No.

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INFORMED CONSENT

To whom it may concern

Dear Mrs

I am Ana Mariana, MD a general practitioners at Pameungpeuk Rural Hospital, who will be conduct a study of "Factors associated with the utilization of long-acting reversible contraceptives among family planning clients at the Pameungpeuk Rural Hospital, Indonesia”. This research was conducted in order to improve the quality of socialization to the Pameungpeuk sub-district community regarding the use of long-term contraceptive methods and also this study to be presented at the Annual National or International Scientific Meetings Obstetrics and Gynecology. Finally, I would say thank you for your willingness to be involved in this research and each of your answer will be kept confidential from anyone.

Best Regards,

Researcher

(Ana Mariana, MD)

**Research Questionnaire** No.

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**FACTORS ASSOCIATED WITH THE UTILIZATION OF**

**LONG-ACTING REVERSIBLE CONTRACEPTIVES AMONG FAMILY PLANNING CLIENTS AT THE PAMEUNGPEUK RURAL HOSPITAL, INDONESIA**

**(INFORMED CONSENT)**

Name : ..………………………………………………….

Age : ……..…………………………………………….

Address : ……..…………………………………………….

After getting an explanation of this study from the researchers, I confirm that I am willing to participate as a subject in this research that would be conducted by Ana Mariana, MD a general practitioners at Pameungpeuk Rural Hospital. I am fully aware that this research is very useful for scientific purposes and for socializing the use of long-term contraceptive methods. The respondents' identity is used only for research purposes and will be kept confidential. This statement is made voluntarily without any coercion from any party so that it can be used as needed

Respondent

( )

