Structured questionnaire for mothers/caregivers

Informed Consent

Good morning/Good afternoon. I am _____________ who is a member of team conducting a study on determinant factors of childhood immunization defaulting in Arbegona district.

The purpose of this study is to find the reasons why eligible children, in this and other kebeles in the district, sometimes do not receive all the vaccines and find ways to address the challenges. Of the mothers who have children between ages of 12-23 months, you are selected randomly as one of the mothers/caregivers to participate in this study. The study will be conducted through interviews. The interview involves different questions regarding child immunization. We are asking you for a little of your time, about forty five minutes, to help in this study. We would like to assure you that confidentiality will be strictly secured throughout the study. All your information will be numbered and your name will not be used. Your answers to any of the questions will not be given to anyone else and no reports of the study will ever identify you. If a report of results is published, only information about the total group will appear.

The interview is voluntary. Your participation/ non-participation, or refusal to answer questions will have no effect now or in the future on services that you or any member of your family may receive from health service providers. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, your honest answers to these questions will help us in better understanding of the factors related to incomplete childhood immunization in the district and will eventually help to design appropriate immunization services to children less than one year.

Are you willing to participate in this study? [ ] Yes [ ] No
**Identification**

District---------------- Kebele--------House No. /Gote ------- Serial no.......... 

Date of interview *(dd/mm/yyyy)* ------- /---------/ ---------------

**The interviewee could be mother or the immediate caretaker**

**I. SOCIO-DEMOGRAPHIC CHARACTERISTICS**

<table>
<thead>
<tr>
<th>S.No</th>
<th>Questions</th>
<th>Responses</th>
<th>Skip pattern</th>
<th>Code</th>
</tr>
</thead>
</table>
| 101  | Who is the immediate caretaker of the child? | 1. Mother  
2. Father  
3. Sister  
4. Relatives  
5. Other (specify)…………... |              |      |
| 102  | Age of the immediate care taker      | ……………….years               |              |      |
| 103  | Marital Status of the immediate care taker | 1. Married  
2. Single  
3. Widowed  
4. Divorced  
5. Separated  
6. Other (specify)…………... |              |      |
| 104  | Ethnicity                           | 1. Sidama  
2. Amhara  
3. Gurage  
4. Oromo  
5. Other (specify)…………... |              |      |
| 105  | Religion                            | 1. Protestant  
2. Orthodox  
3. Muslim  
4. Catholic  
5. Other (specify)………... |              |      |
| 106 | Occupational Status | 1. House wife  
2. Daily labourer  
3. Farmer  
4. Merchant  
5. Self employ  
6. Government Employee  
7. Other (specify)……. |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>107</td>
<td>Monthly income in birr</td>
<td>………………………..</td>
</tr>
</tbody>
</table>
| 108 | Educational Status | 1. Illiterate  
2. Read and write  
3. Elementary  
4. Junior secondary school  
5. Secondary and certificate  
6. College and above  
7. Other (specify)……. |
| 109 | Father’s educational status | 1. Illiterate  
2. Read and write  
3. Elementary  
4. Junior secondary school  
5. Secondary and certificate  
6. College and above  
7. Other (specify)……. |
| 110 | Residence | 1. Urban  
2. Rural |
| 111 | Family size | …………………. |
| 112 | Is there death of Child less than 5 years in the last one year? | 1. Yes  
2. No------------------------- → |
<p>| 113 | How many children less than five years died? | …………………. |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Options</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>114</td>
<td>Age of the child under investigation (in months)</td>
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</tr>
</tbody>
</table>
| 115      | Sex of the child under study | 1. Male  
2. Female |  |
| 116      | Birth interval between the index child and the preceding child (*if the child had little brother/sister?*) |  |  
_________months |
| 117      | Birth interval between the index child and the next child (*if the child had older brother/sister*) |  |  
_________months |
| 118      | Birth order of the child (*if there are other children*) |  |  |

**II. KNOWLEDGE AND ATTITUDE REGARDING CHILD IMMUNIZATION AND COMPLETION OF VACCINE SCHEDULES**

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Options</th>
<th>Answer</th>
</tr>
</thead>
</table>
| 201      | Do you know about Vaccination? | 1. Yes  
2. No | Q 211 |
| 202      | Which type of vaccination do you know? | 1. BCG  
2. Polio  
3. Pentavalent  
4. Measles  
5. Other (specify) |  |
| 203      | Which diseases can vaccines prevent? | 1. Tuberculosis  
2. Polio  
3. Diphtheria  
4. Pertussis  
5. Tetanus |  |
| Q 204 | Do you know the schedule of child immunization? | 1. Yes  
2. No--

| Q 205 | When to immunize the child with the following vaccines? (in weeks after birth) |
|  | 1. BCG 
2. Polio 
3. Pentavalent 
4. Measles |

| Q 206 | How do you know whether or not your child completed the immunization schedule? |
|  | 1. I refer to immunization card  
2. I follow health professional’s/HEW’s instructions  
3. I refer to child’s age  
4. If child looks healthy  
5. After measles vaccine  
6. I don’t know  
7. Other (specify) |

| Q 207 | Does vaccination has a benefit for the child? |
|  | 1. Yes  
2. No-- |

| Q 208 | What are the benefits of immunization? |
|  | 1. Immunity for the child  
2. Prevent diseases  
3. Control epidemic  
4. Other |

| Q 209 | Does immunization has side reaction? |
|  | 1. Yes  
2. No-- |
| 210 | What is the side reaction of immunization? | 1. Fever  
2. Shivering  
3. Pain  
4. Vomiting  
5. Other (specify)......... |
| 211 | Giving immunization shots to children can prevent a disease | 1. Strongly disagree  
2. Disagree  
3. Neutral  
4. Agree  
5. Strongly agree. |
| 212 | Immunization shots are not safe for children. | 1. Strongly disagree  
2. Disagree  
3. Neutral  
4. Agree  
5. Strongly agree. |
| 213 | The staff at the clinic where you got your child's immunization shots was helpful. | 1. Strongly disagree  
2. Disagree  
3. Neutral  
4. Agree  
5. Strongly agree. |
| 214 | You normally had to wait for only a few minutes in the clinic when you took your child to get his/her immunization shots. | 1. Strongly disagree  
2. Disagree  
3. Neutral  
4. Agree  
5. Strongly agree. |
| 215 | Finding enough information about immunization shots that your child received was a problem for you. | 1. Strongly disagree  
2. Disagree  
3. Neutral  
4. Agree  
5. Strongly agree. |
<p>| | | | | | |</p>
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</table>
| 216 | You had difficulty of finding out where immunization shots were available. | 1. Strongly disagree  
2. Disagree  
3. Neutral  
4. Agree  
5. Strongly agree. |   |   |   |

### III. FACTORS RELATED TO IMMUNIZATION SERVICE DELIVERY

| 301 | Have you ever taken your child to health institution for other services? | 1. yes  
2. No----------------- | Q 307 |

| 302 | Why did you taken him/her to health institution? | 1. For Growth Monitoring  
2. Follow up for chronic care  
3. Became sick  
4. For check up  
5. Other, specify---------------- |

| 303 | Did you informed or advised to vaccinate the child during your visit? | 1. Yes  
2. No----------------- | Q 307 |

| 304 | Have you vaccinated your child? | 1. Yes  
2. No----------------- | Q 306 |

| 305 | Which vaccine your child vaccinated?  
(circle for the antigen provided during the health institution visit for other services) | 1. BCG  
2. Polio 1 2 3  
3. Penta 1 2 3  
4. Measles |   |   |   |   |

7
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<tr>
<th></th>
<th>Question</th>
<th>Options</th>
</tr>
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<tbody>
<tr>
<td>306</td>
<td>Why didn’t you vaccinate your child?</td>
<td>1. Severely sick</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Not good to vaccinate during illness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Other, Specify……………………</td>
</tr>
<tr>
<td>307</td>
<td>Where did you deliver the child? (Q 307-312 Asked if the respondent is the mother)</td>
<td>1. Home</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Health institution</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Other, specify___</td>
</tr>
<tr>
<td>308</td>
<td>Who attended the delivery?</td>
<td>1. Health professional</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. TBA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Lay person</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Other, specify___</td>
</tr>
<tr>
<td>309</td>
<td>Did you advised to vaccinate your child after delivery?</td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. No</td>
</tr>
<tr>
<td>310</td>
<td>Did you attend post-natal care after delivery of the child?</td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. No</td>
</tr>
<tr>
<td>311</td>
<td>How many times did you attend post natal care?</td>
<td>...........................................................................................................................................</td>
</tr>
<tr>
<td>312</td>
<td>Did you advised to vaccinate your child at post natal period?</td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. No</td>
</tr>
<tr>
<td>313</td>
<td>The staff at the clinic always informed you about when the next immunization shot was due?</td>
<td>1. Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. No</td>
</tr>
<tr>
<td>Qno</td>
<td>Question</td>
<td>1. Yes</td>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td>314</td>
<td>Are clinics providing immunization shots available in your area?</td>
<td></td>
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<tr>
<td>315</td>
<td>Is it difficult to get the immunization shots?</td>
<td></td>
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<tr>
<td>316</td>
<td>The immunization clinics that you visited had hours that were convenient for you?</td>
<td></td>
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<tr>
<td>317</td>
<td>Was there any occasion in which you returned home without getting vaccination during your appointment?</td>
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<tr>
<td>318</td>
<td>If yes, what was the reason for not getting vaccination?</td>
<td></td>
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</tbody>
</table>

1. Vaccine not available
2. Vaccinators were absent
3. I Don’t know
4. Other (specify)………..

Thank you for your cooperation!

Name of the Interviewer----------------------------- Signature -----------------------------