



**Arba Minch University, College of Medicine and Health science, Department
of Public Health**

**Questionnaire to Assess Men's Awareness on Danger Sign of Obstetric
Complication and Factors Associated with it at Chencha district of Gamo
Gofa Zone, South Ethiopia.**

INTRODUCTION AND CONSENT:

Hello. My Name is _____ and I am part of a team of people who are carrying out a survey on **“Men's awareness on danger sign of obstetric complication and factors associated with it at South Ethiopia.”** (Show a letter of approval from Arba Minch University). We will very much appreciate your participation in this survey. I would like to ask you some questions and it would take about 30-40 minutes.

Your answers will remain confidential, and we will not be taking down your name or address, so your answers will be anonymous.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

Do you agree to participate in this study? Yes _____ No _____

May I begin the interview now? 1. Yes 2. No

If no, go to the next house.

Thank you for your Cooperation.

English questionnaires

Questionnaires No:			
Household Id No:			
Urban/Rural:			
Date:			
Interviewer's Name:			
Time:			
Result	<ul style="list-style-type: none"> • Completed • Household Absent • Time and Date Set For Later 	<ul style="list-style-type: none"> • Dwelling not Found • Incomplete Interview 	<ul style="list-style-type: none"> • Refused • Other: (Specify) _____

	Name	Data	Signature
Field edited by			
Office edited by			

Time Interview Started: Hour: _____ Minute: _____

Time Interview Ended: Hour: _____ Minute: _____


SECTIONS ONE: DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

S.No.	Questions and filters	Code	Remark
101	Participant ID	_____	
102	Residences	Urban1 Rural2	
103	Age of the participants?	_____years 2. I don't know	
104	Marital status?	Married01 Divorced02 Single03 Widowed04 Other05	
105	Religion of parents/caretaker?	Protestant22 Orthodox23 Muslim24 Catholic25 Other(specify) _____ 26	
106	Ethnic group?	Gamo31 Goffa35 Wolaita36 Amara32 Oromo33 Gurage34 Others(specify) _____ 99	
107	Educational level of mother if married?	No education41 Primary education42 Secondary education43 More than secondary education44	
108	Occupation of the mother?	Housewife51 Farmer52 Government employee's53 Private gainful work54 Merchant55 Other (specify) _____ 99	
108	Age of the mother?	_____years 2. I don't know.	
110	Educational level of the father	No education61 Primary education62 Secondary education63 More than secondary education64	
111	Occupation of the respondents?	Farmer71 Merchant72 Government employee73 No job74	

		Private Job.....75 Other (specify)_____99	
112	What is your average monthly income?	_____ETB	
112	Household graduation status from Health extension program?	Yes01 No02	If no Skip to 115
113	When did the households graduated for HEP packages? (ask them to show certificate)	_____ Years.	
114	What is your involvement in Health Development Army?	Leader21 Member.....22. Not two of either99	
115	Wealth index for participants: Do you have?		
	1	Private home	1. Yes 2. No
	2	A radio	1. Yes 2. No
	3	A mobile telephone	1. Yes 2. No
	4	A table	1. Yes 2. No
	5	A chair	1. Yes 2. No
	6	A bed with cotton/sponge/spring mattress	1. Yes 2. No
	7	A kerosene lamp/pressure lamp	1. Yes 2. No
	8	Annual farm product per quintal	_____quintal
	9	Does household own any agricultural land	1. Yes 2. No
	10	How many (Local units) of agricultural land do you own	_____in hectares(Timadi Bere)
	11	Presence of cattle's	1. Yes 2. No
	12	How money of the following animal does this household own? If yes give answer in no. <ul style="list-style-type: none"> ▪ Milk cows, oxen or bulls ▪ Goats? ▪ Sheep? ▪ Chickens? ▪ Horses, donkeys, or mule 	Write 00 if None, write 01 if More than one and write 11 if Unknown. <ul style="list-style-type: none"> ✓ ----- in no ✓ ----- in no ✓ ----- in no ✓ ----- in no ✓ ----- in no

