

Family Planning Protocol: FAMILY PLANNING QUESTIONNAIRE

VOLUNTEER ID

Introduction

The UVRI-IAVI HIV Vaccine Program located at the Uganda Virus Research Institute, Nakiwogo, Entebbe, has been conducting research for over 10 years. This time we are conducting research on family planning use as we continue to prepare for HIV Vaccine trials in fishing communities along L. Victoria. Results of this study will help in improving family planning use in these communities and will help us assess preparedness for future HIV vaccine trials.

I request you to answer a few questions and provide a blood sample. Females will be requested to provide a urine sample. Questions will take 30-45 minutes of your time and your responses will be kept confidential. Please answer the questions honestly.

Record time the interview started : HOURS {STARTTIM}

Identification Information

Volunteer ID: FP01 -- [IDNO]

Date / / {DATE}
dd mmm yyyy

Visit: [VNO]

1. Sex: Male 1 {SEX}
Female 2

2. Study Site: Kigungu 1 {VILLAGE}
Nsazi 2

3. Do you Stay here or work here?

Stay 1 {RESSTATUS}
Work 2

QUESTIONS 4-12 ARE FOR FEMALES ONLY, SKIP TO Q.13 FOR MALES

Madam, the questions we are going to ask you concern pregnancy and child birth. Your responses are important to this research and shall be kept confidential.

Q.4a. Have you ever been pregnant? Yes 1 {PREGEVER}
No 2 ----->Q.13

Q.4b. How long ago was your last pregnancy? (Code completed days, weeks, months or years. Code 88 in remaining boxes. If don't remember code 97 in all boxes)

{LSTPREGDY}
 {LSTPREWK}
 {LSTPREGMON}
 {LSTPREGYR}

Q.4c. How did the last pregnancy end? {PREGEND}

Live birth/baby	1	
Miscarriage/abortion	2	
IUFD/Stillbirth	3	
Other	4	

Specify _____ {OTH PREGEND memo}

Q.4d. Did you want your last pregnancy?

Yes	1	<input type="checkbox"/> {PREGWANT1}
No	2	

Q.5a. How many children are still living? {CHILDLIV}

Q.5b. Have you had a miscarriage/abortion before? i.e loss of a pregnancy before 7 months?

Yes	1	<input type="checkbox"/> {MISC12MON}
No	2	----->Q.6
DK	7	----->Q.6

Q.5 c. How many miscarriages have you had? {MISCTOT}
(Code 97 for don't know/don't remember)

Q.6a. Are you currently pregnant?

Yes	1	<input type="checkbox"/> {PREGNOW1}
No	2	----->Q.6b
DK	7	----->Q.8a

Q.6b. If not currently pregnant, would you want to become pregnant?

YES, I am trying to conceive	1	<input type="checkbox"/> {PREGNOW2}
YES, I want to become pregnant	2	
I have mixed feelings about becoming pregnant	3	
I do not want to become pregnant	4	

Q.6c. How long do you want to wait to become pregnant?

Within 2 years	1	<input type="checkbox"/> {CHILDWAIT1}
>2years	2	

Q.7a. If pregnant, approximately how many months is your current pregnancy? {PREGDUR}

Q. 7b. At the time you became pregnant, (with this pregnancy or last pregnancy if not currently pregnant) did you want to become pregnant then?

Yes, right time 1 {PREGWANT2}
Yes, but later, (NOT QUITE RIGHT TIME) 2
Not at all (WRONG TIME) 3

Q. 7c. Did you want to have a baby later on or did you not want to have any (more) Children?

Later on 1 {CHILDWANT}
No more 2

Q. 7d. If later how much later did you want to wait?

Within 2 years 1 {CHILDDWAIT2}
>2years 2

Q.8a The first time you became pregnant were you in school? Yes 1 {PREGSCH}
No 2-----> Q.9
Never attended school/NA 8-----> Q.9

Q.8b Did you drop out of school because of a pregnancy? Yes 1 {PREGSCHLT}
No 2

Q.9. Have you ever given birth to a live baby (a baby that cried)? Yes 1 {EVRBIRTH}
No 2

Q.9a If Yes, how many? {NOBIRTH}

Q.9b Do you have child (ren) with your current sexual partner? Yes 1 {CHILDCUR}
No 2

Q.9c If Yes, how many? {NOCHILD}

Q.9d. What is the interval between your last 2 children? <2 years 1 {CHILDINT}
≥ 2 years 2

Q.10 Would you like to have (more) children?

