

Teenage Pregnancy Health Literacy Questionnaire for Lao Adolescents

This questionnaire was developed as part of a sub study under the research title
 “Teenage Pregnancy and Sexual Reproductive Health Literacy in Adolescents of Lao PDR”

(This questionnaire was firstly adapted based on HL Survey in First Year University Students in Lao PDR and the WHO Illustrative Questionnaire for Interview-Surveys with Young People; and translated back-and-forth based on Lao version)

Part 1: Socio-demographic information

| Order | Question | Answer | Remark/Skip |
|-------|--|---|---|
| Q1.1 | What is your date of birth? What is your age? | Date of birth /...../... (day/month/year) Age: years <input type="checkbox"/> Don't know/cannot remember | |
| Q1.2 | What is your gender? | <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. female <input type="checkbox"/> 99. Other, specify..... | |
| Q1.3 | What is your place of birth? | District: Province: Country: | |
| Q1.4 | Where do you current live? | District:Province: | |
| Q1.5 | Which of the following best describes the area you live in? | <input type="checkbox"/> 1. Urban <input type="checkbox"/> 2. Suburban <input type="checkbox"/> 3. Rural | |
| Q1.6 | What is your ethnicity? | <input type="checkbox"/> 1. Lao Loum <input type="checkbox"/> 2. Hmong <input type="checkbox"/> 3. Keummu <input type="checkbox"/> 99. Other, specify..... | |
| Q1.7 | What is your primary language? | <input type="checkbox"/> 1. Lao <input type="checkbox"/> 2. Ethnic language <input type="checkbox"/> 99. Other (specify | |
| Q1.8 | What is the highest level of education you have completed? | <input type="checkbox"/> 0. none/never went to school <input type="checkbox"/> 1. Primary school <input type="checkbox"/> 2. Lower Secondary school <input type="checkbox"/> 3. Upper Secondary school <input type="checkbox"/> 4. Vocational school <input type="checkbox"/> 5. Higher education (applied univ./univ.) | <i>If never went to school, go to Q1.13</i> |
| Q1.9 | Do you currently follow any education? (which of the following?) | <input type="checkbox"/> 0. Not schooling <input type="checkbox"/> 1. Primary school <input type="checkbox"/> 2. Lower Secondary school <input type="checkbox"/> 3. Upper secondary school <input type="checkbox"/> 4. Vocational school <input type="checkbox"/> 5. Higher education (applied univ./univ.) <input type="checkbox"/> 99. other, please specify..... | |
| | Q1.9a If currently schooling, in which year? | Year: | |
| | Q1.9b If currently not schooling, what was the latest level? | Primary year: Secondary year: | |
| Q1.10 | Do you have a job? | <input type="checkbox"/> 0. No job <input type="checkbox"/> 1. yes, fulltime (more than 4 hours a day) | <i>If No job, go to Q1.12</i> |

