

GRAND Study Survey Baseline (T0)

Participant ID _____

Study Arm Individual ANC
 Group ANC

Section 1: Demographic Information

1. How old were you on your last birthday?

(Ask for age of COMPLETED years)

(Enter age in years)

2. Where do you intend to deliver this baby?

- Hospital
 - Polyclinic
 - Health Centre
 - CHPS
 - Home
 - Other
 - Refuse to respond
-

3. Do you plan to travel out of the area and stay with a family or friend for delivery?

- Yes
- No
- Don't Know
- Refuse to respond

4. Is this your 1st pregnancy?

- Yes
 - No
 - Refuse to respond
-

5. Including this pregnancy, how many times have you ever been pregnant? (including still births, abortions and miscarriages):

6. Where was your last baby delivered?

- Hospital
 - Polyclinic
 - Health Centre
 - CHPS
 - Home
 - Delivered on the way to the health facility
 - Not applicable - no live birth
 - Other
 - Refuse to respond
- (Check all that apply)
-

7. How many living biological children do you have now?

8. What is your marital status?

- Never Married/Single
 - Divorced/Separated
 - Widowed
 - Married
 - Cohabiting/Living together
 - In a relationship that includes financial support
 - Refuse to respond
-

8a. What was your age when you got married or began living together ?

(Record COMPLETED years)

8b. What is the age of your husband/partner at his last birthday?

(Ask for COMPLETED years)

8c. How many years of education has your husband/partner completed?

- Primary
 - Middle/JHS/JSS
 - Secondary/SHS/Technical/Vocational
 - Tertiary
 - Not Applicable
 - Refuse to respond
-

9. Number of wives of your husband (including you)?

- Only wife
- Two
- Three
- Other
- Refuse to respond

10. Who is the head of household in your home?

- Self
- Spouse/partner
- Child
- Mother
- Father
- Father/mother-in-law
- Auntie/other relative
- Refuse to respond

11. Have you ever attended school?

- Yes
- No
- Refuse to respond

11a. If yes, what is the highest level/grade of school you attended?

- Primary
- Middle/JHS/JSS
- Secondary/SHS/Technical/Vocational
- Tertiary
- Refuse to respond

12. What language(s) do you speak?

(Check all that apply)

- Dangme/Krobo
 - Ga
 - English
 - Akan
 - Ewe
 - Other
 - Refuse to respond
- (Check all that apply)

13. What is your religion?

- Christianity
- Traditional religion
- Islam
- No religion
- Other
- Refuse to respond

14. Which of the following does your household have?

(read each option - check each yes response)

- Car / truck
- Motorcycle
- Tractor
- Bicycle
- Electricity
- Refrigerator
- Television
- Radio
- Sewing machine
- Electric iron
- Fan (Ceiling/standing)
- Electric / gas stove
- Kerosene stove
- Personal computer
- Refuse to respond

15. What material is the roof of your main dwelling made of?

(select the one that is "most" common)

- No roof
 - Thatch/palm leaf
 - Rustic mat
 - Palm/bamboo
 - Cardboard
 - Metal/iron sheets
 - Wood
 - Calamine/cement fiber (asbestos)
 - Ceramic/Harvey tiles
 - Concrete cement
 - Refuse to respond
- (Select the one that is "most" common)

Section 2: Self-Efficacy

Now we'd like to ask you a few questions about how decisions are made in your household.

16. Generally, can you tell us all of the people who are involved in the decisions about your healthcare?
(DO NOT PROMPT - select all that apply)

- Self
 - Spouse/Father of the baby
 - Grandmother of the baby (mother-in-law)
 - My mother
 - My father
 - Uncle/Auntie
 - Religious leader
 - Other
 - Refuse to respond
- (CHECK ALL THAT APPLY)

17. Who typically has the STRONGEST voice in deciding when and where you can seek healthcare?

(select one response)

- Self
- Spouse/Father of the baby
- Grandmother of the baby (mother-in-law)
- My mother
- My father
- Uncle/Auntie
- Religious leader
- It is a joint decision
- Other
- Refuse to respond

18. In your household, who makes the decisions about the household purchases?

- Self
 - Husband / baby's father alone
 - You (the mother) and husband together
 - Husband with household head
 - Husband with another family member
 - Other
 - Refuse to respond
-

Now I want to ask you questions about your health. Please answer YES or NO to the following statements?

