S1 file: English version questionnaire for participants' interview

Part I: Socio-demographic and economic characteristics of the study subjects			
S. No	**Questions**	**Response**	**Skip**
Q101	Age in years	_____	
Q102	What is your religion?	1. Protestant 2. Orthodox 3. Muslim 4. Others	
Q103	Which Ethnic group you are?	1. Gamo 2. Gofa 3. Konso 4. Amhara 5. Other	
Q104	What is your Marital status?	1. Single/not married 2. Married 3. Divorced 4. Widowed	
Q105	Where is your residence?	1. Rural 2. Urban	
Q106	Total family size	_____	
Q107	What is your educational status?	1. Cannot read and write 2. Read and write 3. Primary education 4. Secondary education and above	
Q108	What is your current Occupation?	1. House wife 2. Daily laborer 3. Government employee 4. Merchant 5. Other (specify)_____	
Q109	What is the educational level of your Husband?	1. Cannot read and write 2. Read and write 3. Primary education 4. Secondary education and above	
Q110	What is the current occupation of your husband?	1. Farmer 2. Daily laborer 3. Government employee 4. Merchant 5. Other (specify)_____	
Households' wealth index items			
W101	Ownership of the house	1.private 2.rented from individual 3.Kebele 4.other (specify)	
W102	Does your household have electricity?	1. Yes 2. No	
W103	Does your household have a radio?	1. Yes 2. No	
W104	Does your household have	1. Yes 2. No	

	a television?		
W105	Does your household have a refrigerator?	1. Yes 2. No	
W106	Does your household have an electric mitad?	1. Yes 2. No	
W107	Does your household have a table?	1. Yes 2. No	
W108	Does your household have a chair?	1. Yes 2. No	
W109	Does your household have a bed with cotton/sponge mattress	1. Yes 2. No	
W110	Does any member of your household have a bank account?	1. Yes 2. No	
W 111	Does any member of your household own have mobile phone?	1.Yes 2.No	
W 112	Does any member of your household own have bicycle?	1.Yes 2.No	
W 113	Does any member of your household own have Motor or Bajaj?	1.Yes 2.No	
W114	Does any member of your household own have Animal drawn cart?	1.Yes 2.No	
W115	What is the main source of drinking water for members of your household?	1.Piped to yard/plot 2. Other	
W116	What kind of toilet facility do members of your household usually use?	1. Pit latrine without slab/open fit 2. No facility/field	
W117	What type of fuel does your household mainly use for cooking?	1. Electricity 2. Wood 3. Charcoal 4. Animal drunga 5. Other (specify)	
W118	What is the main material of the floor in your household?	1. Earth/sand 2. cement 3.ceramics 4. Other (specify)	
W119	What is the main material of the exterior walls in your household?	1. Bamboo with mud 2. Stone with mud 3. Stone with cement 4. Other	
W120	What is the main material	1. Metal / corrugated iron	

	of the roof in your household?	2. Other	
W 121	Is the cooking usually done in the house, in a separate house, or outdoors?	1. In a separate room used as kitchen 2. Elsewhere in the house 3. In a separate house 4. Outdoors 5. Other (specify)_____	
w 122	Does any member of the household own any land that can be used for agriculture?	1.Yes 2. No	If No go to W125
w.123	Ownership of the farm land	1. Own 2. Rent	
w.124	In hectares	_____	
w.125	Annual total agricultural products (includes all items)	_____kuintal	
Part II- Obstetrics and gynecologic related characteristics			
Q201	How many times you were pregnant?	Specify in number_____	
Q202	How many times you were delivered	Specify in number _____	
Q203	Have you ever had a pregnancy that ended in stillbirth?	1. Yes 2. No	If No go to Q205
Q204	If yes, How many still births did you have?	Specify in number_____	
Q205	Have you ever had a pregnancy that miscarried or aborted	1. Yes 2. No	If No go to Q207
Q206	If yes, how many abortions did you have?	Specify in number_____	
Q207	When did you visit the health facility for the	Specify _____(in month)	

