only)	1.Yes 2.No	
KNOWLEDGE ASSESSMENT QUESTIONS ABOUT LARCMETHODS (Do not tell them response options, ask them so that they could answer, then circle on the specified number for what they answered accordingly!)			
306	Which long acting reversible contraceptive methods do you know?	1.Implanon 1. Know 2. Don't know 2.Jadelle 1. Know 2. Don't know 3. Intra uterine contraceptive device (IUCD) 1. Know 2. Don't know	
307	For how many years Implanon could prevent pregnancy if used as a method of contraceptive?	For _____years	
308	For how many years Jadelle could prevent pregnancy if used as a method of contraceptive?	For _____years	
309	For how many years Intra uterine contraceptive device could prevent pregnancy if used as a method of contraceptive?	For _____years	
310	What benefits of Implants do you know?	1.Prevent pregnancy for three to seven years 1. Know 2. Don't know 2. Once inserted it is very effective to prevent pregnancy 1. Know 2. Don't know 3. Easy and quick to insert and remove 1. Know 2. Don't know 4. The user become pregnant immediately after removal 1. Know 2. Don't know	
		1. Prevent pregnancy for ten years 1. Know 2. Don't know 2.Does not interferes with sexual	

311	What benefits of Intra uterine contraceptive device do you know?	intercourse 1. Know 2. Don't know 3. When it removed a user immediately become pregnant 1. Know 2. Don't know 4. Lower the risk of ectopic pregnancy 1. Know 2. Don't know	
312	What side effects of Implants do you know?	1. Irregular bleeding 1. Know 2. Don't know 2. Headache 1. Know 2. Don't know 3. Weight gain 1. Know 2. Don't know 4. Breast pain 1. Know 2. Don't know	
313	What side effects of Intra uterine contraceptive device do you know?	1. Irregular bleeding? 1. Know 2. Don't know 2. Headache 1. Know 2. Don't know 3. Breast pain 1. Know 2. Don't know 4. Prolonged bleeding 1. Know 2. Don't know	
314	Do you know that Intra uterine contraceptive device is hormone free contraceptive method?	1. Know 2. Don't know	
315	Do you know that using long acting reversible contraceptive methods do not cause cancer?	1. Know 2. Don't know	
316	Do you know that using long acting reversible contraceptive methods do not cause infertility?	1. Know 2. Don't know	
ATTITUDE QUESTIONS ABOUT LARC METHODS (Rate 1 as strongly disagree to 5 strongly agree)			
317	Practice of long acting reversible contraceptive methods is religion ally acceptable	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree	
318	Practice long acting reversible contraceptive methods is culturally acceptable	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree	
319	Using long acting reversible contraceptive methods	1. Strongly disagree	

	do not interfere with sexual intercourse	2.Disagree 3.Neutral 4.Agree 5.Strongly agree	
320	Insertion and removal of long acting reversible contraceptive methods is not highly pain full	1.Strongly disagree 2.Disagree 3.Neutral 4.Agree 5.Strongly agree	
321	Joint discussion with husband or couples for long acting reversible contraceptive methods utilization is important.	1.Strongly disagree 2.Disagree 3.Neutral 4.Agree 5.Strongly agree	
322	Having too many children cause loss of confidence between couples.	1.Strongly disagree 2.Disagree 3.Neutral 4.Agree 5.Strongly agree	
323	Having too many children can affect the health status of mother and child	1.Strongly disagree 2.Disagree 3.Neutral 4.Agree 5.Strongly agree	
324	Having too many children do not improve couple's income	1.Strongly disagree 2.Disagree 3.Neutral 4.Agree 5.Strongly agree	
325	Children will have better opportunities for education, if their parent utilizes long acting reversible contraceptive methods	1.Strongly disagree 2.Disagree 3.Neutral 4.Agree 5.Strongly agree	
326	Insertion and removal of Intra uterine contraceptive device do not cause to lose privacy	1.Strongly disagree 2.Disagree 3.Neutral 4.Agree 5.Strongly agree	
327	Using long acting reversible contraceptive methods do not restrict from normal activities	1.Strongly disagree 2.Disagree 3.Neutral 4.Agree 5.Strongly agree	

328	Irregular bleeding due to long acting reversible contraceptive methods utilization is not severe	1.Strongly disagree 2.Disagree 3.Neutral 4.Agree 5.Strongly agree	
329	Loosing privacy during Intra uterine contraceptive device insertion and removal is not shame full	1.Strongly disagree 2.Disagree 3.Neutral 4.Agree 5.Strongly agree	
330	Using long acting reversible contraceptive methods do not cause cancer	1.Strongly disagree 2.Disagree 3.Neutral 4.Agree 5.Strongly agree	
331	Using long acting reversible contraceptive methods do not cause infertility	1.Strongly disagree 2.Disagree 3.Neutral 4.Agree 5.Strongly agree	

PART FOUR: HEALTH FACILITY RELATED FACTORS

401	Home distance from health facility in minute (on foot, walking hour)	_____Minutes	
402	Home distance from health facility in km	_____Kilometers (km)	
403	Do you expect that all long acting reversible contraceptive method available at health facility?	1. Yes 2. No	
404	Do you expect that there is restriction to methods use at health facility?	1. Yes 2. No	