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| | | <input type="checkbox"/> 2. yes, part-time, 2 - 4 hours a day <input type="checkbox"/> 3. yes, part-time, less than 2 hours a day | |
| | Q1.10a. What is your job? | <input type="checkbox"/> 1. Staff gov./private <input type="checkbox"/> 2. Services <input type="checkbox"/> 3. Labor <input type="checkbox"/> 4. Farmer <input type="checkbox"/> 5. Merchant <input type="checkbox"/> 99. Other, specify _____) | |
| Q1.11 | What is your relationship status? | <input type="checkbox"/> 1. Single <input type="checkbox"/> 2. in a relationship/in union <input type="checkbox"/> 3. Married <input type="checkbox"/> 4. divorced/separated <input type="checkbox"/> 99. Other, specify _____) | |
| Q1.12 | Do you consider yourself to be: | <input type="checkbox"/> 1. Heterosexual or straight <input type="checkbox"/> 2. Homosexual <input type="checkbox"/> 3. Bisexual <input type="checkbox"/> 4. Prefer not to answer | |
| Q1.13 | Do you consider yourself to be transgender? | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No | |
| Q1.14 | What is your household status? | <input type="checkbox"/> 1. living with parents/family/guardians <input type="checkbox"/> 2. living with spouse/partner <input type="checkbox"/> 3. living alone <input type="checkbox"/> 99. Other, specify _____) | |
| Q1.15 | What is your current household income per month? (by estimation in Lao Kip, from total of all people living in your household) | <input type="checkbox"/> Kip <input type="checkbox"/> Don't know | |
| Q1.16 | Is there anyone in your family who works as medical-related career? (e.g. nurse, doctor, pharmacist etc.) | <input type="checkbox"/> 1. No body <input type="checkbox"/> 2. Yes, father <input type="checkbox"/> 3. Yes, mother <input type="checkbox"/> 4. Yes, spouse <input type="checkbox"/> 5. Yes, sibling | (Multiple answers possible) |
| Q1.17 | Do you have access to internet? | <input type="checkbox"/> 1. Yes, everywhere <input type="checkbox"/> 2. Yes, at school/work <input type="checkbox"/> 3. Yes, at home <input type="checkbox"/> 4. Only in public places <input type="checkbox"/> 5. Other places (.....) <input type="checkbox"/> 0. No, I don't have access to internet | (Multiple answers possible) |
| Q1.18 | Do you have children? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1 child <input type="checkbox"/> 2 children <input type="checkbox"/> 3 or more | |
| Q1.19a | For girl, are you currently pregnant? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes | |
| Q1.19b | For boy, do you have a wife, or in-union? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes | |
| Q1.20 | Who pays for your health care and medication? | <input type="checkbox"/> 1. Myself <input type="checkbox"/> 2. Parents <input type="checkbox"/> 3. Spouse <input type="checkbox"/> 4. Sibling <input type="checkbox"/> 99. Other, specify | |
| Q1.21 | Are you able to afford to see the doctor in regard to time, cost, and transport? Family support? | <input type="checkbox"/> 1. Very easy <input type="checkbox"/> 2. Fairly easy <input type="checkbox"/> 3. Fairly difficult <input type="checkbox"/> 4. Very difficult | |
| Q1.22 | During the last 12 months, would you say you (your | <input type="checkbox"/> 1. Most of the time <input type="checkbox"/> 2. From time to time | |

| | | | |
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| | family) had difficulties to pay your bills at the end of the month? | <input type="checkbox"/> 3. Almost never/never | |
| Q1.23 | Are you (or with your parents) using health insurance of any company? | <input type="checkbox"/> 1. Yes public insurance <input type="checkbox"/> 2. Yes private insurance <input type="checkbox"/> 3. No Insurance <input type="checkbox"/> 98. DK / No answer | |

Part 2: Personal health information

| Order | Question | Answer | Remark/Skip |
|-------|--|--|---|
| Q2.1 | How is your health in general? | <input type="checkbox"/> 1. Very bad <input type="checkbox"/> 2. Bad <input type="checkbox"/> 3. Fair; <input type="checkbox"/> 4. Good <input type="checkbox"/> 5. Very good | |
| Q2.2 | Do you have any disabilities? | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No | |
| | a) If yes, what is the disability called? | <input type="checkbox"/> 1. Vision or hearing impairment <input type="checkbox"/> 2. Mobility impairment <input type="checkbox"/> 3. Learning disability (ADD, dyslexia) <input type="checkbox"/> 4. Mental Health disorder <input type="checkbox"/> 99. Other, specify..... | |
| Q2.3 | Do you currently have any chronic or long-term disease? (disease that lasts around 6 months or longer) | <input type="checkbox"/> 1. Yes, more than one <input type="checkbox"/> 2. Yes, one <input type="checkbox"/> 3. No | |
| Q2.4 | Comparing to other people in your age and gender, what do you think about your health? | <input type="checkbox"/> 1. Worse than the majority <input type="checkbox"/> 2. Worse than a few other people <input type="checkbox"/> 3. Average <input type="checkbox"/> 4. Better than a few other people <input type="checkbox"/> 5. Better than the majority | |
| Q2.5 | For the last 6 months, how much did your health problem limited your usual activities? | <input type="checkbox"/> 1. Severely limited <input type="checkbox"/> 2. Limited a little <input type="checkbox"/> 3. Not at all | |
| Q2.6 | Do you smoke (cigarette, pipe, E-cigarette, etc.), | <input type="checkbox"/> 0. No, I don't smoke <input type="checkbox"/> 1. I am currently a smoker <input type="checkbox"/> 2. I quit smoking already | <i>if no or quite smoking, go to Q2.7</i> |
| | a) If you are currently a smoker, how many cigarettes do you smoke in a day? | <input type="checkbox"/> 3. I smoke 1-10 cigarettes/day <input type="checkbox"/> 4. I smoke 11-20 cigarettes/day <input type="checkbox"/> 5. I smoke more than 20 cigarettes/day | |
| | b) What type of cigarette do you usually smoke? | <input type="checkbox"/> 1. Factory cigarette <input type="checkbox"/> 2. Hand-rolled cigarette | |

