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| **S/N** | | **QUESTION** | **CODES** | **SKIP TO** |
| **INTERVIEW INFORMATION (please enter the date and facility the interview was conducted)** | | | | |
|  | | Participant ID Number |  |  |
|  | | Date of interview | (DD/MM/YY)……………………………………..\_\_\_/\_\_\_/\_\_\_ |  |
|  | | Interviewer Name |  |  |
|  | | Place of Interview | (Facility ID) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1  Patient Home 2  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3 |  |
|  | | Record Time Interview Started |  |  |
|  | | When did you deliver your youngest baby? | DATE \_\_\_/\_\_\_/\_\_\_ |  |
| **SECTION A: FAMILY PLANNING METHODS SINCE BASELINE:** I would like to ask you about your experience with family planning methods since you left the heath facility 6 months ago. | | | | |
| 3. | | Are you currently using a family planning method? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | ***If 0 or 88, skip to REDCap Check 1.*** |
| 4.a | | What method are you using? | COMBINED PILL 1  PROGESTINE ONLY PILL 2  MALE CONDOM 3  FEMALE CONDOM 4  IUD 5  INJECTABLES 6  IMPLANT 7  BREASTFEEDING/LAM 8  MALE STERILIZATION 9  FEMALE STERILIZATION 10  EMERGENCY CONTRACEPTION 11  DON’T KNOW/DON’T REMEMBER 88  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………………………………………………………….77  REFUSED TO ANSWER 99 |  |
| 4.b | Can you tell me what you mean when you say you use LAM? Please tell me how LAM must be performed as a family planning method.  ***INTERVIEWER:***  ***Do not read out responses. Record only those mentioned by the client. Record all mentioned.*** | | BREASTFEEDING .0  INFANT IS LESS THAN 6 MONTHS 1  MENSES NOT RETURNED 2  EXCLUSIVELY BREASTFEED 3  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .77  REFUSED TO ANSWER 99 |  |
| 5. | | Is this the method you received immediately after delivery before leaving the health facility? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
| **REDCap Check 1: Indicate if woman initiated a method of family planning immediately after delivery (*Postpartum Interview 1, Q10a—*response option 1 *Yes, received a method*).**   * **If no (0, 2, 3) , proceed to SECTION A2 (Q16).** * **If yes (1), indicate which method she initiated immediately after delivery (*Postpartum Interview 1, Q12)*. All proceed to SECTION A1 (Q6).** | | | | |

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| **SECTION A1: All patients who began Postpartum Family Planning (At the facility and after discharge).** Now, I would like to ask you a few questions about the family planning method you initiated while you were at the facility for your childbirth stay. | | | | | |
| 1. a | Did you initiate a method of Family Planning immediately after delivery, while still at the facility? | | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | ***If 0, 88 or 99, skip to Q16.*** | |
| 6. b | What method did you receive immediately after delivery before leaving the health facility? | | COMBINED PILL 1  PROGESTINE ONLY PILL 2  MALE CONDOM 3  FEMALE CONDOM 4  IUD 5  INJECTABLES 6  IMPLANT 7  BREASTFEEDING/LAM 8  MALE STERILIZATION 9  FEMALE STERILIZATION 10  EMERGENCY CONTRACEPTION 11  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ………………………………………………………………….77  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | ***If 8, continue to Q6c. All other responses skip to Q6d.*** | |
| 6. c | Can you tell me what you mean when you say you use LAM? Please tell me how LAM must be performed as a family planning method.  ***INTERVIEWER:***  ***Do not read out responses. Record only those mentioned by the client. Record all mentioned.*** | | BREASTFEEDING .0  INFANT IS LESS THAN 6 MONTHS 1  MENSES NOT RETURNED 2  EXCLUSIVELY BREASTFEED 3  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .77  REFUSED TO ANSWER 99 |  | |