Yes 1----->Q.11b {MOREKIDS}
 No 2
 DK 7-----> Q.13

Q.11a Why don't you want to have (more) children? (UNPROMPTED, Circle all that apply)

	Yes	No
Children are expensive to look after and bring up (economic reasons)	1	2 {NOMORKID1}
To give the ones I have better living conditions	1	2 {NOMORKID2}
I already have my desired number of children	1	2 {NOMORKID3}
Pregnancy is risky and can affect my health	1	2 {NOMORKID4}
Many children/pregnancies makes a woman grow old faster (cosmetic reasons)	1	2 {NOMORKID5}
Other, Specify _____	1	2 {NOMORKID6}

Q.11b. Why would you like to have more children? (UNPROMPTED, Circle all that apply)

	Yes	No
My husband/partner wants more	1	2 {MOREKIDRS1}
I am still young	1	2 {MOREKIDRS2}
A few years in marriage	1	2 {MOREKIDRS3}
I want to have at least a boy child	1	2 {MOREKIDRS4}
I want to have at least a girl child	1	2 {MOREKIDRS5}
Each child comes with his/her own blessing	1	2 {MOREKIDRS6}
More children are security for old age	1	2 {MOREKIDRS7}
To replace those who died	1	2 {MOREKIDRS8}
Because religion does not permit use of FP methods	1	2 {MOREKIDRS9}
To compete with my co-wife/co-wives	1	2 {MOREKIDRS10}
Other, specify _____	1	2 {MOREKIDRS11}

[IF VOLUNTEER ANSWERED NO TO Q.10, SKIP Q12]

Q.12. How long would you wish to wait before having another child? {SPACETIME}

Less than 1 year	1
1 to 2 years	2
Greater than 2 years	3
Never again	4
Unsure of timing	5
Not applicable (cannot have a child)	8

I would like to talk to you about family planning; there are various ways or methods that a couple can use to delay or avoid a pregnancy.

Some people use various methods to avoid getting pregnant, for different reasons;

Q.13 Do you know any Family Planning method used to prevent pregnancy? Yes 1 {FPKNOW}
 No 2 -----> Q.16

Q.14 Which Family Planning methods do you know? (Unprompted, Circle all that apply)

	Yes	No
Pills	1	2 {FPKNOW1}
Condom	1	2 {FPKNOW2}
Injectable	1	2 {FPKNOW3}
Spermicide	1	2 {FPKNOW4}
Periodic Abstinence	1	2 {FPKNOW5}
Calendar	1	2 {FPKNOW6}
IUD/coil	1	2 {FPKNOW7}
Breast-feeding/Lam	1	2 {FPKNOW8}
Herbs	1	2 {FPKNOW9}
Tubal ligation	1	2 {FPKNOW10}
Vasectomy	1	2 {FPKNOW11}
Implants/Norplant	1	2 {FPKNOW12}
Rhythm/Withdraw method	1	2 {FPKNOW13}
Diaphragm	1	2 {FPKNOW14}
Dermal Patch	1	2 {FPKNOW15}
Emergency Pill	1	2 {FPKNOW16}
Moon beads	1	2 {FPKNOW17}
Foam/Jelly	1	2 {FPKNOW18}
Other	1	2 {FPKNOW19}

If Other, Specify _____

Q.15. Where can someone get family planning methods/services from? (UNPROMPTED, Circle all that apply)

