

Structured Questionnaire

Eikwe/Ghana risk factors during pregnancy

Q1. Name of home region _____

Q2. Name of home district _____

Q3. Name of home village _____

**IF THE ANSWER TO ANY QUESTION IS 'DON'T KNOW', WRITE 97 NEXT TO THE CODES.
IF THE PERSON DOES NOT WANT TO ANSWER WRITE 98.**

Demographic data

1. How many people live in your household? _____
2. How many adults (>17) live in your household? _____
3. How many children (<12) live in your household? _____
4. How many children younger than 5 years old live in your household? _____
5. Does your husband live in your household the whole year?
1- Yes 2- No
6. What was the highest education level you achieved? _____
7. Which vaccinations did the youngest children receive? **Use the card CODING**
 - BCG
 - OpV0
 - OpV1
 - OpV2
 - DPT1
 - DPT2
 - Others (please specify _____)

Nutrition

8. Do you use the water from the lake for drinking? 1- Yes 2-No

9. How often did you eat meat during the last 7 days? Number

10. What kind of meat?

- Chicken/Duck
- Goat
- Pork
- Beef
- Fish
- Bushmeat (please specify _____)
- Others (please specify_____)

11.How often did you drink milk during the last 7 days? Number

12. How often did your children (< 5 years) drink milk during the last week?

Number

13. Where is the milk coming from?

- 1- Directly from my own animals
- 2-Directly from animals of friends/neighbours
- 3- Unpacked milk from Shop
- 4- Packed milk from shop

14. If it is own milk, from neighbours/friends or unpacked is it mainly from?

- 1- a cow
- 2- a goat/sheep
- 3- not applicable

15. If it is own milk, from neighbours/friends or unpacked, how do you treat the milk before drinking?

- 1- Raw/Untreated
- 2- Heated/boiled
- 3- Fermented/Yoghurt

Health data ONLY Children < 12 years in your household

16	17	18	19	20	21	22	23	24	25	26	27	28
Child No.	Age	Place of birth	Is the child immunized against						Growth Rate	Age of mother at birth		
			BCG	OPV			DPT				HeB	
				1	2	3	1	2	3			
1												
2												
3												
4												
5												
6												

1- at home without TBA

2- at home assisted by TBA

3- Hospital Eikwe

4- other Hospital

1-Upper Red

2-Green

3-Lower Red

4-Grey

29. How often did you contact your health facility with your youngest child in the first year of life?

- 1. every month
- 2. regularly
- 3. only in case of illness
- 4. never
- 5. Don't know

30. How often did you contact your health facility with your youngest child afterwards until it reached the age of five?

- 1. every month
- 2. regularly
- 3. only in case of illness
- 4. never
- 5. Don't know

31. When your children fall ill, what do you do?

- 1. Self Treatment traditional medicine
- 2. Traditional healer
- 3. Drug store
- 4. Health facility
- 5. Other, specify _____

32. Have any of the children in your household died before she/he reached the age of five?

- 1- Yes 2- No **if no Q39**

33. How many children have died? Number

34. What symptoms did the child have before deaths?

- 1- Fever
- 2- Diarrheal
- 3- Cough
- 4- Convulsion
- 5. Fast and frequent breathing
- 5- Other, specify _____

36. How old was the child at deaths? _____ months OR _____ years

37. Did this child receive treatment before deaths of

- 1- No treatment
- 2- Self treatment
- 3- Health facility
- 4- Traditional healer
- 5- other specify _____

38. How many days was the interval between onset of the disease and death? ____ days

39. From your point of view what is the main problem in taking care of the health of your children?

40. How many of your children below the age of 5 slept under an impregnated bed net the last night? Number _____ (101 if no children below five)

Obstetric History Gravida __ / Para __

Fill in the Table with the respective codes given below!

