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# Knowledge, Practices and Influencing Factors Regarding Use of Contraceptive Methods among Rohingya Refugee Adolescent Girls in Cox's Bazar, Bangladesh: A Cross Sectional Mixed Method Study

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**Samuel Saidu\***

Department of Public Health, BRAC University, Dhaka Bangladesh

\***Corresponding author:** Samuel Saidu, Department of Public Health, BRAC University, Dhaka Bangladesh, Tel: 78555104; E-mail: samuelsaidu0@gmail.com

## **SUPPLEMENTARY MATERIAL**

### **Annex 7. Quantitative questionnaire**

#### **Situation of Adolescent Sexual and Reproductive Health among Rohingya Refugee Adolescent Girls in Cox's Bazaar, Bangladesh: A Mixed Method Study**

Interviewers Name and code: ----/----/----/----/----

Interview start time: .....

Interview end times: .....

Respondent ID: .....  
(Camp # eg 1W, RA # eg. 01, Serial # eg. 001)

Camp number: \_\_\_\_\_

Block number: \_\_\_\_\_

Name of Majhee: \_\_\_\_\_

Duration of stay in Bangladesh: \_\_\_\_\_ months

Have you been in any other camp before this camp: \_\_\_\_\_

Duration of stay in this specific camp: \_\_\_\_\_ months

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**A. Demographic information**

SN	Indicators	Response	Code	skip
A01	<p>What is your age?</p> <p><b>(PROBE):</b></p> <p>(Age of first menstruation?)</p> <p>(Age of marriage?)</p> <p>(After how many months/years of your first menstruation you got married?)</p> <p>(After how many years of your marriage you first got pregnant?)</p> <p>(What is the age of your first child?)</p> <p>(What is the age of your last child?)</p>	_____		
A02	What is your religion?	<p>Muslim.....</p> <p>.....</p> <p>Hindu</p> <p>.....</p> <p>Buddha</p> <p>.....</p> <p>Christian.....</p> <p>.....</p> <p>specify others.....</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>96</p>	
A03	What is your marital status?	<p>Married .....</p> <p>Unmarried.....</p> <p>Divorced</p>	<p>1</p> <p>2</p> <p>3</p>	

		..... Separated ..... Widow .....	4 5	
A04	What is your education qualification?	No schooling..... Primary ..... Secondary ..... . Higher secondary..... ... Higher education..... ....	1 2 3 4 5	If “No education” (skip A05)
A05	Can you read/write?	Yes..... ..... No..... ....	1 2	
A06	What is your current occupation?  (MULTIPLE RESPONSE)	Household work..... Day labor..... .. Tailoring/handicraft..... ..... (Volunteering with an NGO/INGO) ... (specify others) .....	1 2 3 4 96	
A07	What is your family’s major source(s) of income?	Agricultural work..... Day labour	1 2	

	(MULTIPLE RESPONSE)	..... Shop keeper..... ..... Service at NGO/INGO..... Teaching..... ..... Relief..... ..... Fishing..... ..... Wood collection..... . (specify others).....	3 4 5 6 7 8 96	
A08	Number of household members	_____		
A09	Who is your household head?	Father ..... Mother ..... Husband ..... specify others.....	1 2 3 96	
A10	Whom do you live with?	Parents/parents-in-laws..... Husband ..... Relative (specify)..... (specify others).....	1 2 3 96	

**SECTION G: KNOWLEDGE ON CONTRACEPTIVE USE**

Now I would like to talk to you about contraception - the various ways or methods that girls can use to delay or avoid a pregnancy.

Have you ever heard of (METHOD)?

G105	Do you know what is contraceptive?	Yes..... No .....	if “no” skip <b>G106</b>
G106	How did you get to know?	Parents.....1 Spouse .....2 Health worker .....3 Others .....96	
G107	Do you know where to get contraceptive?	Yes .....1 No .....2	if “no” skip <b>G108</b>
G108	Where did you get to know about it?	Parents.....1 Spouse) .....2 Health worker .....3 Others .....96	
G109	Do you think is important to know about contraceptive?	Yes .....1 No .....2	

