

Questionnaire

Questionnaire number	
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Topic: Factors associated with adolescent pregnancy among girls aged between 15–19 years old in Muhanga district, Rwanda.

SECTION A: Social demographic characteristics of the participants

1. What is your age? _____
2. In which Sector do you live? _____
3. In which Village do you live? _____
4. Where is your family located?
 - a. Rural area
 - b. Business center
5. What level of schooling are you currently in?
 - a. I'm not in school
 - b. Primary school
 - c. Secondary school
 - d. College/ University
6. What is your religion?
 - a. Catholic
 - b. Protestant
 - c. Muslim
 - d. Others
7. How many household members do you live with?
 - a. One
 - b. Two
 - c. Three
 - d. Four
 - e. Above four
8. Who is the head of the household?
 - a. Father

- b. Mother
- c. Others (Siblings, guardians, ...)

9. What is the marital status of your parents?

- a. Divorce/ Separated
- b. Married/ Cohabitation
- c. Single parent

10. What is the highest level of education attained by the household head?

- a. No formal education
- b. Primary school
- c. Secondary school
- d. Tertiary education

SECTION B: Social-economic characteristics of the participants

11. What is your family's monthly income? (Estimation)

- a. Below 50,000rwf
- b. Greater than or equal to 100,000Rwf

12. What is the employment status of your parents?

- a. Employed
- b. Unemployed
- c. Others

13. What is your parent's social economic class/ wealth index?

- a. Cat 1
- b. Cat 2
- c. Cat 3
- d. Cat 4

14. Who provides you the financial support at school and/or in your family?

- a. Parent(s) or Guardian
- b. Others

SECTION III. Sexual and Reproductive Health Behavior characteristics of the participants

15. Have you received a sexual and reproductive health education?

- a. Yes
- b. No

16. Have you ever had discussions with your parents regarding pregnancy-related topics?

- a. Yes
- b. No

17. Have you ever felt pressured by your peers to engage in sexual activities or behaviors that you were not comfortable with?

- a. Yes
- b. No

18. Do you know about the family planning?

- a. Yes
- b. No

19. Have you ever used contraceptive methods?

- a. Yes
- b. No

20. Do you know where family planning methods are provided?

- a. Yes
- b. No

21. Have you ever been pregnant? (whether it ended in abortion, miscarriage, or birth)

- a. Yes
- b. No

Thank you!