

# **MATERNAL MALE PARTNER INVOLVEMENT DURING PREGNANCY**

To be completed by **ALL** enrolled participants

| Visit Date |   |   |   |   |   |   |   |
|------------|---|---|---|---|---|---|---|
| D          | D | M | M | M | Y | Y | Y |

| Visit Code |          |
|------------|----------|
| <b>A</b>   | <b>1</b> |

## **A: ROMANTIC RELATIONSHIPS**

**We are going to ask you some questions about your previous and current romantic relationships.**

|                                                                         |                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Were you in a relationship when you got pregnant?                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No → <b>SKIP TO Q3</b>                                                                                                                                                                                                                                      |
| 2. Is the current partner you were with the father of your unborn baby? | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                                                                                                                          |
| 3. Are you currently in a relationship?                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No → <b>SKIP TO Q10</b>                                                                                                                                                                                                                                     |
| 4. How would you describe your current romantic relationship?           | <input type="checkbox"/> Married (including traditional marriage), living together<br><input type="checkbox"/> Married, not living together<br><input type="checkbox"/> Not married, living together<br><input type="checkbox"/> Not married, not living together<br><input type="checkbox"/> Other, Specify : _____ |
| 5. How long have you been in a relationship with this current person?   | Duration in:<br>Months : _____ <b>Or</b> Years: _____                                                                                                                                                                                                                                                                |

## B: YOUR RELATIONSHIP WITH YOUR CURRENT PARTNER

We are now going to ask you some questions about your relationship with your current partner.

|                                                                                    |                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. What is your current partner's date of birth?                                   | <div>____/____/____<br/>DD      MMM      YYYY</div> <p>If date is unknown, please provide age</p> <p>Age: ____</p>                                                                                                                                                                                   |
| 7. What is the highest level of education that your current partner has completed? | <p><input type="checkbox"/> Grade: : ____</p> <p><b>Or</b></p> <p>Standard: ____</p> <p><input type="checkbox"/> Postsecondary, specify ____</p> <p><input type="checkbox"/> None</p>                                                                                                                |
| 8. Is your current partner employed and/or studying?                               | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No      →    <b>SKIP TO Q10</b></p>                                                                                                                                                                                                  |
| 9. Which one of the following best describes what he does?                         | <p><input type="checkbox"/> Employed full-time</p> <p><input type="checkbox"/> Employed part-time</p> <p><input type="checkbox"/> Informal job/hawker</p> <p><input type="checkbox"/> Attending school/learner</p> <p><input type="checkbox"/> Attending tertiary education (University/College)</p> |

## C: SUPPORT YOUR CURRENT PARTNER PROVIDES DURING YOUR PREGNANCY

We are now going to ask you some questions about the role your PARTNER plays since you became pregnant.

|                                                           |                                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. Is your current partner supportive of your pregnancy? | <p><input type="checkbox"/> Not supportive at all</p> <p><input type="checkbox"/> Slightly supportive</p> <p><input type="checkbox"/> Moderately supportive</p> <p><input type="checkbox"/> Considerably Supportive</p> <p><input type="checkbox"/> Extremely supportive</p> |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>11.</b> How much can you rely on your current partner for help with your pregnancy and your baby?</p>                     | <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Slightly/not very often</p> <p><input type="checkbox"/> Moderately/some of the time</p> <p><input type="checkbox"/> Considerably/most of the time</p> <p><input type="checkbox"/> Extremely/all of the time</p>                                                                                                      |
| <p><b>12.</b> Which of the following does your current partner do? <b>Please select ALL that apply</b></p>                      | <p><input type="checkbox"/> Accompanies me to antenatal visits</p> <p><input type="checkbox"/> Knows when my antenatal visits are scheduled for</p> <p><input type="checkbox"/> Provides financial support for my antenatal visits</p> <p><input type="checkbox"/> Discusses what happens during antenatal visits with me.</p> <p><input type="checkbox"/> Other, please specify: _____</p> |
| <p><b>13.</b> Which of the following would you like your partner to do? <b>Please select ALL that apply.</b></p>                | <p><input type="checkbox"/> To provide financial support for my antenatal visits</p> <p><input type="checkbox"/> To know when my antenatal visits are</p> <p><input type="checkbox"/> To discuss what happens during antenatal visits with me</p> <p><input type="checkbox"/> To accompany me to antenatal visits</p> <p><input type="checkbox"/> Other, please specify: _____</p>          |
| <p><b>D: SUPPORT THE FATHER OF THE BABY PROVIDES DURING YOUR PREGNANCY</b></p>                                                  |                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>We are now going to ask you some questions about the role THE FATHER OF THE BABY plays since you became pregnant.</b></p> |                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>14.</b> Is the father of the baby supportive of your pregnancy?</p>                                                       | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No      →      <b>STOP HERE!!!!</b></p>                                                                                                                                                                                                                                                                                     |
| <p><b>15.</b> How supportive of your pregnancy is the father of the baby ?</p>                                                  | <p><input type="checkbox"/> Slightly supportive</p> <p><input type="checkbox"/> Moderately supportive</p> <p><input type="checkbox"/> Considerably Supportive</p> <p><input type="checkbox"/> Extremely supportive</p>                                                                                                                                                                      |

|                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>16.</b> How much can you rely on the father of the baby for help with your pregnancy?</p>                           | <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> Slightly/not very often</p> <p><input type="checkbox"/> Moderately/some of the time</p> <p><input type="checkbox"/> Considerably/most of the time</p> <p><input type="checkbox"/> Extremely/all of the time</p>                                                                                                            |
| <p><b>17.</b> Which of the following does the father of the baby do? <b>Please select ALL that apply</b></p>              | <p><input type="checkbox"/> Accompanies me to antenatal visits</p> <p><input type="checkbox"/> Knows when my antenatal visits are scheduled for</p> <p><input type="checkbox"/> Provides financial support for my antenatal visits</p> <p><input type="checkbox"/> Discusses what happens during antenatal visits with me</p> <p><input type="checkbox"/> Other, <i>please specify</i>: _____</p> |
| <p><b>18.</b> Which of the following would you like the father of the baby to do? <b>Please select ALL that apply</b></p> | <p><input type="checkbox"/> To provide financial support for my antenatal visits</p> <p><input type="checkbox"/> To know when my antenatal visits are</p> <p><input type="checkbox"/> To discuss what happens during antenatal visits with me</p> <p><input type="checkbox"/> To accompany me to antenatal visits</p> <p><input type="checkbox"/> Other, <i>please specify</i>: _____</p>         |

Signed Interviewer completing CRF: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MMM YYYY

Signed QC Officer: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MMM YYYY

Signed Study Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD MMM YYYY