

MATERNAL HEALTH AND TRADITIONAL KNOWLEDGE IN TANZANIA

DELIVERY AT A HEALTH FACILITY

Swiss TPH



QUESTIONNAIRE

QUESTIONNAIRE NO

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REGION

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VILLAGE/WARD

DATE OF INTERVIEW

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INTERVIEWER:

We are interviewing women, who delivered in the past 6 months, to get a better understanding about their preferences of place of delivery.

Your participation in the study is completely voluntary. We would also like to assure you that all information collected in the course of the study will remain confidential.

→ Ask for oral consent.

Thanks a lot for your participation. In case you have any questions, please let us know. Please ask when you have a problem understanding a question.

DEMOGRAPHICS

No.	Question	Response	Code
1	Age	-----	1
2	Marital status	Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced/separated <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/>	1 2 3 4 5
3	Number of children	No child <input type="checkbox"/> 1 Child <input type="checkbox"/> 2-5 Children <input type="checkbox"/> Over 5 children <input type="checkbox"/>	1 2 3 4
4	Education	No formal education <input type="checkbox"/> Primary education <input type="checkbox"/> Secondary Education <input type="checkbox"/> University <input type="checkbox"/>	1 2 3 4
5	Religion	Muslim <input type="checkbox"/> Catholic <input type="checkbox"/> Lutheran <input type="checkbox"/> Anglican <input type="checkbox"/> Protestant <input type="checkbox"/> Pentecostal <input type="checkbox"/> Charismatic <input type="checkbox"/> Seven Days Adventists (SDA) <input type="checkbox"/> Jehovah Witness <input type="checkbox"/> Traditional <input type="checkbox"/> No religion <input type="checkbox"/> Other, specify _____	1 2 3 4 5 6 7 8 9 10 11 96
6	Ethnic group	Makonde <input type="checkbox"/> Yao <input type="checkbox"/> Mawia <input type="checkbox"/> Makua <input type="checkbox"/> Wamwela <input type="checkbox"/> Haya <input type="checkbox"/> Matumbi <input type="checkbox"/>	1 2 3 4 5 6 7

		Zaramo <input type="checkbox"/>	8
		Chaga <input type="checkbox"/>	9
		Sukuma <input type="checkbox"/>	10
		Other, specify _____	96
7	Family's main source of income and livelihood?	Trade/Business <input type="checkbox"/>	1
		Farming <input type="checkbox"/>	2
		Fishing <input type="checkbox"/>	3
		Farming + Fishing <input type="checkbox"/>	4
		Official employee <input type="checkbox"/>	5
		Casual labour <input type="checkbox"/>	6
		Other, specify _____	96

PERSONAL EXPERIENCES AND RATIONALE

1. For the child you just gave birth to, was it your first pregnancy?

Tick the appropriate answer

1. Yes	2. No
<input type="checkbox"/>	<input type="checkbox"/>

2. What were your reasons for delivering at a medical health facility?

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3. Who influenced you in deciding where to deliver?

Tick all appropriate answers

1. Own decision	2. Husband/ Partner	3. Own family	4. Family of the partner	5. Neighbours	6. Local authorities	9. Other, specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What were the main benefits you expected to get during treatment?

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5. How much did the treatment cost?

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6. How much did you pay for travelling, accommodation or other expenses related to the delivery?

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7. How far did you travel for the service?

Tick the appropriate answer

1. No travelling needed <input type="checkbox"/>	2. Below 30 minutes <input type="checkbox"/>	3. 30 minutes – 1 hour <input type="checkbox"/>	4. 1 hour – 2 hours <input type="checkbox"/>	5. More than 2 hours <input type="checkbox"/>	9. Other, specify
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8. How long did you wait for the service?

Tick the appropriate answer

1. Immediately <input type="checkbox"/>	2. More than 30 minutes <input type="checkbox"/>	3. Over 1 hour <input type="checkbox"/>	4. Over 2 hours <input type="checkbox"/>	5. No service <input type="checkbox"/>	9. Other, specify
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9. Where you accompanied?

Tick the appropriate answer

1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>
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9. 1 If yes, by whom?

Tick all appropriate answers

1. Husband/ Partner <input type="checkbox"/>	2. Parents <input type="checkbox"/>	3. In-laws <input type="checkbox"/>	4. Other relatives <input type="checkbox"/>	5. Neighbours <input type="checkbox"/>	9. Other, specify
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10. How were you treated during delivery?

Tick the appropriate answer

1. Very good <input type="checkbox"/>	2. Good <input type="checkbox"/>	3. Not so good <input type="checkbox"/>	4. Bad <input type="checkbox"/>	9. Other, specify
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11. What treatments were you given step by step?

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12. What medicines were you given?

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13. How many pregnancy related visits did you make during your pregnancy at a medical health facility?

Tick the appropriate answer

1. None <input type="checkbox"/>	2. 1 <input type="checkbox"/>	3. 2-3 <input type="checkbox"/>	4. 4 <input type="checkbox"/>	5. More than 4 <input type="checkbox"/>	9. Other, specify
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14. Did you partly or completely comply with the antenatal care services given by the medical health facility during pregnancy?

Tick the appropriate answers

1. No compliance <input type="checkbox"/>	2. Partly comply <input type="checkbox"/>	3. Completely comply <input type="checkbox"/>	9. Other, specify
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14.1 If no, please continue with Q.15; if yes, why ?

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15. In the course of consulting reproductive and maternal health services from a medical health facility did you also consult a TBA?

Tick the appropriate answer

1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>
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15.1 If no, please continue with Q. 16; If so, why?

Tick all appropriate answers

1. Comply with traditional concepts <input type="checkbox"/>	2. Psycho-spiritual support <input type="checkbox"/>	3. Replace medical medicines with traditional treatments <input type="checkbox"/>	4. Supplement medication with herbal treatments <input type="checkbox"/>	5. Counteract side-effects of medical treatments <input type="checkbox"/>	9. Other, specify
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16. How many pregnancy related visits did you make at the TBA during your pregnancy?

Tick the appropriate answer

1. None <input type="checkbox"/>	2. 1 <input type="checkbox"/>	3. 2-3 <input type="checkbox"/>	4. 4 <input type="checkbox"/>	5. More than 4 <input type="checkbox"/>	9. Other, specify
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17. What did you like about the service?

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18. What did you dislike about the service?

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19. Did anything go wrong during delivery?

Tick the appropriate answer

1. Yes <input type="checkbox"/>	2. No <input type="checkbox"/>
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19.1 If no, please continue with Q. 20; If yes, what?

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19.2 What did the medical staff do?

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19.3 What was the outcome?

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20. In the first week after delivery, have you suffered any complications?

Tick the appropriate answer

1. Yes	2. No
<input type="checkbox"/>	<input type="checkbox"/>

20.1 If no, please continue with Q. 22; If yes, which ones?

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21. Did you go for treatment to a TBA or in a medical health facility?

Tick the appropriate answer

1. TBA	2. HF	3. Both	9. Other, specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21.1 Why?

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21.2 What was the outcome?

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22. In the first week after delivery, has your baby suffered any complications?

Tick the appropriate answer

1. Yes	2. No
<input type="checkbox"/>	<input type="checkbox"/>

22. 1 If no, please continue with Q. 24; If yes, which ones?

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23. Did you go for treatment to a TBA or in a medical health facility?

Tick the appropriate answer

1. TBA	2. HF	3. Both	9. Other, specify
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23.1 Why?

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23.2 What was the outcome?

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24. Why do some women not consult medical health facilities during pregnancy or for delivery?

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 **INTERVIEWER:** *Thank you very much for the information and your time!*