41	42	43	44	45	46	47
Child No.	Year of birth	Mode of delivery	Place of delivery	Complications	Pregnancy outcome	Birth weight
				(multiple answers)		
1						
2						
3						
4						
5						
6						

Mode of delivery:

1. spontaneous vaginal delivery
2. vaginal operative delivery (Vacuum extraction)
3. primary caesarean section
4. secondary cesarean section
3. APH (Ante Partum Hemorrhage)
4. PPH (Post Partum Hemorrhage)
5. Puerperal sepsis
6. Anemia
7. Malaria
8. Premature labour
9. Breech
10. Twins
11. Multiples
12. Asphyxia
13. other (please specify)

Place of delivery:

- 1- at home without TBA
- 2- at home assisted by TBA
- 3- Eikwe Hospital
- 4- other Hospital

Pregnancy outcome:

1. live birth
2. still birth
3. neonatal death (within 28 days)
4. abortion (weeks of gestation)

48. In your last pregnancy, did you attend ANC? 1- Yes 2- No

49. Are you pregnant at the moment of interview? 1- Yes 2- No if no

Q53

50. Have you started attending ANC clinic (Ante Natal Care clinic)? Yes No

51. If yes, how many months are you pregnant? _____ months

52. If not started ANC, when do you intend to start? _____ months

Have you been vaccinated against rubella?

Malaria treatment?

53. What are the things you like most in the ANC (Ante Natal Care clinic) clinic?

- Not attended
- Professionalism
- Safety
- Good for health
- Friendliness
- Others (please specify _____)

54. What are the things you dislike in the ANC clinic?

- Costs
- Waiting
- Long distance to get there
- Others (please specify _____)

55. What do you think are the advantages of delivery at home?

- No Costs
- No Waiting
- Traditional
- Others (please specify _____)

56. What do you think are the advantages of delivery at the health facility?

- Safety
- Professionalism
- Easier
- Others (please specify _____)

58. Do you know any women, who died from complications of pregnancy within the last two years in your neighborhood? 1- Yes 2- No if No Q 62

59. How long ago did she die? Years Months Days

60. If yes, where did she deliver?

at home without TBA

at home assisted by TBA

Eikwe Hospital

Other Hospital

Other, specify

61. If yes, what was the cause of death?

Complications:

1. Preeclampsia
2. Eclampsia
3. APH (Ante Partum Hemorrhage)
4. PPH (Post Partum Hemorrhage)
5. Puerperal sepsis
6. Anemia in Pregnancy
7. Malaria in Pregnancy
8. Abortion complications
9. Don't Know
9. other (please specify)

Transfusion Medicine

62. Do you suffer from anemia? 1- Yes 2-No

63. If yes, are you aware of the diagnosis

- 1- Malaria
- 2- Parasitic worm infection
- 3- Sickle cell disease
- 4- Thalassaemia
- 5- iron deficiency
- 6- other (specify) _____

64. Have you ever received blood transfusion or is blood transfusion planned during the next days? 1- Yes 2-No

65. If no, is this because of unavailability of blood donations? 1- Yes 2-No

66. If yes, have you been asked for payment? 1 - Yes 2-No

67. If yes, have you been asked for a replacement donation by a relative or friend?
1 - Yes 2-No

Agricultural data

62. Which quality problems at harvest of crops (maize, beans, rice, cassava) do you know?

- 1- Insect damage
- 2- Spoilage
- 3- Fungi growth
- 4- Discoloration
- 3- Others (specify: _____)

63. What are the main quality problems during storage of crops above?

- 1- Insect damage
- 2- Spoilage
- 3- Fungi growth
- 4- Discoloration
- 5- Odour
- 6- Others (specify: _____)

Water and Sanitation

64. What is your main water source for drinking? 1- Tap water (public)
Only one option 2- Tap water on compound/in house
 3- Public Pump
 4- Well (protected at surface)
 5- Well (unprotected at surface)
 6- Lake
 7- Rain water

65. Which type of latrine do the majority of members of your household use? Only one option

- 1- Pit latrine on site with flush
- 2- Pit latrine on site NO flush
- 3- Public Latrine
- 4- No latrine/Bush

66. Where do you dispose the stool of your children? Only one option

- 1- Near the house (forest/bush)
- 2- Far away from the house (forest/bush)
- 3- In latrine
- 4- Trash
- 5- Burried

