

### Additional File 1 – Data collection form/Survey questionnaire

This form will be presented to the respondents. The investigator will ask the participant each question and select the appropriate answer for each question.

1. Socio- demographics characteristics	
1.1 Month & Year of birth	---
1.2 Age	---
1.3 Race	White/Colored/Indian/Black/ Other...
1.4 Marital status	Single / married / living together / divorced / separated / widowed
1.5 Highest level of schooling	Less than primary / primary / secondary / diploma / degree
1.6 Partner level of education	Less than primary / primary / secondary / diploma / degree
1.7 Occupation	Unemployed/Employed/student/refuse to answer
1.8 Partner Occupation	Unemployed/Employed/student/refuse to answer
1.9 What is your source of income?	Permanent Employment / Part-time Employment / Seasonal Employment / Grant / Other (please specify).
1.10 Parity	Primiparous/Multiparous
1.11 Wanted last child	Last child wanted, wanted child but later, wanted no more child
1.12 How many children do you have?	(indicate numerical value) or Refuse to answer
1.13 What is your home languishing?	English/seseko/ Afrikance, sewana Xhosa, other

2. Mobile phone usage for MomConnect	
<b>2.1 Mobile phone usage</b>	
2.1.1 Do you have your own cellphone or do you use a SIM card in someone else's phone? <i>(If not, do you have access to a cellphone?)</i>	Own phone/Only SIM card/No phone  Yes / No/DK/RA
2.1.2 Do you share your cellphone? <i>(If yes, with whom do you share your phone?)</i>	Yes / No Partner / Family Member / Friend / Other
2.1.3 Do you have problems in receiving messages in your phone?	Yes/ No/ DK/RA
2.1.4 What do you like the most about the MomConnect information received in your phone	1.The reminders about ANC and PNC booking/ 2 information about the development of my baby/ 3. Information about danger signs/ 4. Other

<b>3 Health seeking behaviours</b>		
<b>3.1.1</b> Did you receive health check-ups (ANC) during your last pregnancy at least once?	1. Yes /2 No	If no go to question 3.1.3
<b>3.1.1.a.</b> If yes when was your first ANC visit?	1. within 1 to 3 months/ 2. 4-6 months / 3. 7-9 months	If 2 or 3 ask question 3.1.3
<b>3.1.1.b.</b> How many times did you visit for ANC during pregnancy?	1. 4 times/ 2. more	
<b>3.1.2</b> Why did you visit the clinic today?	1. Pregnancy visit /2. 6-week post birth follows up / 3. Immunization /4. I am sick/ /5. Advised by my family members/6. To start a regular check- up/ 7. Other....	
<b>3.1.3</b> Why didn't you attend ANC check-up during your three first months of pregnancy?	1. I was healthy/2. I thought it was unnecessary/3. Expenses of Check-up was unaffordable/ 4. Clinic is too far away from home/5. Family members disapproved/6. Poor transportation facility to the health facility/7. I was scared/8. If any other reason, please specify	
<b>3.2.5</b> Did you go for PNC check-up after delivery?	1. Yes/2. No	
<b>3.2.5.a</b> If yes When did you receive your PNC check-up and that of your baby?	1. Within 6 days, 2. After 6 days	
<b>3.2.5. b.</b> If after 6 days why?	1. I was healthy/2. I thought it was unnecessary/ 3. Expenses of health care/ 4. Clinic is too far away from home/ 5. Family members disapproved/5. Poor transportation facility to the health facility/6. I was scared/7. If any other reason, please specify	
<b>3.1.6.</b> Why did you come to this health institution for check-up? (more than 1 answer can be marked)	1. Close to my house/ 2. Close to where I work /3. Inexpensive/4. Behaviour of staff is good/5. Convenient timing/ 6. Good quality service/Others...	
<b>3.1.7</b> How long do you have to travel to the nearest clinic	1. 1 to 2 km to / 2. 3 to 4 km/ 3>4 km	
<b>3.2 Cultural belief (Please provide your answer to the following statement by selecting one answer)</b>		
<b>3.2.2.</b> Do you need to ask a permission to go the clinic for your ANC/PNC?	1. Yes/ 2. No	
<b>3.2.3</b> To whom do you ask that permission for going to the clinic for ANC/PNC?	1. My husband/ 2. Family/3. My mother in law/4. My own decision/5. others...	
<b>3.2.3</b> Who is looking after your children if you have to go to the clinic	1. Grandparent/ 2 Husband/ 3. Friends/ 4. No one	

**Thank you for your cooperation!**