Government hospital/clinic	01	<input type="checkbox"/>	<input type="checkbox"/>	{FPSOURCE1}
Private hospital/clinic	02	<input type="checkbox"/>	<input type="checkbox"/>	{FPSOURCE2}
NGOs	03	<input type="checkbox"/>	<input type="checkbox"/>	{FPSOURCE3}
Pharmacy/drug shop	04	<input type="checkbox"/>	<input type="checkbox"/>	{FPSOURCE4}
Ordinary shop/weekly markets	05	<input type="checkbox"/>	<input type="checkbox"/>	{FPSOURCE5}
Traditional birth attendants	06	<input type="checkbox"/>	<input type="checkbox"/>	{FPSOURCE6}
Family planning clinics	07	<input type="checkbox"/>	<input type="checkbox"/>	{FPSOURCE7}
Drug/medicine vendors	08	<input type="checkbox"/>	<input type="checkbox"/>	{FPSOURCE8}
Other (specify) _____	09	<input type="checkbox"/>	<input type="checkbox"/>	{FPSOURCE9}
Do not know	97	<input type="checkbox"/>	<input type="checkbox"/>	{FPSOURCE10}

Q.16 A) Are you or your partner(s) currently using the following Family planning methods? **PROMPT**

Yes 1 {FPUSE}

No 2 → Q.23

B) **IF USING ASK:** For how long have you and/or your partner used this method consistently without a break? [Code completed days, weeks, months or years 8 or 88 for other space in duration coded. Leave duration of other methods not currently used blank].

C) Where did you get this FP method from (what is the source)? [Get response in list of sources below]

	A) USING (circle accordingly)			B) DURATION				C) SOURCE				
	Yes	No	DK	D	W	MM	YY					
Pills	1	2	7	{FPUSING1}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR1}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP1}
Condom	1	2	7	{FPUSING2}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR2}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP2}
Injectable	1	2	7	{FPUSING3}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR3}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP3}
Spermicide	1	2	7	{FPUSING4}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR4}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP4}
Periodic Abstinence	1	2	7	{FPUSING5}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR5}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP5}
Calendar	1	2	7	{FPUSING6}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR6}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP6}
IUD/coil	1	2	7	{FPUSING7}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR7}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP7}
Breast-feeding	1	2	7	{FPUSING8}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR8}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP8}
Herbs	1	2	7	{FPUSNG9}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR9}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP9}
Tubal ligation	1	2	7	{FPUSNG10}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR10}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP10}
Vasectomy	1	2	7	{FPUSNG11}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR11}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP11}
Implant/Norplant	1	2	7	{FPUSNG12}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR12}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP12}
Rhythm/Withdrawal	1	2	7	{FPUSING13}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR13}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP13}
Diaphragm	1	2	7	{FPUSING14}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR14}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP14}
Dermal Patch	1	2	7	{FPUSING15}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR15}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP15}
Emergency Pill	1	2	7	{FPUSING16}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR16}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP16}
Moon Beads	1	2	7	{FPUSING17}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR17}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP17}
Foam/Jelly	1	2	7	{FPUSING18}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR18}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP18}
Other	1	2	7	{FPUSING19}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	{FPDUR19}	<input type="checkbox"/>	<input type="checkbox"/>	{SOURCEFP19}

If Other, specify _____ {OTHFPMEMO}

SOURCE CODES

- Government hospital/clinic 01
- Private hospital/clinic 02
- NGOs 03
- Pharmacy/drug shop 04
- Ordinary shop/weekly markets 05
- Traditional birth attendants 06
- Family planning clinics 07
- Drug/medicine vendors 08
- Other _____ 09

[IF ALL RESPONSES TO Q.16A “USING” ARE “NO” OR “DK” SKIP TO Q.23]

Q.17. How effective is the method you are currently using to prevent pregnancy? {FPEFFTV}
 Effective 1
 Not Effective 2

Q.18. Does your spouse(s)/partner(s) know that you are currently using any family planning method?
 Yes 1 {PKNOWFP}
 No 2
 Don't know 7

Q.19. Is the decision to use the current family planning method mainly your decision, your partners/spouses, or joint? {FPDECIDE}
 Mainly mine (respondent) 1
 Mainly spouse/ partner 2
 Joint decision 3
 Other (specify) _____ 4

Q.20. How often do you discuss using any family planning method(s) with your spouse/partner? **(If not using any Family planning methods skip to Q.30)** {FPDISCUS}
 Never 1
 Sometimes 2
 Often 3
 Always 4

Q.21. What costs do you/your partner (spouse) incur when obtaining any family planning method(s)?
(Multiple responses are acceptable) CIRCLE ACCORDINGLY.