| | | | |
|------|---|---|---|
| | c) How old were you when you began to smoke cigarettes regularly? | years | |
| Q2.7 | Within the past 12 months, did you drink alcoholic beverage? (including beer, wine, spy, local alcohol, and other alcohol-mixed drink) (choose the one that best describes your drinking behavior in the last year) | <input type="checkbox"/> 1. No, I never drink alcoholic beverages <input type="checkbox"/> 2. Less than once a month <input type="checkbox"/> 3. Yes, I drink once a month <input type="checkbox"/> 4. Yes, I drink once a week <input type="checkbox"/> 5. Yes, I drink every day | <i>if no or never drink, go to Q2.8</i> |
| | a) On a day when you drink alcoholic beverages, how many do you usually drink? | <input type="checkbox"/> 0. I never drink alcoholic beverages <input type="checkbox"/> 1. ≤ 1 drink <input type="checkbox"/> 2. 1-2 drinks <input type="checkbox"/> 3. 3-4 drinks <input type="checkbox"/> 4. 5-6 drinks <input type="checkbox"/> 5. 7-9 drinks <input type="checkbox"/> 6. ≥10 drinks <input type="checkbox"/> 7. Cannot count | |
| | b) How old were you when you started drinking alcoholic beverages regularly? | years | <i>Discuss if drinking regularly.</i> |
| Q2.8 | How often during the last month did you exercise for 30 minutes or longer (e.g. running, walking, cycling, or playing any sports)? | <input type="checkbox"/> 1. Almost every day <input type="checkbox"/> 2. 1-2 times/week <input type="checkbox"/> 3. 1-2 times/month <input type="checkbox"/> 4. Not at all | |
| Q2.9 | Are you currently using any addicting drugs? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes | <i>if no, go to part 3</i> |
| | a) If yes, what kind of addicting drugs? | <input type="checkbox"/> 1. Cannabis <input type="checkbox"/> 2. Ecstasy <input type="checkbox"/> 3. Cocaine <input type="checkbox"/> 4. LSD <input type="checkbox"/> 5. Magic Mushrooms <input type="checkbox"/> 6. Amphetamines <input type="checkbox"/> 7. Solvents <input type="checkbox"/> 8. Ketamine <input type="checkbox"/> 9. Heroin <input type="checkbox"/> 99. Other(s) ... | |
| | b) If yes, how often do you take addicting drugs? | <input type="checkbox"/> 1. Daily <input type="checkbox"/> 2. Several times per week <input type="checkbox"/> 3. Several times a month <input type="checkbox"/> 4. Several times per year <input type="checkbox"/> 5. Only one or a few times | |

Part 3: Information sources, knowledge, behavior and attitude related to teenage pregnancies, contraceptives and abortion

(The following four sub-part questions were adopted and modified based on the Illustrative Questionnaire for Interview-Surveys with Young People, by John Cleland)

Part 3A: Sources of information on Teenage pregnancy, contraceptives and abortion