19. Are there are things you can do to help prevent problems and keep yourself healthy? Yes
 No
 Refuse to respond

20. Do you know how to recognize a problem with your pregnancy? Yes
 No
 Refuse to respond

21. Do you know what actions you will take if you think there is a problem with your pregnancy? Yes
 No
 Refuse to respond

22. Do you usually ask questions if you don't know what a provider is telling you? Yes
 No
 Refuse to respond

23. Can you usually let others know what you really think, even if it is different from them? Yes
 No
 Refuse to respond

Now I will ask some questions about the health of your baby.

24. Are there things you can do to help prevent problems and keep your baby healthy? Yes
 No
 Refuse to respond

25. Do you know how to recognize a problem with your newborn? Yes
 No
 Refuse to respond

26. Do you know what actions to take if you think there is a problem with your newborn? Yes
 No
 Refuse to respond

Section 3: Family Planning

Next, I would like to ask you some questions about family planning.

27. Tell me the family planning methods you know of?
(DO NOT PROMPT- select all that apply)

- Lactation Amenorrhea Method (LAM)
- Cycle beads
- Withdrawal
- Condoms
- Pills/oral contraception
- Injectable
- Implants
- IUD
- Emergency contraception
- Sterilization (female)
- Vasectomy (male)
- Other
- None
- Refuse to respond

(CHECK ALL THAT APPLY)

28. Tell me what you know about the Lactation Amenorrhea Method (LAM). (Check all that are mentioned. Prompt with "anything else". Do not read options.)

- Start to breastfeed as soon as possible after birth
- Breastfeed frequently, or at least every 4 hours during the day
- Breastfeed at least once during the night
- Give only breastmilk until baby is 6 months old
- Do not give bottle
- Do not give water
- Do not give supplemental feeds
- Nothing
- Other
- Refused to respond

29. Before this pregnancy, did you use any family planning methods?

- Yes
- No
- Refuse to respond

29a. If yes, which methods?

- Lactation Amenorrhea Method (LAM)
- Cycle beads
- Withdrawal
- Condoms
- Pills/oral contraception
- Injectable
- Implants
- IUD
- Emergency contraception
- None
- Other
- Refused to respond

30. After this pregnancy do you intend to use any family planning methods?

- Yes
- No
- Don't Know
- Refuse to respond

30a. If yes, which method or methods of family planning do you intend to use?

- Lactation Amenorrhea Method (LAM)
 - Cycle beads
 - Withdrawal
 - Condoms
 - Pills/oral contraception
 - Injectable
 - Implants
 - IUD
 - Emergency contraception
 - Sterilization (female)
 - Vasectomy (male)
 - None
 - Other
 - Refused to respond
-

31. Would you say using contraception is mainly your decision, mainly your husband/partner's decision or did you make the decisions together?

- Mainly my decision (respondent)
- Mainly the husband/partner
- Joint decision
- Not Applicable
- Other
- Refuse to respond

We have a few more question about family planning. Please answer yes or no to the following statements:

32. Can you discuss family size with your husband/partner?

- Yes
- No
- Refuse to respond

33. Can you discuss if and when I'd like to get pregnant again with your husband/partner?

- Yes
- No
- Refused to respond

34. Can you discuss specific family planning methods with your husband/partner?

- Yes
- No
- Refused to respond

35. Can you ask your husband/partner to use a condom if you want him to?

- Yes
- No
- Refused to respond

36. Can you ask a provider to clarify something they have told you about family planning if you're not sure you understand?

- Yes
- No
- Refused to respond

37. Can you tell a provider what's important to you in choosing a family planning method?

- Yes
- No
- Refused to respond

38. Can you obtain the method of family planning you want, if you want one?

- Yes
- No
- Refused to respond

39. Can you continue a family planning method if your friends and family found out?

- Yes
- No
- Refused to respond

40. Can you stop using family planning and get pregnant again if/when you want to?

- Yes
- No
- Refused to respond

Section 4: Health Related Behaviors (BPCR)

41. What are some things a woman can do to prepare for birth?

(Do not read options. Check all that are mentioned. Prompt once with "any thing else".)

- Arrange for emergency transport
- Save money
- Have a valid Health Insurance Card
- Obtain supplies for the birth / prepare birth bed
- Keep self clean (bathing)
- Eating and drinking light food
- Watch out for health problems
- Identify place for delivery
- Identify blood donor
- Identify someone to go with woman to facility
- Identify someone to care for other family members
- Other
- Refuse to respond

42. What are the danger/warning signs DURING PREGNANCY? Things that mean there might be a problem with you or the baby.

(Do not read options. Check all that are mentioned. Prompt with "anything else".)

