

**THE STATE OF ERITREA**

**MINISTRY OF HEALTH**

**Assessment of Attitude and Pattern of Traditional Medicine Use in the Gash-Barka**

**Community, 2018**

ALL INFORMATION COLLECTED IS CONFIDENTIAL AND IS ONLY FOR STATISTICAL USE

<b>IDENTIFICATION PARTICULARS</b>	
Zone.....	<input type="text"/>
Sub-Zone .....	<input type="text"/>
Village/Town Name [Urban=1, Rural =2].....	<input type="text"/>
Administration .....	<input type="text"/>
Cluster No.....	<input type="text"/>
Household Number.....	<input type="text"/>

Date of interview _____ / _____ / _____	
<b>Result Code</b> <input type="checkbox"/>	1 = Completed      2 = Partly completed      3 = Refusal converted 4 = Refusal      5 = Unable to respond      6 = Other
Questionnaire Language <input type="text"/>	Native Language of Respondent <input type="text"/> Language of Interview <input type="text"/>
01= Afar      02= Bilen      03= Bidawiet      04= Kunama      05= Nara 06= Arabic      07= Saho      08= Tigre      09= Tigrigna      10= Other	
<b>Translator used?</b> <input type="checkbox"/>	1= Not at all      2= Sometimes      3= All the time

<b>Interviewer's Name &amp; Code</b> _____ <input type="text"/>	<b>Supervisor's Name &amp; Code</b> _____ <input type="text"/>	<b>Field Editor's Name &amp; Code</b> _____ <input type="text"/>	<b>Keyed by</b> <input type="text"/>
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### Demographic Information

No.	Indicators	Coding Categories	Skip
101	Age of respondent in completed years	Age <input type="text"/> <input type="text"/>	
102	Year of birth	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
103	Sex	Male ..... 1 Female..... 2	
104	Ethnicity	Tigrina ..... 1 Saho ..... 2 Kunama ..... 3 Bilen ..... 4 Rashida ..... 5 Tigre ..... 6 Afar ..... 7 Hidareb ..... 8 Nara ..... 9 Other ( <i>please specify</i> ) ..... 10	
105	Religion	Christian ..... 1 Muslim ..... 2 Animist ..... 3 Other ( <i>please specify</i> ) ..... 4	
106	Languages ( <i>you are fluent in</i> )	Tigrina .....A Saho .....B Kunama .....C Bilen .....D Arabic .....E Tigre .....F Afar .....G Bidawiet .....H Nara .....I Other ( <i>please specify</i> ) .....J	
107	Level of education	None ..... 1 Primary school ..... 2 Middle school ..... 3 Secondary school ..... 4 Higher education..... 5	
108	Marital status	Married ..... 1 Separated/Divorced ..... 2 Widowed ..... 3 Not married, but living together..... 4 Single ..... 5	
109	Main occupation	_____	
110	Family size	<input type="text"/> <input type="text"/>	
111	Family income per month	_____	

**KAP of Traditional Medicine**

No.	Indicators	Coding Categories	Skip
201	Have you ever heard about Traditional Medicine (TM)?	Yes..... 1 No .....2	<b>END OF INTERVIEW</b>
202	What is your primary source of healthcare services?	Traditional Medicine ..... 1 Conventional Medicine.....2 Both .....3	
203	Is there a Traditional Medicine Practitioners (TMPs) in your area?	Yes..... 1 No .....2 Don't know .....3	<b>205</b>
203A	Give names of TMP(s) <i>(if willing)</i> :	_____ _____ _____	
204	Which ones do you know? <i>Multiple answers are possible</i>	Herbalists .....A Bone-setters .....B Exorcists .....C Witch doctors .....D Circumcisers .....E Blood letter .....F Massager .....G TBA .....H Other <i>(please specify)</i> .....X	
205	Do you think TMPs are popular in your area?	Yes..... 1 No .....2	
206	TM is cheap and accessible.	Strongly Agree..... 1 Agree .....2 Neutral .....3 Disagree .....4 Strongly disagree .....5	
207	Have you come across patients who visited modern health care service soon after visiting TMP?	Yes..... 1 No .....2	<b>209</b>
208	Why he/she did so?	No improvements ..... A Side effect of the treatment..... B Peer influence ..... C Don't know ..... D Other <i>(please specify)</i> .....X	
209	What treatment do you consider to be the safest in treating your sick child?	Traditional Medicine ..... 1 Conventional Medicine.....2 Both .....3	
210	Do you think there are potential risks that TM imposes on a child's health?	Yes..... 1 No .....2 Depends .....3 Don't know .....4	

No.	Indicators	Coding Categories	Skip
211	Do you agree with your community's support of TM practices?	Strongly Agree ..... 1 Agree ..... 2 Neutral ..... 3 Disagree ..... 4 Strongly Disagree ..... 5	
212	How often do you visit a TMP (if you have before)? <i>Multiple answers are possible</i>	Every time I get sick ..... A Whenever my case is said untreatable by conventional medicine ..... B Whenever I'm far from the conventional medicine ..... C Rarely ..... D Never ..... E	→ 217
213	Have you visited a TMP in this year?	Yes ..... 1 No ..... 2	→ 214
213A	How many times have you been?	<input type="text"/> <input type="text"/>	
214	What was the outcome of your treatment, in your most recent visit, to a TMP?	Improved ..... 1 Exacerbated ..... 2 No change ..... 3 Cannot recall ..... 4	
215	Have you encountered treatment complications or adverse events from a therapy you received from traditional healer?	Yes ..... 1 No ..... 2	
215A	Specify (if yes):	_____ _____	
216	How satisfied are you with the treatment you receive from the traditional healers you visited?	Wholly satisfied ..... 1 Partially satisfied ..... 2 Not satisfied ..... 3	
217	Do you plan to use TM in the future?	Yes ..... 1 No ..... 2	
217A	If No, reason(s) why?	_____ _____	
218	Do you encourage others to use TM?	Yes ..... 1 No ..... 2	
218A	If Yes, specify why?	_____ _____	
219	Have you sought protection for (yourself/children) from evil eye via TM?	Yes ..... 1 No ..... 2	
220	Do you use TM for your child to induce diarrhea and/or vomiting for "cleansing purposes"?	Yes ..... 1 No ..... 2	
220A	Specify the kind (if Yes):	_____ _____	

No.	Indicators	Coding Categories	Skip
221	If your child became sicker while on conventional medicine, what would you do? <i>Multiple answers are possible</i>	Stop the medicine .....A Go back to the clinic ..... B Continue until the medication is finished ..... C Go to the traditional healer .....D Other _____X _____	
222	Do you disclose any alternative treatments that you took (or gave your child) to your doctor or other health professional during your visit to health facility?	Yes..... 1 No .....2	
222A	If <b>No</b> , reason why?	_____ _____	
223	If you were asked would you talk to them about it?	Yes..... 1 No .....2	
224	Do you believe that traditional healers are knowledgeable of their practices?	Strongly Agree .....1 Agree .....2 Neutral .....3 Disagree .....4 Strongly Disagree .....5	
225	Do you use traditional remedies at home?	Yes..... 1 No .....2	230
226	What were the main sources of supply for your traditional remedies/products?	From Practitioners .....A Neighbours ..... B Relatives ..... C Friends .....D Acquired it myself ..... E Other _____X _____	
227	What formulations of TM were taken?	Ingestible/powder form .....A Drinkable/liquid form ..... B Ointment ..... C Other _____X _____	
228	Can you give some examples along with the disease conditions you use it for?	_____ _____ _____ _____	
229	Do you think there are diseases that cannot be cured by modern medicine but can be by TM?	Yes..... 1 No .....2 Don't know.....3	
229A	Mention some of the diseases along with their cures:	_____ _____ _____	

No.	Indicators	Coding Categories	Skip
230	Do you prefer to receive treatments from TM to conventional medicine?	Always ..... 1 Sometimes ..... 2 Only for some conditions ..... 3 Never ..... 4	
231	What are your preferences in picking a particular TMP over another?	Nature of my illness ..... A Cost ..... B Accessibility (near to my area) ..... C Religious/cultural ..... D Popularity of the TMP ..... E Other ..... X _____	
232	Why do you think people visit TMP? <i>Multiple answers are possible</i>	When they are told that their case cannot be treated with conventional medicine ..... A They believe that TM is more effective & safer than conventional medicine ..... B TM is more affordable than conventional medicine ..... C TM is more accessible than conventional medicine ..... D Religious or cultural conviction ..... E Fear of side effects from conventional medicine ..... F Other ..... X _____	
233	Do have children under 15 years in the household?	Yes ..... 1 No ..... 2	238
234	Are the children (in the household) circumcised? a) Male(s) b) Female(s)	<b>Yes</b> <b>No</b> a) Male(s)      1 ..... 2 b) Female(s)      1 ..... 2	<i>If No for both skip to 235</i>
235	Where the children (in the household) have undertaken such procedure?	Modern health facility ..... 1 Traditional circumciser ..... 2 Other ..... X _____	
236	Have you undertaken uvulectomy in your childhood?	Yes ..... 1 No ..... 2	238
237	Where have you undertaken such procedure?	Modern health facility ..... 1 Traditional uvulectomist ..... 2 Other ..... X _____	
238	Do you believe TM practices should be stopped?	Strongly Agree ..... 1 Agree ..... 2 Neutral ..... 3 Disagree ..... 4 Strongly Disagree ..... 5	

**Thank you for completing the interview!**