| Order | Question | Answer | Remark/Skip |
|-------|---|--|--|
| Q3.1 | About sources of information on the sexual and reproductive systems of men and women – (where eggs and sperm are made and how pregnancy occurs). What has been the most important source of information on this topic? | <input type="checkbox"/> 1. School teacher <input type="checkbox"/> 2. Parents <input type="checkbox"/> 3. Other family members <input type="checkbox"/> 4. Friends <input type="checkbox"/> 5. Doctors <input type="checkbox"/> 6. Books/magazines <input type="checkbox"/> 7. Films/Videos <input type="checkbox"/> 8. Internet <input type="checkbox"/> 99. Other, specify..... | <i>(Please select only one answer)</i> |
| Q3.2 | Now about sources of information on contraceptives – (methods to avoid a pregnancy). What has been the most important source of information on this topic? | <input type="checkbox"/> 1. School teacher <input type="checkbox"/> 2. Parents <input type="checkbox"/> 3. Other family members <input type="checkbox"/> 4. Friends <input type="checkbox"/> 5. Doctors <input type="checkbox"/> 6. Books/magazines <input type="checkbox"/> 7. Films/Videos <input type="checkbox"/> 8. Internet <input type="checkbox"/> 99. Other, specify..... | |
| Q3.3 | Now about sources of information on abortion – (termination of a unwanted pregnancy). What has been the most important source of information on this topic? | <input type="checkbox"/> 1. School teacher <input type="checkbox"/> 2. Parents <input type="checkbox"/> 3. Other family members <input type="checkbox"/> 4. Friends <input type="checkbox"/> 5. Doctors <input type="checkbox"/> 6. Books/magazines <input type="checkbox"/> 7. Films/Videos <input type="checkbox"/> 8. Internet <input type="checkbox"/> 99. Other, specify..... | |
| Q3.4 | Some schools have classes on sexual and reproductive systems including pregnancy and contraceptive methods. Did you ever attend school classes on any of these topics? | <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Not sure <input type="checkbox"/> 4. Never been to school | |
| Q3.5 | Apart from school, have you ever taken course or activity related to sexual education before? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes | |

Part 3B: Knowledge related to teenage pregnancy, contraceptives and abortion

Please read the following statements and tell (check) whether you think the statement is true, or false, or whether you don't know.

| Order | Question | Answer | Remark/Skip | |
|-------|---|---|---|---|
| Q3.6 | A teenage girl cannot become pregnant on the very first time that she has sexual intercourse. | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False <input type="checkbox"/> 3. Don't know | <i>Please select only one answer</i> | |
| Q3.7 | Condoms are an ineffective method to prevent a pregnancy. | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False <input type="checkbox"/> 3. Don't know | | |
| Q3.8 | Emergency pills (to prevent having a baby after having unprotected sex) need to be taken within 72 hours after having unprotected sex. | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False <input type="checkbox"/> 3. Don't know | | |
| Q3.9 | A teenage girl is most likely to have a baby, if she has sexual intercourse half way between her periods. | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False <input type="checkbox"/> 3. Don't know | | |
| Q3.10 | If a teenage girl experiences problems of an abortion, she cannot receive health care in a hospital | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False <input type="checkbox"/> 3. Don't know | | |
| Q3.11 | An induced abortion with a non-professional health provider or/and place outside hospital can lead to the problem of bleeding, infection and death. | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False <input type="checkbox"/> 3. Don't know | | |
| Q3.12 | A teenage girl with an irregular menstrual period cannot become pregnant | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False <input type="checkbox"/> 3. Don't know | | |
| Q3.13 | Birth control pills can only be used by married girls/women | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False <input type="checkbox"/> 3. Don't know | | |
| Q3.14 | When a teenage girl becomes pregnant, the father of the child must take the responsibility for the child and girl (e.g. marriage or financial contribution) | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False <input type="checkbox"/> 3. Don't know | | |
| Q3.15 | A teenage girl can become pregnant if she has unprotected sex with a male on the right day, which is only one day a month. | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False <input type="checkbox"/> 3. Don't know | | |
| Q3.16 | A teenage girl has to leave the school when she is having a baby. | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False <input type="checkbox"/> 3. Don't know | | |
| Q3.17 | Compared to older women, teenage mothers are ... | | | <i>Please select only one answer</i> |
| | a) ... more likely to find a good job | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False <input type="checkbox"/> 3. Don't know | | |
| | b) ... more likely to end up as single parents | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False <input type="checkbox"/> 3. Don't know | | |
| | c) ... more likely to end up raising their children in wealth | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False <input type="checkbox"/> 3. Don't know | | |
| | d) ... more likely to give | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False | | |

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|--|--|---|--|
| | birth preterm | <input type="checkbox"/> 3. Don't know | |
| | e) ... more likely to give birth to a baby with a low birthweight | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False <input type="checkbox"/> 3. Don't know | |
| | f) ... more likely to suffer from diseases related to the pregnancy and even death | <input type="checkbox"/> 1. True <input type="checkbox"/> 2.False <input type="checkbox"/> 3. Don't know | |