	first ANC service?		
Q208	How many ANC visits do you have in the current pregnancy?	Specify in number _____	
Q209	Where did you receive the ANC service?	1. Health post 2. Health center 3. Hospital 4. Other (Specify)_____	
Part III: client-related factors			
Q 301	Did you have history of any disease before and pregnancy?	1. Yes 2. No	If No go to Q303
Q 302	If yes, which disease you have faced?	1. Malaria 2. Hypertension 3. Diabetes mellitus 4. Other	
Q 303	Did you fear any side effect to take IFAS tablet?	1.yes 2. No	
Q 304	Did you forget taking your daily IFAS tablet?	1.yes 2. No	
Knowledge on IFAS			
Q305	Have you ever heard about IFAS?	1.Yes 2. No	
Q306	Taking IFAS during pregnancy is important to the mother?	1.Yes 2.No 3.I have no idea	
Q307	Taking IFAS during pregnancy is important to the fetus?	1.Yes 2.No 3.I have no idea	
Q308	Do you think taking IFAS starts from confirmation of pregnancy and continue throughout pregnancy?	1.Yes 2.No	
Q309	Do you think that taking IFAS during pregnancy is important to prevent anemia	1.Yes 2.No	
Q310	Do you think iron and folic acid tablet continue in the postpartum period?	1.Yes 2.No	
Q311	Taking iron and folic acid tablets during pregnancy doesn't lead to a too-big baby	1.Yes 2.No	
Q312	Taking iron and folic acid tablets during pregnancy may help to prevent birth defects	1.Yes 2.No	

1.1.	**Knowledge on anemia**						
Q313	Does pregnancy make women anemic?	1.Yes	2.No				
Q314	Do anemic women become breathless easily?	1.Yes	2.No				
Q315	Do anemic women have weaknesses?	1.Yes	2.No				
Q316	Do anemic women have pale skin or tongue?	1.Yes	2.No				
Q317	Can anemia be prevented?	1.Yes	2.No				
Q318	Do you know what is being done to prevent anemia?	1.Yes	2.No				
1.2.	**Perception towards anemia and IFA supplementation**						
S. no	Items	Strongly agree(1)	Agree (2)	Not sure (3)	Disagree (4)	Strongly disagree(5)	
Q319	Developing anemia is a serious issue						
Q320	Developing anemia is harmful to both mother and child						
Q321	Taking IFA can cause side effects						
Q322	Do you think that IFA tablet should free to use						
Q323	IFA is not easily available						
Q324	I often forget to take IFA						
Q325	Taking IFA is beneficial and can help to prevent anemia						
Q326	My family thinks that it is important						

	for me to take IFA						
Q327	My family members remind me to take IFA						
Q328	Health care provider reminds me to take IFA						

Part Iv Health service-related factors

S. no	Questions	Response	**Skip**
Q401	How far the health facility from your home by foot? (In minutes)	Specify in number _____	
Q402	Are HEWs visits your home?	1. Yes 2. No	If No go to Q406
Q403	How many times they visit per week?	Specify in number_____	
Q404	Did you get counseling about IFAS from HEWs?	1. Yes 2. No	
Q405	what are the benefits of IFAS	1. Prevents anemia 2. Protects mothers from sickness 3. Gives strength for mother during delivery 4. Increase amount of blood 5. Makes fetus grow healthy and strong 6. Other(specify) _____	
Q406	The source of the folic acid supplement?	1. Health center 2. Health post 3. I bought from a private clinic/pharmacy 4. hospital 5. Other (please specify)_____	
Q407	Type of health care provider who give ANC service in the health facility	1-midwifery 2 health officer 3-other specify	
Q408	Is there IFA supplementation all the time/every month	1-yes 2-no	If YES for Q410

Q409	For how long	Specified in number _____	
Q410	What measures did you take?	1- I don't take any measure 2- I buy it from private pharmacy 3- I take from other public health institute 4- Other (specify) _____	
Q411	Where did you receive the ANC service?	2. Health post 2. Health center 3. Hospital 4. Other(Specify)_____	
Q412	How many days in a week did you take folic acid supplements?	Specify in number_____	

========= Thank You for Your Participation! ==========