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## **APPENDICES**

## APPENDIX A

### Budget for data collection

No.	Activities	Unit Cost (THB)	Total Unit	Total Amount (THB)
1.	Travel cost	170	2	340
2.	Stationary	1,000	1	1,000
3.	Photocopy	2,000	1	2,000
4.	Refreshment	400	3	1,200
5.	Incentive for interviewers	300	18	5,400
6.	Present for respondents	10	250	2,500
7.	Accommodation and food	600	10	6,000
8.	Others	500	1	500
Total				18,940

## APPENDIX B

### Schedule of activities

No	Activities	November 06				December 06				January 07				February 07				March 07				April 07				May 07			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1.	Writing proposal																												
2.	Consulting advisor																												
3.	Submit first draft																												
4.	Submit for proposal exam																												
5.	Proposal exam																												
6.	Revise proposal																												
7.	Pre-testing instrument																												
8.	Introductory for survey																												
9.	Data collection																												
10.	Data management & analysis																												
11.	Report writing																												
12.	Submit for final defense																												
13.	Thesis exam																												
14.	Revision																												
15.	Submit final product																												

## APPENDIX C

Questionnaire No.....

## Questionnaire for Women age complete 14 – 49 years

Interview Date...../...../2007 Interviewer.....

## Basic Characteristic Data: Ask Women age complete 14 – 49 years

No.	Questions	Code
1.	Age ..... years	
2.	Are you now studying? (0) No (1) Yes, specify.....	
3.	Education (0) Illiterate (3) High school (1) Primary school (4) University (2) Middle school	
4.	Marital status (0) Single (1) Married (2) Divorced (3) Widowed (4) Separated	
5.	Ethnicity (1) Burman (2) Tavoy (3) Mon (4) Karen/Karenni (4) Other, specify.....	
6.	Religion (0) Holy ghost (1) Buddhist (2) Christian (3) Muslim (4) Other, specify.....	
7.	Do you currently has remunerative jobs? (0) No (1) Yes, I get..... Bath/month/day	
8.	How long have you been living in Thailand? .....years	
9.	What language do you mostly use in your daily life? (1) Burmese (2) Tavoy (3) Mon (4) Karen/Karenni (5) Thai (6) Other, specify.....	
10.	How is your <u>speaking</u> ability of Thai language (0) Poor (1) Fair (2) Good (3) Very good (4) Excellent	



No.	Questions		Code
11.	How is your <b>reading</b> ability of Thai language	(5) Poor (7) Good (9) Excellent (6) Fair (8) Very good	
12.	What other languages can you read and write?	(0) Not at all (8) Tavoy (10) Karen/Karenni (12) Other, specify..... (7) Burmese (9) Mon (11) Thai	
13.	Do you have any ID card issued by Thai authorities?		
	(0) Not at all (1) Pink Card (2) Light Blue Card (3) Orange Card (4) Violet Card	(5) Green with Red Edge Card (6) Thai ID Card (7) Tor Ror 38 (8) Labour card (work permit card) (9) Other, specify.....	
14.	Do you have any health insurance scheme? (0) Not at all (1) Health card I bought from the district hospital (2) Health card with work permit (3) UC Card (30 Bath Card) (4) Others		