	13	Type of roof	1. Yes 2. No	
	14	Electric Mittad	1. Yes 2. No	

SECTIONS TWO: REPRODUCTIVE CHARACTERISTICS

NO	Questions and filter	Code	Remark
201	Number of gravidity that your wife had?	_____	
202	How many alive children you have(parity)?	_____children	
203	Do You Know Of A Place Where A Woman Can Go To Give Birth To A Baby With Assistance From A Doctor, Nurse, Or Midwife? If Yes: Where Is That? Record All Places Mentioned. If More Than One Facility Mentioned: Which Of These Health Facilities Is The Closest To Here?	Home Respondent's Home.....11 Tba's Home12 Public Sector Gvt. Hospital.....21 Gvt. Health Centre.22 Health Post23 (Specify) Private Sector Pvt. Hospital.....31 Does-Not Know Place.....98	IF NO  301
204	In your community, how would a woman go to this health facility? PROBE: What type of transportation would she mainly use to get to the health facility?	Ambulance01 Kareza/Local Transportaion02 Taxi/Bus03 Cart04 Motor Bike05 On Foot.....07 Bicycle08 Other _____97 (Specify) Don't Know.....98	
205	In general, how long would it take to reach this health facility? If less than 2 hours, record in minutes. otherwise, record in hours.	Hours1 Minutes.....2 Don't Know.....98	
206	In your opinion, how are the services in this facility? Would you say they are excellent, good, average, or poor?	Excellent.....01 Good.....02 Average03 Poor.....04 Don't Know.....98	

207	<p>Can you tell me why you have ranked the services as [CHECK 206] _____?</p> <p>PROBE: What else?</p> <p>RECORD ALL RESPONSES.</p>	<p>Doctor Always There01</p> <p>Facility Always Open02</p> <p>Staff Respond To My Questions.....03</p> <p>Facility Always Has Necessary Medicines.....04</p> <p>Not A Long Wait.....05</p> <p>Staff Treat Women With Respect.....06</p> <p>Often Doctor Not There.....07</p> <p>Often Facility Is Closed.....08</p> <p>Staff Do Not Answer My Questions...09</p> <p>Facility Does Not Have Necessary Medicines.....10</p> <p>Long Wait To Be Seen11</p> <p>Staff Treat Women Poorly.....12</p> <p>Other _____ 97 (Specify)</p> <p>Don't Know.....98</p>	
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SECTIONS THREE: AWARENESS QUESTIONS DURING LABOUR, CHILD BIRTH AND POST PARTUM

No	Questions and filter	Code	
301	<p>In your opinion, can unforeseen problems related to pregnancy occur during any pregnancy or childbirth that could endanger the life of a woman?</p>	<p>Yes.....01</p> <p>No.....02</p> <p>Don't Know.....98</p>	<p>If no skip to 304</p>
302	<p>In your opinion, what are some serious health problems that can occur during pregnancy that could endanger the life of a pregnant woman?</p> <p>PROBE: Any others?</p>	<p>Bleeding01</p> <p>Severe Headache02</p> <p>Blurred Vision03</p> <p>Convulsions.....04</p> <p>Swollen Hands/Face.....05</p> <p>High Fever06</p> <p>Loss Of Consciousness.....07</p> <p>Difficulty Breathing.....08</p> <p>Severe Weakness.....09</p> <p>Severe Abdominal Pain10</p> <p>Accelerated/ Reduced Fetal Movement.....11</p> <p>Water Breaks Without Labor.....12</p> <p>Other _____ 97 (Specify)</p> <p>None.....00</p> <p>Don't Know.....98</p>	
303	<p>In your opinion, could a woman die</p>	<p>Yes.....01</p>	

	from [this problem] any of these problems?	No.....02 Don't Know.....98	
304	In your opinion, what are some serious health problems that can occur during labor and childbirth that could endanger the life of a pregnant woman? PROBE: Any others?	Severe Bleeding.....01 Severe Headache02 Convulsions.....03 High Fever04 Loss Of Consciousness.....05 Labor Lasting >12 Hours.....06 Placenta Not Delivered 30 Minutes After Baby.....07 Other _____ 97 (Specify) None.....00 Don't Know.....98	
305	In your opinion, could a woman die from [this problem] any of these problems?	Yes.....01 No.....02 Don't Know.....98	
306	In your opinion, what are some serious health problems that can occur during the first 2 days after birth that could endanger the life of the woman? PROBE: Any others?	Severe Bleeding.....01 Severe Headache02 Blurred Vision03 Convulsions.....04 Swollen Hands/Face.....05 High Fever06 Malodorous Vaginal Discharge.....07 Loss Of Consciousness.....08 Difficulty Breathing.....09 Severe Weakness.....10 Other _____ 97 (Specify) None...../.....00 Don't Know.....98	
307	In your opinion, could a woman die from this problem] any of these problems?	Yes.....01 No.....02 Don't Know.....98	

This is the end of interview

Thank you