	Yes	No	DK
Transport	1	2	7 {FPCOSTS1}
Buying FP	1	2	7 {FPCOSTS2}
Treating side effects	1	2	7 {FPCOSTS3}
Other	1	2	7 {FPCOSTS4}
Specify _____			{FPCOST memo}

Q.22a. Is it very easy, easy, not easy, or not easy at all for you to get the birth control/family planning Methods) you're currently using? **(Prompted)**

- | | | | |
|-----------------|--|---|-------------|
| | | 1 | ----->Q.22c |
| Very easy | | 1 | ----->Q.22c |
| Easy | | 2 | ----->Q.22c |
| Somehow easy | | 3 | |
| Not easy | | 4 | |
| Not easy at all | | 5 | |

Q. 22 b. Why is it difficult to get the birth control/family planning method (s) you're currently using? **[Unprompted, multiple responses applicable]**

- | | Yes | No |
|--|-----|-----------------|
| Lack of money to buy FP | 1 | 2 {EASEFPRS1} |
| Lack of money for transport | 1 | 2 {EASEFPRS2} |
| Supplies run out at my source | 1 | 2 {EASEFPRS3} |
| I have to get permission from husband/partner to go away from home | 1 | 2 {EASEFPRS4} |
| I do not want my husband/partner to know | 1 | 2 {EASEFPRS5} |
| I am too busy at home/work to get time to go for FP | 1 | 2 {EASEFPRS6} |
| Other, | 1 | 2 {EASEFPRS7} |
| Specify _____ | | {EASEFPRS memo} |

Q. 22c. Why are you using the current family planning method?(**Unprompted, multiple responses applicable**)

- | | Yes | No |
|--|-----|-----------------|
| Most effective in preventing pregnancy | 1 | 2 {WHYCURFP1} |
| Convenient (Easy to use) | 1 | 2 {WHYCURFP2} |
| Easy to get | 1 | 2 {WHYCURFP3} |
| Affordable | 1 | 2 {WHYCURFP4} |
| Other reason(s) | 1 | 2 {WHYCURFP5} |
| Specify _____ | | {WHYCURFP memo} |

Q. 22d. **“On a scale of 1-5, 1: Very difficult, 5: Not difficult at all”** How difficult is it to access another Family planning method other than the one you are using?

- | | | | |
|----------------------|---|--|------------|
| Very difficult | 1 | | {FPACCESS} |
| Difficult | 2 | | |
| Somehow difficult | 3 | | |
| Not difficult | 4 | | |
| Not difficult at all | 5 | | |

IF VOLUNTEER IS CURRENTLY USING ANY FP METHOD, i.e., AT LEAST ONE RESPONSE IN Q.16A IS YES, SKIP TO Q.24

Q.23. Why are you not using any method of family planning/birth control? (**Unprompted, multiple responses allowed**)

	Yes	No
My Spouse/partner disapproved	1	2 {NOFPRS1}
Infrequent/No sex	1	2 {NOFPRS2}
A few years in marriage	1	2 {NOFPRS3}
I want to have children/get pregnant	1	2 {NOFPRS4}
Religion does not permit use of FP methods	1	2 {NOFPRS5}
My culture encourages having more children	1	2 {NOFPRS6}
I cannot afford to buy FP methods (No money)	1	2 {NOFPRS7}
FP methods have side effects	1	2 {NOFPRS8}
Have other health Concerns	1	2 {NOFPRS9}
FP methods are not effective	1	2 {NOFPRS10}
FP is inconvenient to use	1	2 {NOFPRS11}
Method failed/Got Pregnant	1	2 {NOFPRS12}
I do not know where to get FP methods	1	2 {NOFPRS13}
I cannot afford transport costs to where I get FP methods	1	2 {NOFPRS14}
Lack of sexual satisfaction	1	2 {NOFPRS15}
Menstrual Problems	1	2 {NOFPRS16}
Gained Weight	1	2 {NOFPRS17}
Other reason	1	2 {NOFPRS18}
If other, specify _____		{NOFPRS memo}

QUESTIONS RELATED TO SEXUAL BEHAVIORS, PRACTICES AND RELATIONSHIPS

Sexual intercourse is one of the modes of transmission for HIV and other Sexually transmitted diseases. I request to ask questions related to sexual intercourse and STI symptoms. Your responses are important to this research and we will keep them confidential.