| 6. d | Overall, on a scale of 1 to 5, where 1 is very dissatisfied and 5 is very satisfied, how satisfied are you with the family planning method you initiated?  ***INTERVIEWER: Show woman smiley faces scale to assist with the 1 to 5 scale rating. Note that scores of 1 are highly negative and scores of 5 are highly positive. Woman should select a number from 1 to 5.*** | | RANK (1-5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  | |
|  | Have you experienced any side effects with this method? | | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | ***If 0, skip to Q9.*** | |
|  | Which side effects have you experienced with your family planning method?  ***INTERVIEWER: Do not read out options. Record only those mentioned by the client.***  ***Record all side effects mentioned*.** | | CHANGES IN MENSTRATION 1  PAIN AT THE INSERTION SITE 2  INFECTION 3  MOOD SWINGS 4  WEIGHT CHANGE 5  HEADACHE. 6  ACNE 7  DEPRESSED MOOD 8  VAGINITIS .9  BREAST PAIN 10  CRAMPING 11  PAINFUL PERIODS 12  NAUSEA 13  DIZZINESS 14  SCARRING AT INSERTION SITE 15  LOSS OF LIBIDO 16  INTERFERENCE WITH SEXUAL ACTIVITY 17  (IMPLANT) FAILED INSERTION 18  (IMPLANT) PAIN, IRRITATION, SWELLING OR BRUISING AT THE INSERTION SITE 19  (IMPLANT) BROKEN IMPLANT 20  (IUD) PAIN AFTER INSERTION 21  (IUD) HEAVY BLEEDING 22  (IUD) EXPULSION 23  (IMPLANT, IUD) INFECTION 24  (STERILIZATION) PAIN AFTER THE PROCEDURE 25  OTHER (SPECIFY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  | |
|  | On a scale of 1 to 5, *with 1 being a significant problem and 5 being no problem*, have the side-effects been an issue or not?  ***INTERVIEWER: Show woman smiley faces scale to assist with the 1 to 5 scale rating. Note that scores of 1 are highly negative and scores of 5 are highly positive. Woman should select a number from 1 to 5.*** | | RANK (1-5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  | |
| 1. a | Have you done anything to manage the side effects? | | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | ***If 0, skip to Q11.*** | |
| 10. b | What have you done to manage the side effects? | | WENT BACK TO THE HEALTHCARE FACILITY WHERE I RECEIVED IT 2  WENT TO THE FACILITY WHERE I GAVE BIRTH TO THIS CHILD, IF DIFFERENT FACILITY THAN WHERE YOU RECEIVED THE METHOD 3  WENT TO A DIFFERENT HEALTHCARE FACILITY 4  USED OVER-THE-COUNTER MEDICINE 5  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | ***If 2, 3, or 4 continue to Q11.***  ***All others skip to Q13.*** | |
|  | Do you feel your concerns were addressed adequately by your healthcare provider? | | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  | |
|  | Did you feel pressure to continue using this method from your healthcare provider? | | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  | |
|  | Would you recommend the family planning method you chose immediately after giving birth to a friend? | | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  | |
|  | Would you recommend starting a method at the time you started? | | YES 1  NO, I RECOMMEND STARTED EARLIER 2  NO, I RECOMMEND STARTING LATER 3  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  | |
| **REDCap Check: Indicate if the method from *Postpartum Interview 1, Q12* is the same method as Q4 in this questionnaire.**  **If yes (same method), skip to SECTION A3 (Q25a).**  **If no (different method), proceed with Q15b** | | | | | |
| 1. a | Are you still using this method? | *NO* 0  *YES* 1  *DON’T KNOW/DON’T REMEMBER* 88  *REFUSED TO ANSWER* 99 | | | ***If 1 skip to Q25a***  ***All others continue to Q15b*** |
| 15. b | Why did you stop using this method?  ***INTERVIEWER:***  ***Do not read out response options. Multiple responses possible. Record all mentioned.*** | WANTED TO BECOME PREGNANT 1  BECAME PREGNANT 2  INFREQUENT SEX/PARTNER AWAY 3  HUSBAND DISAPPROVED 4  WANTED MORE EFFECTIVE METHOD 5  HEALTH CONCERNS 6  UNABLE TO ACCESS 7  TOO EXPENSIVE 8  RELATIONSHIP DISOLUTION 9  SIDE EFFECTS 10  USING METHOD TOO INCONVENIENT 11  OTHER(SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | | |  |

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| **SECTION A2: All patients** | | | | |
