**TITLE: KNOWLEDGE, ATTITUDE AND USE OF CONTRACEPTION AMONGST FEMALE LEARNERS ATTENDING A HIGH SCHOOL IN MDANTSANE**

Please read the following carefully

1. This is not a test and therefore there are no right or wrong answers.

2. Ensure that you understand the question before attempting to respond, if you have any doubts please feel free to ask me for explanation.

3. Your honesty will be appreciated as it is important in interpreting the results.

Thank you for your participation

**QUESTIONAIRE**

**Choose only one answer**

**A. Biography**

1. Age

|  |  |
| --- | --- |
| **Years** | **Alt** |
| 18 years | 1 |
| 19 years | 2 |
| 20 years and more | 3 |
| Other, specify | 9 |

2. School grade

|  |  |
| --- | --- |
| **School grade** | **Alt** |
| Grade 10 | 1 |
| Grade 11 | 2 |
| Grade 12 | 3 |

3. Where do you stay? (e.g. n.u. 4 Mdantsane)

………………………………………………………………………

4. How many children do you have?

|  |  |
| --- | --- |
| **3.1 Number of children** | **Alt** |
| None | 1 |
| One | 2 |
| Two and more | 3 |

|  |  |
| --- | --- |
| **3.2 Age of children** | **Alt** |
| <1 year | 1 |
| 1– 3 years | 2 |
| >3 years | 3 |

5. Dating status

|  |  |
| --- | --- |
| **status** | **Alt** |
| Single / unmarried | 1 |
| Married | 2 |
| Not married, but living with partner | 3 |
| Have a boyfriend, but not staying together | 4 |
| Other, specify  …………………………….. | 9 |

6. When was the last time you engaged in sexual activity

|  |  |
| --- | --- |
| **Period** | **Alt** |
| Never | 1 |
| <3 months | 2 |
| 3months – 1year | 3 |
| 1year – 3years | 4 |
| Other (specify) ………………………………… | 9 |

**B. Knowledge of contraceptives**

7. Please indicate what you understand by contraception.

|  |  |
| --- | --- |
| **Meaning of contraception** | **Alt** |
| Prevention of pregnancy | 1 |
| Prevention of sexually transmitted diseases | 2 |
| Prolonging child spacing | 3 |
| Other (specify) ………………………………………………… | 9 |

8. Where can you access contraceptives?

|  |  |
| --- | --- |
| **Site** | **Alt** |
| Clinic | 1 |
| Hospital | 2 |
| Pharmacy | 3 |
| Private doctor | 4 |
| Other (specify) ……………………………… | 9 |

9. Which of the following contraceptive methods are you familiar with?

|  |  |
| --- | --- |
| **Familiar methods** | **Alt** |
| Oral contraceptives (pills) | 1 |
| Injectable: (Nur Isterate) | 2 |
| Intrauterine contraceptive device (IUCD) | 3 |
| Barrier methods: (male or female condoms) | 4 |
| Spermicide (film, tablet, foam, gel) | 5 |
| Other (specify) …………………………………………… | 9 |

10. Which of the following side effects of contraception are you aware of?

|  |  |
| --- | --- |
| **Familiar side effects** | **Alt** |
| Weight gain | 1 |
| Weight loss | 2 |
| Stops menstruation | 3 |
| Heavy menstruation | 4 |
| Loss of sexual drive/mood | 5 |
| Acne/pimples in the face | 6 |
| Other (specify) …………………………………………… | 9 |

11. Explain in your own words how you think contraceptives work to prevent pregnancy.

..................................................................................................................................

12. Where did you get information about contraception?

|  |  |
| --- | --- |
| **Source of information** | **Alt** |
| Parents | 1 |
| School/teacher | 2 |
| Clinic/health facility/health worker | 3 |
| Media/TV/internet | 4 |
| Other (specify) …………………………………………… | 9 |

**C. Attitude towards contraceptives**

**Please indicate your level of agreement towards contraceptives in the following statements:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Level of agreement/ statement** | **1**  **Strongly disagree** | **2**  **Disagree** | **3**  **Neutral** | **4**  **Agree** | **5**  **Strongly agree** |
| 13. I approve the use of contraceptives by school children |  |  |  |  |  |
| 14. It is better to use contraceptives than to fall pregnant |  |  |  |  |  |
| 15. Freely available contraceptives do not lead to promiscuity |  |  |  |  |  |
| 16. Contraceptives have more benefits than the problems they give |  |  |  |  |  |
| 17. There are enough contraceptive options to suit women’s contraceptive needs |  |  |  |  |  |

**D. Use of contraception**

18. Are you currently using any form of contraception? **(If no go to Q20 )**

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |

19. If yes, which of the contraceptive methods listed below are you using?

|  |  |
| --- | --- |
| **Methods used** | **Alt** |
| Oral contraceptives (pills) | 1 |
| Injectable: (Nur Isterate) | 2 |
| Intrauterine contraceptive device (IUCD) | 3 |
| Barrier methods: (male or female condoms) | 4 |
| Spermicide (film, tablet, foam, gel) | 5 |
| Other(specify) | 9 |

20. If no, have you ever used contraception in the past?

|  |  |
| --- | --- |
| Yes | 1 |
| No | 2 |

**If no, end of questionnaire. If yes, proceed.**

21. Which of the following best explains your reason(s) for stopping use of contraception?

|  |  |
| --- | --- |
| **Methods used before** | **Alt** |
| Side effects | 1 |
| Forgot to go to clinic | 2 |
| Staff unfriendly | 3 |
| Long queues in clinics | 4 |
| Needed a break | 5 |
| Other (specify) ………………………………………………… | 9 |

22. Which of the contraceptive methods listed below were you using?

|  |  |
| --- | --- |
| **Methods used before** | **Alt** |
| Oral contraceptives (pills) | 1 |
| Injectable: (Nur Isterate) | 2 |
| Intrauterine contraceptive device (IUCD) | 3 |
| Barrier methods: (male or female condoms) | 4 |
| Spermicide (film, tablet, foam, gel) | 5 |
| Other, specify | 9 |

|  |  |  |
| --- | --- | --- |
| **Methods used** | **1**  **Yes** | **2**  **No** |
| 23. Were you ever offered any other types of contraceptives apart from the one you are using | 1 | **2** |
| 24. Do you take contraception as prescribed | **1** | **2** |
| 25. Have you ever changed from one form of contraception to another? | **1** | **2** |
| 26. Did you visit the clinic for contraception in the last 3 months | **1** | **2** |
| 27. Did you visit the clinic for contraception in the last 6 months | **1** | **2** |

**END OF QUESTIONNAIRE**

**Thank you for your participation.**