Q.24 Are you currently in sexual relationship (**Any kind of relationship even if not legal**)? {CURRMARR}

Yes 1
 No 2----->Q.26

Q.25 How many sexual partners do you have? {POLYMAR}
[Record actual # wherever possible, code 97 for Do not know]

Q.26. In the past 12 months (from _____ to _____), has your marital status changed? **If Yes** how?

Separated	1	<input type="checkbox"/> {CHANGE12PT1}
Divorced	2	<input type="checkbox"/> {CHANGE12PT2}
Widowed/Partner died	3	<input type="checkbox"/> {CHANGE12PT3}
Got married	4	
No change	5	

Q.27 Do you currently have a sexual partner(s) other than your husband/wife? {CURRLTN}

Yes	1
No	2

Q.28 In the past 12 months (from _____ to _____), how many sexual partners have you had, including your husband (wife/wives), casual partner/s and all other people? **[Record actual number, probe for a given number]**

[Code 92= a few, 93= a lot/many (03+), no response= 99] {SEXP1YR}

IF 00 (NONE) SKIP TO Q.38

Q.29 In the past 12 months (from _____ to _____), how many **new** sexual partners have you had? **[A new partner is one you had sex with for the very first time in your life]**

[Code 92= a few, 93= a lot/many (03+), no response= 99] {NEWP12M}

Q.30 In the past 12 months (from _____ to _____), have you used condoms during sexual intercourse? {COND12M}

Yes	1
No	2----->Q.33

Q.31 In the past 12 months (from _____ to _____), have you consistently used condoms during sexual intercourse?

Sometimes/inconsistent	1	<input type="checkbox"/> {CONDFRQ12}
Always	2	
DK	7	

Q.32. Why did you use condoms with this partner/s? (**Unprompted, multiple responses**)

	Yes	No
Prevent HIV transmission/acquisition/re-infection	1	2 (CONDHIV)
Prevent STD transmission/acquisition	1	2 (CONDSTD)
For family planning	1	2 (CONDFP)
Just trying it out	1	2 (CONDRY)
Other specify _____	1	2 (CONDOTH)
DK/DR	1	2 (CONDNR)

Q.33. Why didn't you use condoms with this partner/s? (**Unprompted, code up to 2 responses**)
[Code 88 in the 2nd box if one reason is given]

Did not have any condoms at that time	01	__ __ {CON12NVR1}
Could not afford their cost (expensive)	02	__ __ {CON12NVR2}
Not easily available in our community	03	
Partner refusal	04	
Trusting partner	05	
Knew/know our HIV status	06	
Knew/know my HIV status	07	
For more pleasure	08	
Religion does not allow them	09	
Wanted to have child/pregnancy	10	
Other (Specify) _____	11	

Q.34 During the past 3 months (from ____ to ____), how many sexual partners have you had, including your husband (wife/wives), casual partner/s and other people you have had sexual intercourse with? __|__|
 {SEXP3MON} **[Record actual number, probe for a given number]**

Q.35 During the past 3 months (from ____ to ____), how many **new** sexual partners have you had? **[A new partner is one you had sex with for the very first time in your life]**
 __|__|{NEWPAT3M}

Q.36 During the previous 3 months (from ____ to ____), have you used condoms during sexual intercourse?
 Yes 1 __| {COND3M}
 No 2----->Q.38

Q.37 During the previous 3 months (from ____ to ____), have you consistently used condoms during sexual intercourse?

Sometimes/inconsistent	1	__ {CONDFRQ3}
Always	2	
DK	7	

This marks the end of the questions. Thank you very much for your responses and time.

Record time the interview ended |_|_|:|_|_| HOURS

{ENDTIM}

Completed by _____
Signature

Date Form Completed

Reviewed by _____
Signature

Date Form Reviewed

Entered by _____
Signature

Date Form Entered