**HAVE YOU EVER HEARD OF (METHOD)?**

G110	<p><b>Which method have you heard about?</b></p> <p><b>Female Sterilization.</b> PROBE: Women can have an operation to avoid having any more children.</p> <p><b>Male Sterilization.</b> PROBE: Men can have an operation to avoid having any more children.</p> <p><b>IUD.</b> PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.</p> <p><b>Injectable.</b> PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months</p> <p><b>Implants.</b> PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p> <p><b>Pill.</b> PROBE: Women can take a pill every day to avoid becoming pregnant.</p> <p><b>Condom.</b> PROBE: Men can put a rubber sheath on their penis before</p>	<p>Female sterilization.....1 Male sterilization..... .2 IUD..... .....3 Injection .....4 implants..... .....5 Pill.....6 Condom .....7 Female condom..... .....8 other modern method.....9 other traditional method.....10 specify others..... ..96</p>	
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	<p>sexual intercourse.</p> <p><b>Female Condom.</b> PROBE: Women can place a sheath in their vagina before sexual intercourse.</p> <p><b>Lactation Amenorrhea Method (LAM).</b></p> <p><b>Rhythm Method.</b> PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.</p> <p><b>Withdrawal.</b> PROBE: Men can be careful and pull out before climax.</p> <p><b>Emergency Contraception.</b> PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy. (MULTIPLE ANSWERS )</p>		
G111	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	yes..... 1 ..... SPECIFY No..... 2	

**SECTION H: PRACTICE on Contraceptive Use**

H112	Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes .....1 No .....2	if “no” skip H113, H114, H115, H116, H117, H118, H119
H113	Which method are you using?	Female sterilization.....1 Male sterilization..... ....2 IUD..... ....3 Injection..... .....4 Implants .....	

		.....5 Pill.....6 Condom .....7 Female condom..... .....8 other modern method.....9 other traditional method .....10 specify others.....9 6	
H114	From where do you get this method?)	Health center.....1 Private doctor. . . .2 Local drug store...3 Community Health Worker.....4 Others (specify). . . . . 96	
H115	How long have you been using current method?	MONTH ..... <input type="text"/> YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't remember.....94	
H116	If you use contraceptive, who/ what influence you to?	Parents .....1 Spouse.....2 Friend.....3 Family member.....4 Other.....96	
H117	Do you have any physical problem because of taking current method?	Yes .....1 No.....2	if "no" skip <b>H118</b>
H118	What problem do you have?	Nausea Bleeding Irregular menstruation Weight loss/gain Feeling weakness specify others.....96	
H119	Why are you using current method?)	To space my children .....1 Due to health reason.....2 Personal decision.....3 Don't want any child .....4 No space at home to raise a child...5 Don't have money to raise children specify others.....96	

H120	Have you ever use any method?	Yes.....1 No .....1	if “no ” skip <b>H121</b>  if “yes ” skip <b>H122</b>
H121	Which method did you use?	Female sterilization.....1 Male sterilization..... .2 IUD..... ....3 Injection ..... 4 implants.....5 Pill.....6 Condom.....7 Female condom..... .....8 other modern method.....9 other traditional method.....10 specify others.....9 6	
H122	Why did you not use any method?	Spouse not agree .....1 Family look bad on it .....2 Stigma associated.....3 Religiously not good.....4 Not healthy.....5 want more kids.....6 specify other..... 96	
H123	Will you ever want to use contraceptive to avoid getting pregnant?	Yes.....1 No .....2	if “no” skip <b>H124</b>
H124	Which method would you prefer	Female sterilization.....1 Male sterilization..... .2 IUD..... ....3 Injection ..... 4	

		implants.....5 Pill.....6 Condom.....7 Female condom..... .....8 other modern method.....9 other traditional method.....10 specify others.....9 6	
H125	Why will you be interested in using contraceptive?	To space my children .....1 Due to health reason.....2 Personal decision....3 Don't want any child .....4 No space at home to raise a child...5 Don't have money to raise children specify others.....96	
H126	Any birth or pregnancy termination since you started using the particular contraception?)	Yes..... .....1 No..... 2 Don't know .....94	
H127	Were you ever aware about the side effects or problems you might have with the method?)	Yes..... 1 No..... 2	if "no" skip <b>H128,</b> <b>H129</b>
H128	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	Yes..... .....1 No..... 2 Don't know .....94	
H129	Were you told what to do if you experienced side effects or problems?)	Yes..... .....1 No..... 2 Don't know .....94	
H130-	Were you ever told by a health or family planning worker about	Yes..... .....1	(1) SPECIFY

	other methods of contraception that you could use?	Specify..... ... No..... 2 Don't know .....94	
H131	Did any staff member at the health facility speak to you about contraception methods?	Yes..... .....1 No..... 2 Don't know .....94	