Part 3C: Attitude towards teenage pregnancy, contraceptives and abortion

| Order | Question | Answer | Remark/Skip |
|--|---|--|--------------------------------------|
| To what extent do you agree or disagree with the following statements | | | Please select only one answer |
| Q3.18 | The main reason why teenagers are having a baby is ... | | |
| | a) ... because of a mistake | <input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree | |
| | b) ... to keep their boyfriend/girlfriend | <input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree | |
| | c) ... carelessness | <input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree | |
| | d) ... because they want to become a mum/dad | <input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree | |
| | e) ... local tradition/ culture (e.g. child marriage) | <input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree | |
| Q3.19 | In your opinion, how should a teenager handle a unintended pregnancy? | | Please select only one answer |
| | a) Deliver & keep the baby | <input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree | |
| | b) Deliver & give baby to adoption | <input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree | |

| | | | |
|------|--|--|--------------------------------------|
| | c) Induced abortion | <input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree | |
| 3.20 | If a teenage girl becomes pregnant, it is the responsibility of the | | <i>Please select only one answer</i> |
| | a) Girl | <input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree | |
| | b) The boy | <input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree | |
| | c) Both boy and girl equally | <input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree | |
| | d) Parents | <input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree | |
| 3.21 | In your opinion, is it acceptable for a teenage girl to become pregnant in your community? | <input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree | <i>Please select only one answer</i> |

Part 3D: Behaviors related to teenage pregnancy, contraceptives and use of health services

| Order | Question | Answer | Remark/Skip |
|--|---|--|--------------------------------------|
| 3D1: First sex and relationship | | | |
| Q3.22 | Have you ever had sex? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <i>If never had sex, go to Q3.31</i> |
| | a. If yes, about the first time that you had sexual intercourse, how old were you at that time? | <input type="checkbox"/> My age was when I first had sex. <input type="checkbox"/> I cannot remember my age of when I first had sex | |
| Q3.23 | What was the age of the person you had you had your first sexual intercourse with at that moment? | <input type="checkbox"/> His/her age was..... Years old <input type="checkbox"/> I don't know/cannot remember | |
| Q3.24 | How would describe your relationship to that person? | <input type="checkbox"/> 1. Boy/girl friend <input type="checkbox"/> 2. Stranger/relative/other person who forced me <input type="checkbox"/> 3. One night stand <input type="checkbox"/> 4. Commercial sex partner | |
| Q3.25 | How many days, weeks, months or years were there between the time you started your relationship and the time you first had sex with him/her? (please fill in only one option, choose the one that's the most easy for you to calculate/say) |Years.....Months..... Days. | |