**Research Questionnaire**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO** | **QUESTIONS** | **ANSWERS** | | |
| **A.** | **CHARACTERISTICS OF RESPONDENTS** | | | |
| 1 | Name of respondents |  | | |
| 2 | Age |  | | |
| 3 | Address |  | | |
| 4 | Religion |  | | |
| 5 | Husband’s name |  | | |
| 6 | Husband’s age |  | | |
| 7 | Wife’s level education |  | | |
| 8 | Husband’s level education |  | | |
| 9 | Wife’s job |  | | |
| 10 | Husband’s job |  | | |
| 11 | Family income |  | | |
| 12 | Obstetric history |  | | |
|  | a. Number of children born alive |  | | |
|  | b. Number of children born died |  | | |
|  | c. Abortion history |  | | |
| 13 | Labor history | 1st  child | 2nd  child | 3rd  child |
|  | a. Traditional midwives |  |  |  |
|  | b. Midwives |  |  |  |
|  | c. General Practitioners |  |  |  |
|  | d. OB/GYN specialist |  |  |  |
| 14 | Family planning history | | | |
|  | Do you use a family planning? | a. Yes | b. No | |
|  | Reasons if you didn’t use a family planning? | | | |
|  | a. I don’t want to use a Pill hormonal contraception | a. Yes | b. No | |
|  | b. I am afraid to use IUD/ spiral contraception | a. Yes | b. No | |
|  | c. I always forget to drink Pill hormonal contraception | a. Yes | b. No | |
|  | d. I am afraid of getting fat or obesity after using contraceptions | a. Yes | b. No | |
|  | e. I am afraid of complications after using IUD/spiral contraceptions | a. Yes | b. No | |
|  | f. Other reasons………………………....................  (Please explain) |  | | |
|  | What kind of contraceptions that currently used by respondents? |  | | |
|  | How long have you been used of family planning? |  | | |
|  | Where did you first heard of family planning? |  | | |
|  | When did you use a contraception for the first time? |  | | |
| **B.** | **VARIABLES OF KNOWLEDGES (Put a cross (X) on your answer choice)** | | | |
| 15 | Contraceptions is a tool, drug, and method that used to prevent a pregnancy? | a. Yes | b. No | |
| 16 | What types of contraception do you know? | | | |
|  | a. injection | a. Yes | b. No | |
|  | b. pill | a. Yes | b. No | |
|  | c. condom | a. Yes | b. No | |
|  | d. IUD/ Spiral | a. Yes | b. No | |
|  | e. implant | a. Yes | b. No | |
|  | f. method of sterilization for female | a. Yes | b. No | |
|  | g. method of sterilization fro male | a. Yes | b. No | |
| 17 | What do you think is the purpose of using contraception? | | | |
|  | a. to prevent a pregnancy | a. Yes | b. No | |
|  | b. to make a gap from one to another pregnancy | a. Yes | b. No | |
|  | c. for family welfare and happiness | a. Yes | b. No | |
|  | d. to female who don’t want to pregnant again | a. Yes | b. No | |
| 18 | What do you know about intrauterine devices (IUD) contraception method? | | | |
|  | a. contraception that is inserted into the uterus? | a. Yes | b. No | |
|  | b. contraception made of plastic and copper? | a. Yes | b. No | |
|  | c. contraceptives that may only be installed by trained doctors or midwives? | a. Yes | b. No | |
| 19 | Where the IUD contraception could be inserted? | | | |
|  | a. Uterus | a. Yes | b. No | |
|  | b. Vagina | a. Yes | b. No | |
| 20 | Where the implants could be inserted? | | | |
|  | a. Arm | a. Yes | b. No | |
|  | b. Hand | a. Yes | b. No | |
|  | c. Thigh | a. Yes | b. No | |
| **C.** | **VARIABELS OF RESPONDENT’S BELIEF**  **(Put a cross (X) on your answer choice)** | | | |
| 21 | Do you believe that contraception which you used can delay your pregnancy? | Belief [B] | Doubtful [D] | Not Belief  [NB] |
| 22 | Do you believe that the contraception which you used can make a gap of your pregnancy? | B | D | NB |
| 23 | Do you believe that the contraception which you used can increase your family's well-being and happiness? | B | D | NB |
| 24 | Do you believe if you use an IUD (spiral, cooper T) contraception then the IUD’s stem can stick to the baby's head when the baby is born? | B | D | NB |
| 25 | Do you believe if you use an IUD (spiral, cooper T) contraception, then the IUD can move after it is installed? | B | D | NB |
| 26 | Do you believe if the implant can be moved after it is installed? | B | D | NB |
| **D.** | **VARIABELS OF ATTITUDE (Put a cross (X) on your answer choice)** | | | |
| 27 | In case, mother X does not want to use a contraception because she really want to have a daughter, even she has 5 childrens and all of them are boys. What do you think about this case? | Agree  [A] | Not Really Agree  [NRA] | Don’t Agree [DA] |
| 28 | What do you think about the myth that says "many children have plenty of sustenance"? | A | NRA | DA |
| 29 | Having 2 children is quite enough. What do you think? | A | NRA | DA |
| 30 | In case Mrs. Z doesn't want to use a contraception, because according to her perceptions using a contraception makes someone unable to have children anymore. What do you think about the case? | A | NRA | DA |
| 31 | IUD (spiral, cooper T) contraception method does not increasing of body weight | A | NRA | DA |
| 32 | Installation of an IUD contraception is not common because it is directly installed to the cervix | A | NRA | DA |
| 33 | IUD (spiral, cooper T) contraception cannot cause people to get chronic pain (suc as heart diseases, diabetes, hypertension etc) | A | NRA | DA |
| 34 | Implant contraception does not interfere with milk production of mom | A | NRA | DA |
| 35 | Implant contraception is practical in use | A | NRA | DA |
| 36 | Implants contraception can increase of body weight | A | NRA | DA |
| **E.** | **VARIABELS OF EXPOSURE TO INFORMATION ON LARCs**  **(Put a cross (X) on your answer choice)** | | | |
| 37 | In the past 6 months, did you ever get information about LARCs (spiral/ implant contraception/ IUD) from: | | | |
|  | - radio | a. Yes | b. No | |
|  | - television | a. Yes | b. No | |
|  | - magazine | a. Yes | b. No | |
|  | - poster | a. Yes | b. No | |
|  | - pamphlet | a. Yes | b. No | |
|  | - religious leaders | a. Yes | b. No | |
|  | - doctor | a. Yes | b. No | |
|  | - midwives | a. Yes | b. No | |
|  | - health care practitioners | a. Yes | b. No | |
|  | - community leaders | a. Yes | b. No | |
| **F.** | **VARIABELS SKILLS OF HEALTH WORKERS**  **(Put a cross (X) on your answer choice)** | | | |
| 38 | Did the health workers ask for a history of maternal illness before using contraception? | a. Yes | b. No | |
| 39 | Does the health workers provide an explanation of the types of contraception? | a. Yes | b. No | |
| 40 | Before using contraception, Does the health workers explained about the side effects of the contraception that would be used? | a. Yes | b. No | |
| 41 | Do you use an explanation sheet and informed consent before using contraception before giving action? | a. Yes | b. No | |
| **G.** | **VARIABELS OF HUSBAND’S SUPPORT**  **(Put a cross (X) on your answer choice)** | | | |
| 42 | Does your husband agree with the contraception you are using now? | a. Yes | b. No | |
| 43 | Does the mother's husband provide support you for using a contraception? | a. Yes | b. No | |
| 44 | What contraception is suggested by the mother's husband?  (Circle one of the answer choices) | Injection 3 month | IUD | Implant |
| Injection 1 month | Spiral | Condom |
| **H.** | **VARIABELS OF FRIEND’S SUPPORT**  **(Put a cross (X) on your answer choice)** | | | |
| 45 | Does your friends agree with the contraception you are using now? | a. Yes | b. No | |
| 46 | Does your frineds provide support you for using a contraception? | a. Yes | b. No | |
| 47 | What contraception is suggested by your friends? (Circle one of the answer choices) | Injection 3 month | IUD | Implant |
| Injection 1 month | Spiral | Condom |
| **I.** | **VARIABELS OF HEALTH WORKER’S SUPPORT**  **(Put a cross (X) on your answer choice)** | | | |
| 48 | Do the health workers give you advise to use IUD contraception (spiral, cooper T) and implant contraception? | a. Yes | b. No | |
| 49 | Do the health workers give you the opportunity or freedom to choose the contraception that you used? | a. Yes | b. No | |
| 50 | What contraceptives are recommended by the health workers for using by you?  (Circle one of the answer choices) | Injection 3 month | IUD | Implant |
| Injection 1 month | Spiral | Condom |
| **J.** | **VARIABELS OF COMMUNITY LEADER’S SUPPORT (Put a cross (X) on your answer choice)** | | | |
| 51 | Has there been any activity in your place related to LARCs contraceptions (spiral / implant contraception / IUD) held by: | | | |
|  | - Community leaders | a. Yes | b. No |  |
|  | - Religious leaders | a. Yes | b. No |  |
|  | - Health care practitioners | a. Yes | b. No |  |
| **K.** | **VARIABELS OF USING OF CONTRACEPTION**  **(Put a cross (X) on your answer choice)** | | | |
| 52 | What contraceptives do you currently used?  (Circle one of the answer choices) | Injection 3 month | IUD | Implant |
| Injection 1 month | Spiral | Condom |