**Part 1 : Reproductive Health Information: Ask women age 14 – 49 years**

No.	Questions	Code																
1.	<p>Have you ever get these reproductive health information? <b>(0) Never (Skip to # 4)</b></p> <p><b>Yes, (Can answer more than 1)</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">(1) Adolescent health</td> <td style="width: 50%;">(9) Sexual Transmitted Diseases (STIs)/AIDS</td> </tr> <tr> <td>(2) Premarital counseling</td> <td>(10) Menopausal period</td> </tr> <tr> <td>(3) Pregnancy/ANC</td> <td>(11) Cervical cancer</td> </tr> <tr> <td>(4) Delivery/Postpartum Check-up</td> <td>(12) Breast cancer</td> </tr> <tr> <td>(5) Contraception/Family planning</td> <td>(13) Unintended pregnancy</td> </tr> <tr> <td>(6) Child rising/Feeding</td> <td>(14) Abortion</td> </tr> <tr> <td>(7) Child health/Vaccination</td> <td>(15) Sexual activities and related problems</td> </tr> <tr> <td>(8) Infertility</td> <td>(16) Other, specify.....</td> </tr> </table>	(1) Adolescent health	(9) Sexual Transmitted Diseases (STIs)/AIDS	(2) Premarital counseling	(10) Menopausal period	(3) Pregnancy/ANC	(11) Cervical cancer	(4) Delivery/Postpartum Check-up	(12) Breast cancer	(5) Contraception/Family planning	(13) Unintended pregnancy	(6) Child rising/Feeding	(14) Abortion	(7) Child health/Vaccination	(15) Sexual activities and related problems	(8) Infertility	(16) Other, specify.....	
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(8) Infertility	(16) Other, specify.....																	
2.	<p>Where do you get reproductive health information?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">(1) Partner/spouse</td> <td style="width: 50%;">(6) Health center</td> </tr> <tr> <td>(2) Relatives/Friends</td> <td>(7) Government Hospital</td> </tr> <tr> <td>(3) TV</td> <td>(8) Private clinic/Private Hospita</td> </tr> <tr> <td>(4) Radio</td> <td>(9) Others, specify.....</td> </tr> <tr> <td>(5) Newspaper</td> <td></td> </tr> </table>	(1) Partner/spouse	(6) Health center	(2) Relatives/Friends	(7) Government Hospital	(3) TV	(8) Private clinic/Private Hospita	(4) Radio	(9) Others, specify.....	(5) Newspaper								
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(4) Radio	(9) Others, specify.....																	
(5) Newspaper																		
3.	<p>How much do you get reproductive health information?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">(1) Very less</td> <td style="width: 33%;">(2) Less</td> <td style="width: 33%;">(3) Medium</td> </tr> <tr> <td>(4) Much</td> <td>(5) Very much</td> <td></td> </tr> </table>	(1) Very less	(2) Less	(3) Medium	(4) Much	(5) Very much												
(1) Very less	(2) Less	(3) Medium																
(4) Much	(5) Very much																	
4.	<p>Does this service available in the sub-district/district that you are currently living?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">4.1 Contraception/Family Planning</td> <td style="width: 50%;">(1) Yes (2) No (9) Don't know</td> </tr> <tr> <td>4.2 ANC</td> <td>(1) Yes (2) No (9) Don't know</td> </tr> <tr> <td>4.3 Birth attended by health personnel</td> <td>(1) Yes (2) No (9) Don't know</td> </tr> <tr> <td>4.4 Postpartum Check-Up</td> <td>(1) Yes (2) No (9) Don't know</td> </tr> <tr> <td>4.5 Pap smear (Cervical cancer screening)</td> <td>(1) Yes (2) No (9) Don't know</td> </tr> <tr> <td>4.6 Breast cancer screening</td> <td>(1) Yes (2) No (9) Don't know</td> </tr> </table>	4.1 Contraception/Family Planning	(1) Yes (2) No (9) Don't know	4.2 ANC	(1) Yes (2) No (9) Don't know	4.3 Birth attended by health personnel	(1) Yes (2) No (9) Don't know	4.4 Postpartum Check-Up	(1) Yes (2) No (9) Don't know	4.5 Pap smear (Cervical cancer screening)	(1) Yes (2) No (9) Don't know	4.6 Breast cancer screening	(1) Yes (2) No (9) Don't know					
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5.	<p>What reproductive health information that you need more? (Can answer more than 1)</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">(1) Adolescent health</td> <td style="width: 50%;">(9) Sexual Transmitted Diseases (STIs)/AIDS</td> </tr> <tr> <td>(2) Premarital counseling</td> <td>(10) Menopausal period</td> </tr> <tr> <td>(3) Pregnancy/ANC</td> <td>(11) Cervical cancer</td> </tr> <tr> <td>(4) Delivery/Postpartum Check-up</td> <td>(12) Breast cancer</td> </tr> <tr> <td>(5) Contraception/Family planning</td> <td>(13) Unintended pregnancy</td> </tr> <tr> <td>(6) Child rising/Feeding</td> <td>(14) Abortion</td> </tr> <tr> <td>(7) Child health/Vaccination</td> <td>(15) Sexual activities and related problems</td> </tr> <tr> <td>(8) Infertility</td> <td>(16) Other, specify.....</td> </tr> </table>	(1) Adolescent health	(9) Sexual Transmitted Diseases (STIs)/AIDS	(2) Premarital counseling	(10) Menopausal period	(3) Pregnancy/ANC	(11) Cervical cancer	(4) Delivery/Postpartum Check-up	(12) Breast cancer	(5) Contraception/Family planning	(13) Unintended pregnancy	(6) Child rising/Feeding	(14) Abortion	(7) Child health/Vaccination	(15) Sexual activities and related problems	(8) Infertility	(16) Other, specify.....	
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(8) Infertility	(16) Other, specify.....																	