67. Where do you wash yourself?

- 1-Lake
- 2- River
- 3- Pond
- 4- Home
- 5- Others (specify: _____)

68. Where do you wash your children below the age of 5?

- 1- Lake
- 2- River
- 3- Pond
- 4- Home
- 5- Others (specify: _____)

69. How many of your children <5 years had red urine now or during the last 4 weeks?

Number

70. Do you know about the disease schistosomiasis (bilharzia)?

1- Yes 2- No

Household characteristics

71. Does your household have electricity supply? 1- Yes 2- No

72. Is the house you live in

- 1- Rented
- 2- Your own

73. Which of the following assets does your household possess

READ OUT THE ANSWERS AND WRITE DOWN THE NUMBERS!

1- Car		15- Jewellery	
2- Motorbike		16- Sewing Machine	
3- Bicycle		18- Chicken	
4- Boat		19- Ducks	
5- Radio		20- Pigs	
6- TV		21- Donkey	
7- Refrigerator		22- Goat	
8- Gas cooker		23- Sheep	
9- Fan		24- Cattle	
10- Mattress		25- Cats	
11- Beds		26- Dogs	
12- Table		27- Other Animals	
13- Chairs		28- Hand tools for working on the field	
14- Cell phone		29- Plough	
		30- Small Tractor	

74. Do your animals suffer from any visible disease?

- 1- Diarrhoea
 2- Respiratory
 3- Skin
 4- Others (specify: _____)

75. Does you or your husband have a bank account? 1- Yes 2- No

Questionnaire Health Seeking Behavior:

ONLY FOR WOMEN WHO COME FROM OUTSIDE OF EIKWE!

Q1. Distance from the village to Eikwe (if only hours, write 0 days, number of hours, number of minutes):

<input type="text"/>	Days	<input type="text"/>	Hours	<input type="text"/>	Minutes
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Q2. Mode of transport:

1	Car
2	Motorbike
3	Bike
4	By foot

Q3. Distance from home village to next delivery facility:

<input type="text"/>	Days	<input type="text"/>	Hours	<input type="text"/>	Minutes
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Q4. Mode of transport:

1	Car/Bus
2	Motorbike
3	Bike
4	By foot

Q5. Why was this facility close to the home town not chosen for this birth?

Bad quality of facility (dirty,)	1
Staff is not qualified	2
Staff is rude	3
Staff is corrupt	4
Price for delivery too high	5
Too expensive	6
Coincidental (woman was close to Eikwe when labor pain started)	7
Expected problems during birth	8
Other	9 Specify here: _____

Q6. Why was Eikwe hospital chosen?

Good reputation/image

Trust in nuns

Religious reasons (trust in god)

Modern techniques (e.g. ultrasound)

Fear, because of problems during pregnancy

Friends recommend Eikwe

Relatives recommend Eikwe

Other

1	
2	
3	
4	
5	
6	
7	
8	specify here: _____

Q.7 Who made the decision to go to Eikwe?

Woman who gives births herself

Husband

Mother of women

Mother of husband

Other family member

Other

1	
2	
3	
4	
5	specify here: _____
6	specify here: _____

Q8. How much did the transport cost from home town to Eikwe hospital?

	Cedi
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Q9. Why do other women from your village not go to Eikwe?

Too far

Too expensive

Husband does not allow

They don't know Eikwe

Other

1	
2	
3	
4	
5	specify here: _____

For women from Eikwe village

Q1. Why was Eikwe hospital chosen?

Good reputation/image	1	
Trust in nuns	2	
Religious reasons (trust in god)	3	
Modern techniques (e.g. ultrasound)	4	
Fear, because of problems during pregnancy	5	
Friends recommend hospital	6	
Relatives recommend hospital	7	
All women give birth there	8	
Other	9	specify here: _____

Q.2 Who made the decision to go to Eikwe?

Woman who gives births herself	1	
Husband	2	
Mother of women	3	
Mother of husband	4	
Other family member	5	specify here: _____
Other	6	specify here: _____

Do you know women from Eikwe who give birth at home and not at the hospital?

Yes	1
No	2
Don't know	3
Don't want to answer	4