|  | Between the time you left the facility for your childbirth stay and now, have you initiated a family planning method?  ***INTERVIEWER: Mention method recorded in question 5 or 10***. | NO 0  YES 1  REFUSED TO ANSWER 99 | | ***If 0, continue to Q17***  ***If 1, skip to Q18.***  ***If 99, skip to A3*** |
|  | Why did you not receive a family planning method since giving birth? | WANTED TO BECOME PREGNANT 1  BECAME PREGNANT 2  INFREQUENT SEX/PARTNER AWAY 3  HUSBAND DISAPPROVED 4  WANTED MORE EFFECTIVE METHOD 5  HEALTH CONCERNS 6  UNABLE TO ACCESS 7  TOO EXPENSIVE 8  RELATIONSHIP DISOLUTION 9  SIDE EFFECTS 10  USING METHOD TOO INCONVENIENT 11  OTHER(SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | | ***All skip to SECTION A3 (Q25a).*** |
| 1. a1 | What method did you start using?  ***INTERVIEWER: Do not read out methods. Record only those mentioned by the client.***  ***Record all methods mentioned*.  *Remember that if the client mentions a “28-day” pill, this refers to the COMBINED PILL, and if the client mentions a “35-day” pill, this refers to the PROGESTINE ONLY PILL.*** | COMBINED PILL 1  PROGESTINE ONLY PILL 2  MALE CONDOM 3  FEMALE CONDOM 4  IUD 5  INJECTABLES 6  IMPLANT 7  BREASTFEEDING/LAM 8  MALE STERILIZATION 9  FEMALE STERILIZATION 10  EMERGENCY CONTRACEPTION 11  DON’T KNOW/DON’T REMEMBER 88  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  REFUSED TO ANSWER 99 | | ***If 8 only, skip to Q18c***  ***All other responses continue to Q18. a2.*** |
| 18. a2 | When did you start using this method? How many months or weeks ago?  ***INTERVIEWER: The participant may not know the exact number of weeks or months. Please probe for approximate number of weeks or months if she cannot give the exact number”. Record “88” if respondent does not know.*** | MONTHS \_\_\_\_\_\_\_\_\_\_\_\_\_  WEEKS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  REFUSED TO ANSWER 99 | | ***If any two of the following: 1, 2, 5, 6, 7, 8, 10, continue to 18.b*** |
| 18.b | ***INTERVIEWER ask if client answer to Q18 includes 2 of more of the following:***  ***Combined Pill 1,***  ***Progestine Only Pill 2,***  ***IUD 5,***  ***Injectables 6,***  ***Implant 7,***  ***Breastfeeding/Lam 8***  ***Female Sterilization 10***  What method did you start using first? | COMBINED PILL 1  PROGESTINE ONLY PILL 2  MALE CONDOM 3  FEMALE CONDOM 4  IUD 5  INJECTABLES 6  IMPLANT 7  BREASTFEEDING/LAM 8  MALE STERILIZATION 9  FEMALE STERILIZATION 10  EMERGENCY CONTRACEPTION 11  DON’T KNOW/DON’T REMEMBER 88  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  REFUSED TO ANSWER 99 | | ***If 8, skip to Q18c***  ***All other responses continue to Q19a.*** |
| 18.c | Can you tell me what you mean when you say you use LAM? Please tell me how LAM must be performed as a family planning method.  ***INTERVIEWER:***  ***Do not read out responses. Record only those mentioned by the client. Record all mentioned.*** | BREASTFEEDING .0  INFANT IS LESS THAN 6 MONTHS 1  MENSES NOT RETURNED 2  EXCLUSIVELY BREASTFEED 3  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .77  REFUSED TO ANSWER 99 |  | |
| 1. a | Where did you get this method? | HOSPITAL (I went to the hospital for a FP method 1  CLINIC (I went to the clinic for a FP method) 2  PHARMACY 3  COMMUNITY HEALTH WORKER (I went to the CHW for a FP method) 4  INFANT WELFARE VISITS 6  INFANT IMMUNIZATION VISITS 7  POSTNATAL CARE CHECK 8  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | |  |
| 19. b | Was this at the same facility where you gave birth? | NO 0  YES 1  REFUSED TO ANSWER 99 | |  |
|  | Are you still using this method? | NO 0  YES 1  REFUSED TO ANSWER 99 | | ***If 1, skip to SECTION A3 (Q25a).*** |
|  | Why did you stop using this method?  ***INTERVIEWER: Do not read out options. Record only those mentioned by the client.***  ***Record all options mentioned*.** | WANTED TO BECOME PREGNANT 1  BECAME PREGNANT 2  INFREQUENT SEX/PARTNER AWAY 3  HUSBAND DISAPPROVED 4  WANTED MORE EFFECTIVE METHOD 5  HEALTH CONCERNS 6  UNABLE TO ACCESS 7  TOO EXPENSIVE 8  RELATIONSHIP DISOLUTION 9  SIDE EFFECTS 10  USING METHOD TOO INCONVENIENT 11  OTHER(SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | |  |
