

**Questionnaire for Utilization of Maternal Healthcare Services among Rural  
Myanmar Women; Determinants and Rates**

**Date of interview: -----/-----/-----**

	Question	Coding Categories	Code	Skip
<b>Section 1: Socio-demographic Characteristics</b>				
1	Identification number	ID-----		
2	Name of township	-----		
3	Name of village	-----		
4	How old are you?	Completed age in years-----		
5	What is your race?	Bamar Others (specify)-----	1 2	
6	What is your religion?	Buddhist Others(specify)-----	1 2	
7	What is your highest level of education?	Illiterate Read and Write Primary Middle High University / college / institute Graduate / Post. Graduate	1 2 3 4 5 6 7	
8	What is your husband's education?	Illiterate Read and Write Primary Middle High University / college / institute Graduate / Post. Graduate	1 2 3 4 5 6 7	
9	How many persons in your family?	Family members-----		
10	How much average monthly family income?	Income (kyats/ month)-----		
11	Who lives with you in your home? (Multiple response)	Father Mother Father-in-law Mother-in-law Husband Wife (yourself) Relatives Children Others (specify) -----	1 2 3 4 5 6 7 8 9	

12	Did you discuss with your husband in taking maternal services eg, contraception, care during perinatal period?	Yes No	1 2	
13	Did your husband accompany you for taking maternal care?	Yes No	1 2	
<b>Section 2: Access to skilled maternal care</b>				
14	How long does it take to reach the nearest health facility?	Within 30 minutes 30 mins to 1 hr 1 hr to 1 hr and 30 mins More than 1 hr and 30 mins	1 2 3 4	
15	Which mode of transport do you use to go to the nearest health facility?	Walking Cart Motorcycle Car	1 2 3 4	
16	Can you go there without difficulty at any times?	Yes No	1 2	
17	Can you afford the cost of transportation to there?	Yes No	1 2	
18	Can you afford the cost of maternal healthcare services?	Yes No	1 2	
<b>Section 3: Knowledge on danger signs of each perinatal period and perception on TBA</b>				
19	What are the danger signs during pregnancy? ( not prompted, multiple responses allowed)	Severe headache High fever Fits/Unconsciousness Severe anaemia/Pallor Swelling of face and limbs Difficulty in breathing Blurred vision Dribbling Bleeding per vagina Don't know Others (specify)-----	1 2 3 4 5 6 7 8 9 10 11	

20	What are the danger signs during childbirth? ( not prompted, multiple responses allowed)	Severe headache High fever Fits/Unconsciousness Excessive bleeding Prolonged labour Difficulty in breathing Retained placenta Pre-mature rupture of membrane Don't know Others (specify)-----	1 2 3 4 5 6 7 8 9 10	
21	What are the danger signs during postpartum? ( not prompted, multiple responses allowed)	High fever Severe headache Blurred vision Difficulty in breathing Fits/Unconsciousness Postpartum haemorrhage Foul smelling vaginal discharge Breast engorgement/ Mastitis Don't know Others (specify)-----	1 2 3 4 5 6 7 8 9 10	
22	What are the danger signs of newborn?	Cannot suck well Neonatal jaundice Fever Fits Reddish coloration of umbilical area Umbilical sepsis Don't know Others (specify)-----	1 2 3 4 5 6 7 8	
23	Who are the skilled providers needed for perinatal care?	Doctor Nurse LHV Midwife AMW TBA Don't know Others (specify)-----	1 2 3 4 5 6 7 8	
24	Do you think it is safe for taking maternal care by TBA?	Yes No Don't know	1 2 3	
25	If response 'Yes', why?	-----		

History and Practices during preinatal period of the most recent child				
Section 4: Antenatal Care History and Practice including birth preparedness				
26	What was your age at the most recent child pregnancy?	Age in years-----		
27	What was the birth order of the most recent child?	-----		
28	How old is the most recent child?	Age in months-----		
29	Did you receive ANC from the skilled provider during the recent pregnancy?	Yes No	1 2	39
30	Who was your skilled care provider?	Doctor Nurse LHV Midwife Others (specify)-----	1 2 3 4 5	
31	Where did you take ANC?	Public hospital Private hospital/ clinic Rural health center Sub center Others (specify)-----	1 2 3 4 5	
32	When did you start taking first antenatal visit?	Weeks in pregnancy -----		
33	How many visits did you take?	-----		
34	Which health services did you get during your AN visits?	Physical examination (including weight, blood pressure, heart rate) Gynaecological examination Blood/ Urine tests PMCT counselling Nutritional supplements Tetanus vaccine Health Education	1 2 3 4 5 6 7	
35	Did you take iron and folic acid tablets during last pregnancy?	Yes No	1 2	37
36	(If yes) how have you taken?	Daily Others (specify)-----	1 2	
37	Did you receive TT injection?	Yes No	1 2	41
38	(If yes) how many times?	-----		

39	Why did not take ANC from skilled provider?	Not afford for cost Transportation difficulty Dissatisfaction of the staff's service Assurance of normal pregnancy Advice from husband/ relatives Acceptance on TBA Others (specify)-----	1 2 3 4 5 6 7	
40	Who gave ANC if you did not take ANC from skilled provider?	AMW TBA None Others (specify)-----	1 2 3 4	
41	Did you experience any complication during recent pregnancy?	Yes No	1 2	
42	If yes, please mention the complication.	-----		
43	Did you perform food prohibition or any special behavioural constraint during pregnancy?	Food prohibition (specify)----- Behavioural constraint (specify)----- None of the above	1 2 3	
<b>Section 5: Intranatal Care History and Practices</b>				
44	Where did you deliver your most recent child?	Public hospital Private hospital/ clinic Rural health center Sub center Home Others (specify)-----	1 2 3 4 5 6	
45	Who decided the delivery place?	Self Husband Female relatives superior Others (specify)-----	1 2 3 4	
46	Who assisted your recent delivery?	Doctor Nurse LHV Midwife AMW TBA Others (specify)-----	1 2 3 4 5 6 7	

47	What was the mode of delivery for the recent child?	Normal delivery Forceps/ Vacuum LSCS	1 2 3	
48	Was there any complication during childbirth?	Yes No	1 2	
49	If yes, please mention the complication.	-----		
<b>Section 6: Postnatal Care History and Practices</b>				
50	Did you receive postnatal care?	Yes No	1 2	→ 54
51	Where did you take postnatal care?	Public hospital Private hospital/ clinic Rural health center Sub center Home Others (specify)-----	1 2 3 4 5 6	
52	When did you start getting care?	Within 24 hours 24 to 48 hours 48 to 72 hours After 72 hours After 7 days	1 2 3 4 5	
53	How many visits did you take?	-----		
54	Who was your postnatal care provider?	Doctor Nurse HA LHV/ midwife AMW TBA Others (specify)-----	1 2 3 4 5 6 7	
55	Which services did you receive during your postnatal visits?	Physical examination Counseling on breastfeeding Counseling on contraceptives Providing contraceptive Neonatal care HE on danger signs of postpartum Nutritional supplements	1 2 3 4 5 6 7	
56	Did you experience any complications after delivery?	Yes No	1 2	

57	If yes, please mention the complication.	PPH	1	
		Fever	2	
		Infection of the wound	3	
		Mastitis/ Breast abscess	4	
		Others (specify)-----	5	
58	Did you perform food prohibition or any traditional related behavioural constraint during postpartum?	Food prohibition	1	
		(specify)-----		
		Behavioural constraint	2	
		(specify)-----		
		None of the above	3	