No.	Questions	Code
14.	Do you have these problems/obstacles when you want to use reproductive health services?	
	14.1 Health insurance	(0) No (1) Yes
	14.2 Language	(0) No (1) Yes
	14.3 Transportation	(0) No (1) Yes
	14.4 Other, specify.....	

**Part 3 : Abortion and complication treatment: Ask Women age 14 – 49 years**

15.	How old are you when having first sexual intercourse?	(0) Never (Skip this part) (1) Yes, first time at.....years old	
16.	Have you ever/currently have these problems?		
	16.1 Unintended pregnancy	(0) No (1) Yes	
	16.2 Abortion	(0) No (Skip this part) (1) Yes	
17.	How many months of pregnancy when you go abortion?	..... months	
18.	How did you get abortion? (0) Spontaneous abortion (1) Myself did induce. (2) My relatives/Friends induced it for me. (3) Traditional Healer induced for me. (4) Health Personnel (Private Part) induced for me. (5) Health Personnel (Government Part) induced for me.		
19.	Did you get any complication when you got abortion? (1) No (2) Severe bleeding/Shock (3) Fever	(4) Foul discharge (5) Other, specify.....	
20.	Where did you get treatment when you have abortion related complication? (0) No, I did not get treatment. (1) Private clinic/Private hospital (2) Health Center	(3) Government hospital (4) Others, specify.....	

**Part 4 : Knowledge of HIV-related Prevention Practice**

No.	Questions	Code
21.	Have you ever heard about an illness called AIDS?	(0) No (Skip this part) (1) Yes
<b>Can people get HIV infection from these?</b>		
22.	Having sexual intercourse with HIV infected people without using condom	(1) Yes (2) No (9) Don't know
23.	Having mosquito bite	(1) Yes (2) No (9) Don't know
24.	Use needle, syringe or sharp with HIV infected person	(1) Yes (2) No (9) Don't know
25.	Share food with HIV infected people	(1) Yes (2) No (9) Don't know
26.	Baby who are born from HIV infected mother	(1) Yes (2) No (9) Don't know
<b>Answer these questions up on your understanding</b>		
27.	Is it possible for a healthy-looking person to have the HIV/AIDS virus?	(1) Yes (2) No (9) Don't know
28.	Can HIV/AIDS Infection be completely cure?	(1) Yes (2) No (9) Don't know
29.	Can people take medicine to prevent HIV/AIDS infection?	(1) Yes (2) No (9) Don't know
30.	Can HIV/AIDS infection be prevented by using condom every time having sexual intercourse?	(1) Yes (2) No (9) Don't know

**Part 5 : Family Planning and Contraception : Ask married or ever married women**

31.	Have you ever use contraception?	(0) No (Skip to # 37) (1) Yes
32.	What contraceptive method do you currently use?	(1) Contraceptive pill (6) Sterilization (Skip to # 34) (2) DMPA (7) Rhythm (3) Condom (8) Withdrawal method (4) Emergency contraceptive pill (9) Vasectomy (5) IUD (Intraceptive Uterine Device) (10) Other, specify.....