|  | Did you start using a different method of family planning after stopping this second method?  ***INTERVIEWER: Mention method recorded in Q18a1****.* | NO 0  YES 1  REFUSED TO ANSWER 99 | | ***If 0, skip to SECTION A3 (Q25a).*** |
| 1. a | What method did you start using?  ***INTERVIEWER: Do not read out methods. Record only methods mentioned by the client.*  *Remember that if the client mentions a “28-day” pill, this refers to the COMBINED PILL, and if the client mentions a “35-day” pill, this refers to the PROGESTINE ONLY PILL.*** | COMBINED PILL 1  PROGESTINE ONLY PILL 2  MALE CONDOM 3  FEMALE CONDOM 4  IUD 5  INJECTABLES 6  IMPLANT 7  BREASTFEEDING/LAM 8  MALE STERILIZATION 9  FEMALE STERILIZATION 10  EMERGENCY CONTRACEPTION 11  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  REFUSED TO ANSWER 99 | | ***If 8, skip to SECTION A3 (Q25a).*** |
| 23. b | When did you start using this method? How many months or weeks ago?  ***INTERVIEWER: The participant may not know the exact number of weeks or months. Please probe for approximate number of weeks or months if she cannot give the exact number”. Record “888” if respondent does not know.*** | MONTHS \_\_\_\_\_\_\_\_\_\_\_\_\_  WEEKS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  REFUSED TO ANSWER 99 | |  |
| 1. a | Where did you get this method? | HOSPITAL (I went to the hospital for a FP method 1  CLINIC (I went to the clinic for a FP method) 2  PHARMACY 3  COMMUNITY HEALTH WORKER (I went to the CHW for a FP method) 4  INFANT WELFARE VISITS 6  INFANT IMMUNIZATION VISITS 7  POSTNATAL CARE CHECK 8  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | |  |
| 24. b | Was this at the same facility where you gave birth? | NO 0  YES 1  REFUSED TO ANSWER 99 | |  |

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| **SECTION A3: Newborn Feeding Practices (Asked to all women)** | | | |
| 1. a | Did you ever breastfeed this baby? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | ***If 0, 88 or 99 skip to Q25d.*** |
| 25. b | Are you still breastfeeding this baby? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | ***If 1, 88 or 99, skip to Q25d.*** |
| 25. c | When did you stop breastfeeding this baby? How many months or weeks ago? | MONTHS \_\_\_\_\_\_\_\_\_\_\_\_\_  WEEKS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  REFUSED TO ANSWER 99 |  |
| 25. d | Has your menses returned? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | ***If 0, 88 or 99, skip to Q25f.*** |
| 25. e | When did your menses return? How many months or weeks ago? | MONTHS \_\_\_\_\_\_\_\_\_\_\_\_\_  WEEKS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  REFUSED TO ANSWER 99 |  |
| 25. f | Have you introduced your baby to any liquids or foods other than breastmilk? | NO 0  YES 1  REFUSED TO ANSWER 99 | ***If 0, 88 or 99, skip to Q25h.*** |
| 25. g | When did you introduce your baby to other liquids? How many months or weeks ago? | MONTHS \_\_\_\_\_\_\_\_\_\_\_\_\_  WEEKS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  REFUSED TO ANSWER 99 |  |

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| **SECTION B: PREGNANCY INTENTIONS**: Now I would like to ask you some questions about if you may or may not like to become pregnant again | | | |
|  | Would you like to have another child after this one?  ***INTERVIEWER: Do not read out options. Record only those mentioned by the client*.** | NO 0  YES 1  IT IS UP TO GOD 2  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | ***If 0, 2, 88 or 99, skip to Q28.*** |
|  | When would you like to become pregnant again?  ***INTERVIEWER: If participant says “immediately,” record “0” next to MONTHS and YEARS. Probe to get a number for MONTHS or YEARS if the participant is unclear.*** | MONTHS \_\_\_\_\_\_\_\_\_\_\_\_\_  YEARS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NEVER 0  MY HUSBAND WILL DECIDE 1  IT IS UP TO GOD 2  REFUSED TO ANSWER 99 |  |