| | | | |
|--|--|---|--|
| Q3.26 | Are you at this moment in a relationship with that same person? | <input type="checkbox"/> 0. Yes <input type="checkbox"/> 1. No | |
| Q3.27 | On that first time did you or he/she do anything to avoid a pregnancy? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes | |
| Q3.28 | What method did you use? | <input type="checkbox"/> 1. Condom <input type="checkbox"/> 2. Pill <input type="checkbox"/> 3. Injection <input type="checkbox"/> 4. Withdrawal <input type="checkbox"/> 5. Safe period <input type="checkbox"/> 99. Other (specify.....) | |
| Q3.29 | Did you ever discuss contraception with him/her? (if Yes, before or after the intercourse?) | <input type="checkbox"/> 1. Before first intercourse <input type="checkbox"/> 2. After first intercourse <input type="checkbox"/> 3. Never | |
| Q3.30 | Whose decision was it to use contraception? | <input type="checkbox"/> 1. My decision <input type="checkbox"/> 2. His/her decision <input type="checkbox"/> 3. Joint decision | |
| 3D2: Use of Contraceptive methods | | | |
| Q3.31 | Which contraceptive methods have you heard of? | <input type="checkbox"/> 1. IUD <input type="checkbox"/> 2. Implant <input type="checkbox"/> 3. Jelly/foam <input type="checkbox"/> 4. Female Sterilization <input type="checkbox"/> 5. Male Sterilization <input type="checkbox"/> 6. Pill <input type="checkbox"/> 7. Injection <input type="checkbox"/> 8. Condom <input type="checkbox"/> 9. Emerg. Pills <input type="checkbox"/> 10. Withdrawal <input type="checkbox"/> 6. Abstinence/safe period <input type="checkbox"/> 99. Other (Specify.....) <input type="checkbox"/> 98. D.K./never heard of | <i>multiple answers are possible</i> |
| Q3.33 | If sexually active, what contraceptive method do you mostly use? | <input type="checkbox"/> 1. Condom <input type="checkbox"/> 2. Pill <input type="checkbox"/> 3. Injection <input type="checkbox"/> 4. Withdrawal <input type="checkbox"/> 5. Periodic Abstinence <input type="checkbox"/> 99. Other (specify.....) | <i>if never had sex, Skip to Q3.40</i> |
| Q3.34 | Which contraceptive methods have you or a sexual partner ever used? | <input type="checkbox"/> 1. Condom <input type="checkbox"/> 2. Pill <input type="checkbox"/> 3. Injection <input type="checkbox"/> 4. Withdrawal <input type="checkbox"/> 5. Periodic Abstinence <input type="checkbox"/> 99. Other (specify.....) | <i>multiple answer is possible</i> |
| Q3.35 | How often do you use contraceptives when having sexual intercourse? | <input type="checkbox"/> 1. Always <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Never <input type="checkbox"/> 4. Never had sex | |
| Q3.36 | Where did you or he/she get this contraceptive method? | <input type="checkbox"/> 1. Shop <input type="checkbox"/> 2. Pharmacy <input type="checkbox"/> 3. Clinic/Health Centre/Hospital <input type="checkbox"/> 4. Private Doctor/Nurse/Clinic <input type="checkbox"/> 5. Friend <input type="checkbox"/> 99. Other (Specify.....) | <i>multiple answer is possible</i> |
| Q3.37 | Did you experience any difficulties in accessing contraceptive methods during your last visit? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes | |
| Q3.38 | MALE: Did you ever make a girl pregnant? FEMALE: Did you ever become | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes | <i>if no, skip to Q3.40</i> |

| | | | |
|------------------------------------|--|---|----------------------------------|
| | pregnant? | | |
| Q3.39 | What happened to the pregnancy? | <input type="checkbox"/> 1. Currently pregnant <input type="checkbox"/> 2. Induced Abortion <input type="checkbox"/> 3. Miscarriage <input type="checkbox"/> 4. Live-birth | |
| 3D3: Use of health services | | | |
| Q3.40 | Have you ever visited a health facility /health provider to receive services or information on contraception, pregnancy, induced abortion? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes | <i>if no, skip to Q3.51</i> |
| Q3.41 | How many times have you sought services or information from a health provider for these services in the last twelve months? | Number of times: <input type="checkbox"/> 0. Did not seek care in last 12 months | <i>if did not, skip to Q3.51</i> |
| Q3.42 | Thinking about your last visit, what facility did you visit? | <input type="checkbox"/> 1. Government clinic <input type="checkbox"/> 2. Public health center <input type="checkbox"/> 3. Public hospital <input type="checkbox"/> 4. Private doctor/clinic <input type="checkbox"/> 5. Alternative healer, or traditional medicine <input type="checkbox"/> 99. Other (specify.....) | |
| Q3.43 | What was the reason for this last visit? | <input type="checkbox"/> 1. Contraception <input type="checkbox"/> 2. STD/STI's? <input type="checkbox"/> 3. Gynecological exam <input type="checkbox"/> 4. Pregnancy test <input type="checkbox"/> 5. Induced abortion <input type="checkbox"/> 6. Mother and child check-up <input type="checkbox"/> 99. Other (specify.....) | |
| Q3.44 | At this facility, did you see any posters on contraception? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes | |
| Q3.45 | Were you given brochures on contraception? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes | |
| Q3.46 | Did the you talk about contraception/pregnancy/induced abortion during this last visit? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes | |
| Q3.47 | Did the health provider (e.g. doctor or nurse) talk to you about pregnancy? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes | |
| Q3.48 | Did you feel comfortable enough to ask questions? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes | |
| Q3.49 | Were the questions you asked during the consultation answered adequately? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes | |
| Q3.50 | Was there enough confidentiality/privacy? | <input type="checkbox"/> 0. No <input type="checkbox"/> 1. Yes | |
| Q3.51 | Have you ever used online counseling service related to pregnancy, contraceptives and/or induced abortion (e.g. youth counseling hotline, etc...)? | <input type="checkbox"/> 1. Often <input type="checkbox"/> 2. Sometimes <input type="checkbox"/> 3. Never | |

Part 4: Teenage Pregnancy Health Literacy

This part of the questionnaire is used to measure the teenage pregnancy health literacy based on the self-perception of the respondents. Some questions in this section may have to be assumed

(according to the interviewer training) for those who have never had sexual experience, to comfortably answer the questions.

| On a scale from very easy to very difficult, how easy would you say it is to: ... | | Put a circle on the answer number | | | |
|---|--|-----------------------------------|-----------|------|-----------|
| | | Very Difficult | Difficult | Easy | Very Easy |
| Accessing | | | | | |
| 4.1 | ... find information about which contraceptives you can use? | 1 | 2 | 3 | 4 |
| 4.2 | ... find information about possible side-effects of contraceptives? | 1 | 2 | 3 | 4 |
| 4.3 | ... find information about early symptoms of pregnancy and pregnancy testing? | 1 | 2 | 3 | 4 |
| 4.4 | ... find information about how you can live healthy during a pregnancy? | 1 | 2 | 3 | 4 |
| 4.5 | ... find information where to get (professional) help when you are/ your girlfriend is pregnant? | 1 | 2 | 3 | 4 |
| 4.6 | ... find information about problems that can occur during a teenage pregnancy? | 1 | 2 | 3 | 4 |
| 4.7 | ... find information about a safe induced abortion? (e.g. Is it legal in Lao PDR? How can you get access?) | 1 | 2 | 3 | 4 |
| 4.8 | ... find information about problems that can occur if having a miscarriage or induced abortion? | 1 | 2 | 3 | 4 |
| 4.9 | ... find information about activities (in your community or school) that you can join about contraceptives, teenage pregnancies and/or induced abortion? | 1 | 2 | 3 | 4 |
| Understanding | | | | | |
| On a scale from very easy to very difficult, how easy would you say it is to: ... | | Put a circle on the answer number | | | |
| | | Very Difficult | Difficult | Easy | Very Easy |
| 4.10 | ... understand your doctor's/pharmacist's instructions on how to use contraceptives/medicine? | 1 | 2 | 3 | 4 |
| 4.11 | ... understand information that comes with your leaflet/product packages (e.g. package of condoms or medicine box). | 1 | 2 | 3 | 4 |
| 4.12 | ... understand information in the media about pregnancy, contraceptives or induced abortion (e.g. Facebook, Google, television, brochures, poster)? | 1 | 2 | 3 | 4 |

| | | | | | |
|------|---|---|---|---|---|
| 4.13 | ... understand how sexual intercourse without contraceptive methods (e.g. condoms etc.) can lead to a pregnancy? | 1 | 2 | 3 | 4 |
| 4.14 | ... understand how you can test if you are/your girlfriend is pregnant and what symptoms occur in the first stage of pregnancy? | 1 | 2 | 3 | 4 |
| 4.15 | ... understand why pregnant teenage girls need to live healthy and see a professional doctor regularly during their pregnancy? | 1 | 2 | 3 | 4 |
| 4.16 | ... understand what to do in case when you have/ your girlfriend has a dangerous problem related to pregnancy? | 1 | 2 | 3 | 4 |
| 4.17 | ... understand what to do in case you have/ your girlfriend has a dangerous problem related to miscarriage or abortion? | 1 | 2 | 3 | 4 |
| 4.18 | ... understand the problems that can occur if you are/ your girlfriend is pregnant? | 1 | 2 | 3 | 4 |
| 4.19 | ... understand the problems that can occur if you have/ your girlfriend has an abortion? | 1 | 2 | 3 | 4 |

Appraising / Thinking

On a scale from very easy to very difficult, how easy would you say it is to: ...

Put a circle on the answer number

| | | | |
|-----------------------|------------------|-------------|------------------|
| Very Difficult | Difficult | Easy | Very Easy |
|-----------------------|------------------|-------------|------------------|

| | | | | | |
|------|---|---|---|---|---|
| 4.20 | ... judge what the advantages and disadvantages are for you of using contraceptives? | 1 | 2 | 3 | 4 |
| 4.21 | ... judge what the advantages and disadvantages are for you keeping the baby versus having an induced abortion, in case of an unintended pregnancy? | 1 | 2 | 3 | 4 |
| 4.22 | ... judge if it is necessary for you to go to the doctor if you have questions about pregnancies, contraceptives and/or abortion? | 1 | 2 | 3 | 4 |
| 4.23 | ... judge the quality of information in the media about pregnancies, contraceptives and/or abortion? | 1 | 2 | 3 | 4 |
| 4.24 | ... judge the quality of information from your family and friends about pregnancies, contraceptives and/or abortion? | 1 | 2 | 3 | 4 |
| 4.25 | ... judge the quality of information from your doctor or pharmacist about pregnancies, contraceptives and/or abortion? | 1 | 2 | 3 | 4 |
| 4.26 | ... judge the quality of information from your teacher or out-school/work activities? | 1 | 2 | 3 | 4 |

Applying / Deciding

| On a scale from very easy to very difficult, how easy would you say it is to: ... | | Put a circle on the answer number | | | |
|---|---|-----------------------------------|-----------|------|-----------|
| | | Very Difficult | Difficult | Easy | Very Easy |
| 4.27 | ... to use contraceptives before having sex? | 1 | 2 | 3 | 4 |
| 4.28 | ... use the doctor's or pharmacist's instructions about pregnancies, contraceptives and/or abortion? | 1 | 2 | 3 | 4 |
| 4.29 | ... follow the instructions that comes with your leaflet/product packages (e.g. condom package/ medicine box)? | 1 | 2 | 3 | 4 |
| 4.30 | ... decide what to do when you discover/your girlfriend discovers a pregnancy? (keeping the baby, abortion, adoption)? | 1 | 2 | 3 | 4 |
| 4.31 | ...decide what to do when you have/ your girlfriend has problem related to pregnancy? | 1 | 2 | 3 | 4 |
| 4.32 | ... decide what to do when you have/ your girlfriend has a problem related to contraceptives? | 1 | 2 | 3 | 4 |
| 4.33 | ... decide what to do when you have/your girlfriend has a problem related to abortion? (e.g. severe bleeding, pain, infection)? | 1 | 2 | 3 | 4 |
| 4.34 | ... talk/negotiate with your sexual partner about using a contraceptive method before having sex? | 1 | 2 | 3 | 4 |
| 4.35 | ... talk with your friends about teenage pregnancies, contraceptive methods and/or abortion? | 1 | 2 | 3 | 4 |
| 4.36 | ... talk with your family about teenage pregnancies, contraceptive methods and/or abortion? | 1 | 2 | 3 | 4 |
| 4.37 | ... consult your health provider (e.g. doctor or nurse) about teenage pregnancies, contraceptives and/or abortion? | 1 | 2 | 3 | 4 |
| 4.38 | ... consult you teacher about teenage pregnancies, contraceptives and/or abortion? | 1 | 2 | 3 | 4 |
| 4.39 | ... join/take part in a sexual education activities, family planning, and teenage supportive activities | 1 | 2 | 3 | 4 |

Part 5: Functional health literacy

For this part of the questionnaire, respondent will look at the information on a product. The data collector must ask the respondent to see the product (a condom box) for a few minutes carefully, to look at the information on that product; the respondent can open it but cannot tear it. Then ask the respondent to answer these following questions and restore the product in the same status as it was first given.

| | Questions | For each question, please just write a short answer or check the box | | For Researcher only (Please do not put any check in this column) | |
|-------|---|--|-----------------------------|---|----------------------------|
| Q5.1 | What is this thing? | | <input type="checkbox"/> DK | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| Q5.2 | How many pieces of product are there in the package/box ? | | <input type="checkbox"/> DK | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| Q5.3 | What is the purpose of use? | | <input type="checkbox"/> DK | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| Q5.4 | What is the expiry date? | | <input type="checkbox"/> DK | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| Q5.5 | What diseases or conditions does the leaflet tell about ? | | <input type="checkbox"/> DK | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| Q5.6 | Does it tell how to use? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK | | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| