

Contraception Knowledge and Use Survey: University Women

Consent

Thank you for agreeing to participate in our study. The following survey is about young women's contraceptive knowledge and use in Nairobi, Kenya. The results will help us plan for future studies and programs involving youth. The results will be shared with the Kenyan Ministry of Health, The Population Council, and all key stakeholders. The survey covers sensitive and private topics including sexual activity. Please try to answer all questions honestly. Participation is voluntary. If you don't understand a question, please ask someone to explain it. You may also ask questions after you have finished the survey. It is okay if you don't know or are unsure of an answer to a question. The survey should take about 30 minutes to complete. All information about you will be kept private and confidential. You do not have to participate in this study and may stop at any time.

I understand this information and agree to participate in this survey.

Signature

Date

UNIVERSITY

Interviewer Name: _____

Before you begin, we would like to obtain some background information.

(Please Print)

1. Name of university: _____

2. Age at last birthday: _____

3. Current year in school: _____

4. Are you married?

Yes

No

Now we'd like to ask you some questions about your knowledge and use of ways to prevent pregnancy.

5. List all the ways to prevent pregnancy you can think of including types of contraceptives or family planning. If you don't know any, say I don't know. ***Do Not Read Choices Below, but tick all that are mentioned on the line provided***

Condoms

Rhythm

Birth Control Pills

Withdrawal

IUCD/Coil/Copper T

Tubal Ligation

Emergency Contraception (P-2)

Vasectomy

Injections

None/ I don't know

Abstinence

Other _____

Norplant

6. Is there anything a woman can do *after* she has had sex to prevent pregnancy?

Yes

No

I don't know

I. If Yes, what can she do? _____

7. Why don't some young people use condoms?

8. Do you know any friends your age who have ever had sex?

- Yes
 No

9. Have you ever done any of the following with a person of the opposite sex? (tick all that apply)

- Mouth to mouth kissing
 Touching the private parts
 Rubbing with each others' private parts
 Sexual intercourse *if yes, skip to Question 16*
 None of the above

If the participant has never had sexual intercourse, please answer questions 10-15

For the next few questions, tell me if you agree or disagree with the statement I will read.

10. Young women can have sex before marriage.

- Agree
 Disagree

11. Young men can have sex before marriage.

- Agree
 Disagree

12. Unmarried people should use contraception.

- Approve
 Disapprove

13. Married couples should use contraception.

- Approve
 Disapprove

14. Young people, who are sexually active, should use condoms either for preventing pregnancy or preventing diseases.

- Agree, use for both
 Agree, use for preventing pregnancy
 Agree, use for disease prevention
 Disagree, adolescents should never use condoms

15. Young people, who are sexually active, should use contraception.

- Agree
 Disagree

PROCEED TO QUESTION 24

16. Have you ever done anything to prevent pregnancy?

- a. Yes
 b. No *if no, skip to question 19*

17. What methods have you used to prevent pregnancy? **ASK EACH METHOD**

Birth Control Pills? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where did you obtain it? <input type="checkbox"/> Private Pharmacy <input type="checkbox"/> Hospital or Clinic <input type="checkbox"/> Shop/Duka <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> I don't know	Who obtained it? <input type="checkbox"/> Me <input type="checkbox"/> My Partner <input type="checkbox"/> Friend <input type="checkbox"/> Relative
Injections? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where did you obtain it? <input type="checkbox"/> Private Pharmacy <input type="checkbox"/> Hospital or Clinic <input type="checkbox"/> Shop/Duka <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> I don't know	Who obtained it? <input type="checkbox"/> Me <input type="checkbox"/> My Partner <input type="checkbox"/> Friend <input type="checkbox"/> Relative
Emergency Contraception? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where did you obtain it? <input type="checkbox"/> Private Pharmacy <input type="checkbox"/> Hospital or Clinic <input type="checkbox"/> Shop/Duka <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> I don't know	Who obtained it? <input type="checkbox"/> Me <input type="checkbox"/> My Partner <input type="checkbox"/> Friend <input type="checkbox"/> Relative
Condoms? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where did you obtain it? <input type="checkbox"/> Private Pharmacy <input type="checkbox"/> Hospital or Clinic <input type="checkbox"/> Shop/Duka <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> I don't know	Who obtained it? <input type="checkbox"/> Me <input type="checkbox"/> My Partner <input type="checkbox"/> Friend <input type="checkbox"/> Relative
Other?(<i>please specify</i>) _____ _____	Where did you obtain it? <input type="checkbox"/> Private Pharmacy <input type="checkbox"/> Hospital or Clinic <input type="checkbox"/> Shop/Duka <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> I don't know	Who obtained it? <input type="checkbox"/> Me <input type="checkbox"/> My Partner <input type="checkbox"/> Friend <input type="checkbox"/> Relative

18. If you ever used a condom, what were the reasons for using a condom?

19. Have you had sex without a condom in the last 30 days?

- Yes
- No
- I don't know

20. Did you and your partner use a condom the last time you had sex?

- Yes
- No
- I don't know

21. How many sexual partners have you had in the last 6 months? _____

22. Have you ever had sex for money or gifts?

- Yes
- No

23. Have you ever been pregnant?

- Yes
- No

Now we'd like to ask you about your knowledge of emergency contraception.

24. Have you heard of emergency contraception (also sometimes called Postinor 2, P-2 or the morning-after pill)?

- Yes
- No *if no, skip to question 36*

25. Where did you first hear about emergency contraception? (MARK ONLY ONE)

- School
- Doctor
- Friends
- Family
- TV/Newspaper/Magazine
- Other (please specify) _____
- I don't know

26. What do you know about emergency contraception?

27. Does emergency contraception protect a woman from sexually transmitted diseases including HIV/AIDS?

- Yes
- No
- I don't know

28. How well does each method prevent pregnancy or prevent sexually transmitted diseases including HIV/AIDS? For each method, tell me a number between 0 and 100 that describes how effective you think it is at preventing pregnancy and preventing diseases. 0 means it is never prevents pregnancy or disease and 100 means it always prevents pregnancy or disease.

- CODE:**
- 1 (0-25)
 - 2 (26-50)
 - 3 (51-75)
 - 4 (76-100)

	Prevent Pregnancy	Prevent Diseases
Condoms		
Birth control pills		
Withdrawal		
Emergency Contraception		
Injections		

29. Which method out of the ones listed in Question 28 is the BEST at:

- Preventing pregnancy _____
 None of these is the best method to prevent pregnancy
- Preventing diseases including HIV _____
 None of these is the best method to prevent diseases

30. Have you or your friends ever used emergency contraception?

- Yes
- No ***if no skip to question 36***

If you have used emergency contraception, answer questions 31-35 from your experience. If you have not used emergency contraception, but your friend has, answer questions 30-34 from what you know about your friend's experience.

31. Why did you/your friend use emergency contraception?

32. How many times have you/your friend used emergency contraception?

In the Past Month In the Past 3 Months

Number of Times		
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- It was more than 3 months ago
 I don't know

33. Do you/your friend prefer to use emergency contraception over other ways to prevent pregnancy including condoms, pills or injections?

- Yes
 No
 I don't know

I. Please explain your answer

34. Where did you/your friend get emergency contraception?

- Private Pharmacy
 From Friend or Relative
 Public Facility including hospitals and family planning clinics
 Other (please specify) _____
 I don't know

35. Because you/your friend know emergency contraception is available, are you/your friend less likely to use a condom during sex?

- Yes
 No
 I don't know

Finally, we'd like to ask you a few questions about your feelings on risk involved with sex.

36. Thinking about sex, **Rank** the following choices from what you're most concerned about (1) to you're least concerned about (4).

- Your parents finding out
 Becoming pregnant
 Contracting a sexually transmitted disease including HIV/AIDS
 Your partner's happiness

37. Compared to your peers, what is your risk for becoming pregnant?

- High risk

- Medium risk
- Low risk
- No risk

38. Compared to your peers, what is your risk for contracting a sexually transmitted disease?

- High risk
- Medium risk
- Low risk
- No risk

39. Compared to your peers, what is your risk of contracting HIV/AIDS?

- High risk
- Medium risk
- Low risk
- No risk

Thank you so much for participating in our study.