|  | Do you think you might currently be pregnant? | NO 0  YES, I AM PREGNANT 1  DON’T KNOW/DON’T REMEMBER……………...88  REFUSED TO ANSWER 99 | ***If 0, 88 or 99, skip to Q33.*** |
|  | How many weeks pregnant are you?  ***INTERVIEWER:*** *Record number of completed weeks.* | WEEKS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DON’T KNOW/DON’T REMEMBER……………...88  REFUSED TO ANSWER 99 |  |
|  | At the time that you found out about this pregnancy, even if you changed your mind afterwards, did you want this pregnancy now, earlier, later or not at all? | NOW 1  EARLIER 2  LATER 3  NOT AT ALL 4  DON’T KNOW/DON’T REMEMBER……………...88  REFUSED TO ANSWER 99 |  |
|  | Were you using a method of family planning when you became pregnant this time? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER……………...88  REFUSED TO ANSWER 99 | ***If 0, 88 or 99, skip to Q33.*** |
|  | What method were you using?  ***INTERVIEWER: Do not read out methods. Record only methods mentioned by the client*.  *Remember that if the client mentions a “28-day” pill, this refers to the COMBINED PILL, and if the client mentions a “35-day” pill, this refers to the PROGESTINE ONLY PILL.*** | COMBINED PILL 1  PROGESTINE ONLY PILL 2  MALE CONDOM 3  FEMALE CONDOM 4  IUD 5  INJECTABLES 6  IMPLANT 7  BREASTFEEDING/LAM 8  MALE STERILIZATION 9  FEMALE STERILIZATION 10  EMERGENCY CONTRACEPTION 11  DON’T KNOW YET 88  OTHER (SPECIFY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  77  REFUSED TO ANSWER 99 | ***All proceed to SECTION C (Q33).*** |

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| **SECTION C: BELIEFS ABOUT FAMILY PLANNING:** Please tell me if you agree or disagree with the following statements about family planning and contraceptives. | | | |
|  | Use of family methods can make a woman permanently infertile. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Family planning methods harm your womb. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Family planning methods reduce women’s sexual urge. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Family planning methods cause cancer. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Family planning methods give you deformed babies. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Family planning methods are dangerous to your health. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Family planning methods cause you to gain weight. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Women who use family planning methods become promiscuous. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | The husband should be the one to decide whether the couple should use a family planning method. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Becoming pregnant soon after a delivery is harmful for the health of the mother and baby. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Husbands and wives should discuss family planning together. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Couples who practice family planning have a better quality of life than those who do not. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |

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| **SECTION D: BELIEFS ABOUT FAMILY PLANNING EFFICACY:** For each of the following family planning methods, I would like you to tell me how effective you think it is | | | |
|  | Do you know about the family planning method of sterilization? | NO 0  YES 1  REFUSED TO ANSWER 99 | ***If 0, skip to Q47.*** |
|  | Do you think that **sterilization** is always/almost always effective, usually effective, or sometimes effective? | ALWAYS/ALMOST ALWAYS EFFECTIVE 1  USUALLY EFFECTIVE 2  SOMETIMES EFFECTIVE 3  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Do you know about the family planning method of contraceptive implants? | NO 0  YES 1  REFUSED TO ANSWER 99 | ***If 0, skip to Q49.*** |
|  | Do you think that **contraceptive implants** are always/almost always effective, usually effective, or sometimes effective? | ALWAYS/ALMOST ALWAYS EFFECTIVE 1  USUALLY EFFECTIVE 2  SOMETIMES EFFECTIVE 3  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Do you know about the family planning method of IUDs? | NO 0  YES 1  REFUSED TO ANSWER 99 | ***If 0, skip to Q51.*** |
|  | Do you think that **IUDs** are always/almost always effective, usually effective, or sometimes effective? | ALWAYS/ALMOST ALWAYS EFFECTIVE 1  USUALLY EFFECTIVE 2  SOMETIMES EFFECTIVE 3  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Do you know about the family planning method of contraceptive injections? | NO 0  YES 1  REFUSED TO ANSWER 99 | ***If 0, skip to Q53.*** |
|  | Do you think that **contraceptive injections** are always/almost always effective, usually effective, or sometimes effective? | ALWAYS/ALMOST ALWAYS EFFECTIVE 1  USUALLY EFFECTIVE 2  SOMETIMES EFFECTIVE 3  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Do you know about the family planning method of contraceptive pills? | NO 0  YES 1  REFUSED TO ANSWER 99 | ***If 0, skip to Q55.*** |
|  | Do you think that **contraceptive pills** are always/almost always effective, usually effective, or sometimes effective? | ALWAYS/ALMOST ALWAYS EFFECTIVE 1  USUALLY EFFECTIVE 2  SOMETIMES EFFECTIVE 3  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | Do you know about the family planning method of LAM (lactational amenorrhea method)? | NO 0  YES 1  REFUSED TO ANSWER 99 | ***If 0, skip to Q57.*** |
|  | Do you think that using **LAM (lactational amenorrhea method)** is always/almost always effective, usually effective, or sometimes effective? | ALWAYS/ALMOST ALWAYS EFFECTIVE 1  USUALLY EFFECTIVE 2  SOMETIMES EFFECTIVE 3  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 | ***All proceed to SECTION E (Q57).*** |

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| **SECTION E: SELF-EFFICACY IN FAMILY PLANNING CHOICE:** Please tell me if you would agree or disagree with the following statements. | | | |
|  | You could start a conversation with your husband/partner about family planning. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | You could convince your husband/partner that you should use a family planning method. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | You could use a family planning method even if your husband/partner doesn’t want you to. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | You could use a family planning method even if none of your friends or neighbors uses one. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | You could use a family planning method even if your religious leader did not think you should use one. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | You could use a family planning method even if your healthcare provider did not think you should use one. | DISAGREE 0  AGREE 1  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION K: RESUMPTION OF SEXUAL ACTIVITY:** “*Now I am going to ask you two questions about sexual activity that might make you uncomfortable. If you are uncomfortable answering these questions, you do not have to*.” | | | |
|  | Have you had sexual intercourse since you gave birth? | NO 0  YES 1  DON’T KNOW/DON’T REMEMBER………………..88  REFUSED TO ANSWER 99 | ***If 0, 88 or 99, skip to Q65.*** |
|  | How many weeks after you gave birth did you first have sexual intercourse? | WEEKS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DON’T KNOW/DON’T REMEMBER 88  REFUSED TO ANSWER 99 |  |
|  | ***INTERVIEWER: Read aloud, “As I told you during enrolment, some women like you will taking part in a Focus Group Discussion about their experiences with their decisions to accept or not to accept a family planning method immediately after giving birth. These will be discussions with 5 to 11 other women like you when their babies are between 6 and 12 months old. We will invite participants at random from those who have completed these interviews. Would you be willing to take part in an interview if we call you?”*** | NO 0  YES OR MAYBE………………….…………………………1 |  |
|  | Record Time Interview Ended |  |  |

***INTERVIEWER: Read aloud,* “*Thank you for sharing this information with us and for being a part of this study.”***