No.	Questions	Code
33.	Where do you currently get contraceptive method? (1) Drug store (2) Government hospital (3) Health center (4) Private clinic/Private hospital (5) Other, specify.....	
34.	Who suggested/facilitated you to use contraception? (1) Nobody (2) Partner/spouse (3) Mothers/Fathers (of husband/wife) (4) Relatives/Friends (5) Private clinic/hospital (6) Health Center (7) Government Hospital (8) Other, specify.....	
35.	What contraceptive method you began using? (1) Contraceptive pill (2) DMPA (3) Condom (4) Emergency contraceptive pill (5) IUD (6) Sterilization (7) Safe period counting (8) Withdrawal method (9) Other, specify.....	
36.	How many year should it be for child spacing? (1) Not limit because..... (2) 1 year (3) 2 years (4) 3 years (5) more than 3 years	
# 37 – 38 Ask only the women who currently did not use contraceptive methods		
37.	What is the major reason that you do not use contraception? (1 answer only) (1) Single (2) Currently pregnant (3) Harmful to my health (4) Spouse does not allow (5) Want to get pregnant (6) Against my religion (7) Not available at the facility (8) Service Cost Expensive (9) Service not satisfied (10) Facilities is far from my house (11) Not stay with spouse (12) Divorced/Widowed (13) Menopause (14) Other, specify.....	
38.	Do you intended to use contraceptive methods (if any)? (1) No (2) Yes	

**Part 6 : ANC Ask every women**

39.	Are you currently pregnant? (0) No (Skip this part) (1) Yes	
40.	How many months that you don't have menstruation? ..... months	

No.	Questions	Code
41.	Do you get antenatal care (ANC)? (0) No (Skip to # 46 ) (1) Yes, at (specify place).....	
42.	Where do you currently get ANC? (1) Government hospital (2) Private clinic/Private hospital (2) Health Center (3) Other, specify.....	
43.	Who suggested/facilitated you to get ANC? (1) Nobody, I decide myself (5) Government hospital (2) Partner/spouse (6) Health center (3) Mothers/Fathers (of husband/wife) (7) Relatives/Friends (4) Private clinic/Private Hospital (8) Others, specify.....	
44	Have you got Tetanus Toxoid? (0) No (1) Yes, ..... times	
45.	Do you go for ANC every time of appointment? (0) No, because..... (1) Yes	
46.	What is the major reason that you did not ANC? (1 answer only) (1) Not necessary (6) Expensive (2) Harmful to my health (7) Service not satisfaction (3) Spouse does not allow (8) Facilities is far (4) Against my religion (9) Other, (5) Not available at the facility specify.....	

**Part 7 : Pregnant and delivery history : Ask every women**

47.	Have you ever give birth? (0) No (Skip this part) (1) Yes	
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Gravida	Pregnant result (1) Live birth (2) Still birth/died before 1 month (3) Spontaneous Abortion (4) Induced abortion (5) Currently pregnant	Age of Mother when getting pregnant	Place of Birth (1) Home (2) Health center/ Government hospital (3) Private clinic/ Private Hospital
1 st	(1) (2) (3) (4) (5)		(1) (2) (3)
2 nd	(1) (2) (3) (4) (5)		(1) (2) (3)
3 rd	(1) (2) (3) (4) (5)		(1) (2) (3)
4 th	(1) (2) (3) (4) (5)		(1) (2) (3)
5 th	(1) (2) (3) (4) (5)		(1) (2) (3)
6 th	(1) (2) (3) (4) (5)		(1) (2) (3)
7 th	(1) (2) (3) (4) (5)		(1) (2) (3)
8 th	(1) (2) (3) (4) (5)		(1) (2) (3)
9 th	(1) (2) (3) (4) (5)		(1) (2) (3)
10 th	(1) (2) (3) (4) (5)		(1) (2) (3)

**3.5 Birth Attended by Skilled Health Personnel: Ask ever gave birth women**

No.	Questions	Code
48.	How old is your last child? ..... years/months/days	
49.	Did you get post partum check-up by skilled health personnel? (0) No (1) Yes	

**Part 8 : Cancer in Reproductive System: Ask women age 35 years or above.**

50.	Have you ever get cervical cancer screening? (0) No (Skip to # ) (1) Yes, ..... years/months/days ago	
51.	How was the result? (1) Normal (2) Malignancy found (9) Result unknown	
52.	Have you ever practiced self-breast examination? (1) Never (3) Practice monthly (2) Just once practice (4) Sometimes but not regular	
53.	Have you ever gotten breast examination for cancer screening by health personnel? (1) Never (4) Yes, every 2 years (2) Just once (5) Yes, but irregular (3) Yes, annually	



## CURRICULUM VITAE

**Name:** Ms. Umakon Sithong

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