- Headache
 - Vision changes/blurred vision
 - Pain in abdomen
 - Shortness of breath
 - Fever
 - Vaginal bleeding
 - Leaking of fluids from the vagina
 - Painful urination
 - Signs of labour before it's time for the baby to come
 - Reduced or no fetal movement
 - Convulsions / fits
 - Persistent vomiting
 - Mood changes
 - Swollen face
 - Other
 - Don't know
 - Refuse to respond
- (CHECK ALL THAT APPLY)

43. What do you think you would do if you have any of these?

(Check all that are mentioned. Prompt with "anything else". Do not read options.)

- Treat it at home by myself
- See a traditional healer/ herbalists
- Go to a religious healer/ prayer camp
- Go to the hospital or health facility
- Nothing
- Other
- Don't Know
- Refuse to respond

44. What are some things you can do for yourself to prevent problems BEFORE YOUR BABY IS BORN ?

(Do not read options. Check all that are mentioned. Prompt once with "any thing else".)

- Sleep under an insecticide treated bednet
 - Take malaria prophylaxis
 - Eat frequent balanced meals
 - Drink plenty of water
 - Take iron pills
 - Take folic acid tablets
 - Practice safe sex/use condom
 - Get tested for HIV
 - Get exercise
 - Avoid tobacco
 - Avoid alcohol
 - Don't know
 - Other
 - Refuse to respond
- (Select all that are mentioned.)

Now let's talk about what happens after the baby is born.

45. What are the danger/warning signs for you, the mother, AFTER THE BABY IS BORN? These are things that mean there might be a problem and that you should see a health care worker.

(Check all that are mentioned. Prompt with "anything else". Do not read options.)

- Heavy bleeding
 - Severe abdominal (stomach) pain
 - Severe pain and/or red and hot breast
 - Severe headache
 - Visual disturbances
 - Unexplained pain in chest or legs
 - Breathing difficulties
 - Foul smelling vaginal discharge
 - Fever
 - Convulsions / fits
 - Swollen face
 - Mood changes/depression
 - Persistent vomiting
 - Other
 - Don't know
 - Refuse to respond
- (CHECK ALL THAT APPLY)

46. What do you think you would do if you have any of these?

(Check all that are mentioned. Prompt with "anything else". Do not read options.)

- Treat it at home by myself
 - See a traditional healer/ herbalists
 - Go to a religious healer/ prayer camp
 - Go to the hospital or health facility
 - Nothing
 - Other
 - Don't Know
 - Refuse to respond
-

47. What are some things you can do for yourself to prevent problems AFTER YOUR BABY IS BORN?

(Check all that are mentioned. Prompt with "anything else". Do not read options.)

- Bathe every day
 - Eat at least 4x day
 - Drink plenty of fluids
 - Rest / no heavy lifting
 - Sleep under an insecticide treated bed net
 - Watch out for health problems
 - Go for a postpartum check up
 - Practice safe sex
 - Use good position for breastfeeding
 - Take medicine
 - Other
 - Don't Know
 - Refuse to respond
- (SELECT ALL THAT APPLY)

Now, let's talk about newborns.

48. What are danger/warning signs for YOUR NEWBORN? These are signs that there may be a problem.

(Check all that are mentioned. Prompt with "any thing else". Do not read options.)

- Too hot or too cold
 - Convulsions / fits
 - Little or no movement
 - Feeding poorly or not at all
 - Fast breathing or chest indrawn
 - Not passing urine and/or stool
 - Umbilical cord stump is bleeding; has foul odor; or redness around it
 - Very small baby born at home
 - Yellow skin, eyes, palms or soles of feet
 - Red swollen eyes with pus
 - Persistent vomiting
 - Diarrhea
 - Weak cry
 - Other
 - Don't know
 - Refuse to respond
- (CHECK ALL THAT APPLY)

49. What do you think you would do if you notice any of these?

(Check all that are mentioned. Prompt with "anything else". Do not read options.)

- Treat it at home by myself
 - See a traditional healer/ herbalists
 - Go to a religious healer/ prayer camp
 - Go to the hospital or health facility
 - Nothing
 - Other
 - Don't Know
 - Refuse to respond
-

50. What are the most important things you can do to help keep your newborn healthy?

(Do not read options. Check all that are mentioned. Prompt with "any thing else".)

