# GRANNY MIDWIVES QUESTIONNAIRE

A. Characteristics

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. How old are you? \_\_\_\_\_\_\_\_\_\_\_

4. Are you married? Yes \_\_\_\_\_ No \_\_\_\_\_

5. How many living children do you have? \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

6. What was the last year of school you completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Percentage of time you spend on other work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Income per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Practice

1. How many babies did you deliver last month? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. About how many babies do you deliver in a year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Give the names of the villages and approximate population where you deliver babies:

(1) Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Population \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Population \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Population \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(4) Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Population \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(5) Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Population \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(6) Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Population \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(7) Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Population \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Have you received any midwifery training? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe if in a school or location where instruction was given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. If you received training, how long was the training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were you given any instruments or materials at the training course?

Yes \_\_\_\_\_ No \_\_\_\_\_ What items? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Has the training improved your practice? Yes \_\_\_\_\_ No \_\_\_\_\_

8. How should the training be improved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Would you like to have any posters, pamphlets, flip charts on family planning or samples of contraceptives?

 Posters? Yes \_\_\_\_\_ No \_\_\_\_\_ How many \_\_\_\_\_

Pamphlets? Yes \_\_\_\_\_ No \_\_\_\_\_ How many \_\_\_\_\_

Samples of contraceptives \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flip chart \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pelvic model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many women do you think would like to get contraceptives, if you told them

about family planning?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. About how much would you want for each IUD case you recruited? \_\_\_\_\_

12. Would you distribute condoms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. How many new loop, condom and oral contraceptive acceptors could you refer in a month?

Loop \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Oral Pill \_\_\_\_\_\_\_\_\_\_\_\_

Condom \_\_\_\_\_\_\_\_\_\_\_\_\_ Do not know \_\_\_\_\_\_\_\_\_

C. Current Family Planning Activities

1. Do you ever give advice to mothers who want to stop or space childbirth?

Yes \_\_\_\_\_ No \_\_\_\_\_

 2. What advice do you give? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do mothers ever ask you how they can stop having children?

 Yes \_\_\_\_ No \_\_\_\_\_ If yes: Often \_\_\_\_\_ Occasionally \_\_\_\_\_ Rarely \_\_\_\_\_

4. What contraceptives do you know of?

Loop \_\_\_\_\_ Sterilization \_\_\_\_\_ Other \_\_\_\_\_ Withdrawal \_\_\_\_\_ Pill \_\_\_\_\_

Abortion \_\_\_\_\_ Condom \_\_\_\_\_ Rhythm \_\_\_\_\_ Abstinence \_\_\_\_\_

1. Which methods do you advise most often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are some of the disadvantages of these methods? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Have you ever received any family planning training? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and by whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Potential Family Planning Activities

1. Would you be willing to attend a 1-day training program for family planning?

Yes \_\_\_\_\_ No \_\_\_\_\_

1. If you were paid \_\_\_\_\_\_\_ for each oral pill cycle you distributed, would you

distribute oral pills?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. If a woman had side effects while taking the oral pill, could you take her to a doctor?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. How many kilometers/miles is the nearest doctor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. How long does it take to go to the nearest doctor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If a woman has heavy bleeding while taking the oral pill, what would you advise

her to do, or what would you give her?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Did your mother also deliver babies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, did she train you also? Yes \_\_\_\_\_ No \_\_\_\_\_

8. With what type of instrument do you cut the cord? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. What are the two most common problems you have in delivering babies?

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Do women ever come to you and want to stop or terminate their pregnancies?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. What is the most frequent method used in terminating an unwanted pregnancy?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Have you ever done a pelvic exam? Yes \_\_\_\_\_ No \_\_\_\_\_

13. When do you do a pelvic exam? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Attitudes and Knowledge

1. Do you think a family planning program will destroy your business?

Yes \_\_\_\_\_ No \_\_\_\_\_ Uncertain \_\_\_\_\_

1. If you promote family planning, about how much money in a month or year do you believe you will lose?

Month \_\_\_\_\_ Year \_\_\_\_\_ Nothing \_\_\_\_\_

1. If the family planning program could compensate for your loss of income, would you rather deliver babies or promote family planning?

Promote family planning \_\_\_\_\_ Deliver babies \_\_\_\_\_ Do not know \_\_\_\_\_

4. If women increase the time between births, do you believe their health would improve?

Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know \_\_\_\_\_

1. Do you believe that women who have 5, 6, 7 and 8 pregnancies increase the possibility of poor health?

Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know \_\_\_\_\_

6. What do you think is the ideal family size for a married couple to have? \_\_\_\_

7. How many children do you think is ideal for your family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. What do you think are the major reasons for parents wanting many children?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. What are some of the reasons for small families?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Do you believe more children are surviving now than 5 years ago?

Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know \_\_\_\_\_

11. What are some of the methods of stopping or spacing childbirth?

Loop \_\_\_\_\_ Sterilization \_\_\_\_\_\_

Pill \_\_\_\_\_ Abortion \_\_\_\_\_\_

Condom \_\_\_\_\_ Rhythm \_\_\_\_\_\_

Withdrawal \_\_\_\_\_ Abstinence \_\_\_\_\_\_

12. What is the most effective method? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Do you believe your religion approves of family planning?

Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know \_\_\_\_\_

F. Mass Media

Radio

1. Do you have a radio? Yes \_\_\_\_\_\_ No \_\_\_\_\_

2. What is your favorite program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. Do you listen to health programs on the radio? Yes \_\_\_\_\_\_ No \_\_\_\_\_

a) Weekly program? All the time \_\_\_\_\_ Occasionally \_\_\_\_\_

Rarely \_\_\_\_\_

b) Daily Program? All the time \_\_\_\_\_ Occasionally \_\_\_\_\_

Rarely \_\_\_\_\_

 Newspaper

1. Do you read a newspaper? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Which paper do you read? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Magazines

1. Do you read a magazine? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Which magazine? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Mail

1. Do you have a mail service? Yes \_\_\_\_\_ No \_\_\_\_\_

2. About how many letters do you get a month? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. How often is the mail delivered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Computer

1. Do you have a computer? Yes \_\_\_\_\_ No \_\_\_\_\_

1. If yes, do you have Internet access? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do any of your clients have a computer? Yes \_\_\_\_\_ No \_\_\_\_\_
3. If yes, how many have computers? Yes \_\_\_\_\_ No \_\_\_\_\_

## Can you send them information via the Internet? Yes \_\_\_\_\_ No \_\_\_\_\_

## Film Showings

1. When was the last film showing in your area? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. About how often are films shown? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Telephone

1. Where is the nearest telephone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_