- Keep warm (keep head and body covered; skin to skin with mom)
- Feed only on breastmilk for 6 months
- Breastfeed often/whenever baby wants
- Keep cord stump clean and dry
- Wash hands with soap and water at all times before handling baby
- Have baby immunized
- Go for post-natal visit
- Other
- Don't know
- Refused to respond

Thank you for your answers, I have a few more questions about some things that you might learn during your ANC visits. It's ok if you don't know the answer now.

51. How long do you think pregnancies should be spaced apart for the best health of the mother and baby?

(Do not read options)

- Less than 2 years
- 2 years or more
- Don't know
- Refuse to respond

52. When do you think it is best to first breastfeed your baby after delivery?

(Do not read options)

- Immediately after delivery (within 30 minutes)
- After 30 minutes and within 24 hours
- After 24 hours
- After the first produces breastmilk (yellowish milk) has gone (when "true" milk comes in)
- Don't know
- Other
- Refused to respond

53. At what age do you think it is best to start giving your baby fluids other than breastmilk?

(Do not read options.)

- Less than 6 months
- 6 months to 1 year
- More than 1 year
- Don't know
- Refused to respond

54. At what age do you think it is best to start giving your baby solid food?

(Do not read response options.)

- Less than 6 months
- 6 months to 1 year
- More than 1 year
- Don't know
- Refused to respond

55. Have you ever heard of using breastfeeding to prevent pregnancy after you have a baby?

- Yes
- No
- Refused to respond

Section 5: Healthy Relationships

Now we would like to ask you some questions about your relationships. We know these are sensitive questions but they are important to us because these experiences can impact your health or pregnancy. You can skip any questions you do not want to answer, but please remember that what you tell us stays private. It helps us to know what women are experiencing at home.

56. Do you feel comfortable saying no when you do not want to have sex with your husband/partner.

- Yes
- No
- Refused to respond

57. In the past 1 year did your husband or partner force you to have sexual intercourse or perform a sexual act when you did not want to?

- Yes
- No
- Refused to respond

58. In the past 1 year, has your husband or partner insulted or humiliated you?

- Yes
- No
- Refused to respond

59. In the past 1 year, has your husband or partner ever yelled at you in a way that made you feel not safe?

- Yes
- No
- Refused to respond

60. In the past 1 year, has your husband or partner done anything like slapped, hit, pushed, kicked, or choked you?

- Yes
- No
- Refused to respond

Thank you. I have a few more questions. Please answer yes or no.

61. Do you know some tactics to calm your husband/partner down if he is yelling at you?

- Yes
- No
- Not applicable
- Refused to respond

62. Can you find a safe place if your husband/partner is acting violently?

- Yes
- No
- Not applicable
- Refused to respond

63. Do you have a safe person to talk to if you feel scared with your husband/partner?

- Yes
- No
- Not applicable
- Refused to respond

64. Do you know resources to contact if you do not feel safe at home?

- Yes
- No
- Not applicable
- Refused to respond

Thank you for answering those questions for us. We have a few more questions before the end of the survey. These questions are about how women take in and use health information. Do you the best you can.

SECTION VI - MATERNAL HEALTH LITERACY (MaHeLi) COMPOSITE SCALE.

Please answer Yes, No, to the following questions.

65. In addition to scheduled hospital visits, do you take initiative to seek health information from the health facility? Yes
 No
 Refused to respond

66. Can you explain to others with ease the health information you have received? Yes
 No
 Refused to respond

67. Based on the health information you received, can you identify and interpret symptoms of health risk? Yes
 No
 Refused to respond

68. Are you able to read written health instructions? Yes
 No
 Refused to respond

69. Are you able to follow written health instructions? Yes
 No
 Refused to respond

70. Do you have an idea about what to expect during pregnancy and postnatal period? Yes
 No
 Refused to respond

71. Can you tell the difference between myths and truths about pregnancy related health information? Yes
 No
 Refused to respond

72. Can you find it easy to recall health information previously received? Yes
 No
 Refused to respond

73. Do you feel confident that you can independently follow health recommendations correctly? Yes
 No
 Refused to respond

74. Do you feel that your input into the planning for the care of your child is important? Yes
 No
 Refused to respond

75. Can you comfortably relay your health concerns to the people around you? Yes
 No
 Refused to respond

76. Can you use health information to track and manage your health?

- Yes
- No
- Refused to respond

77. Have you remained as active in social gatherings as you did before your pregnancy?

- Yes
- No
- Refused to respond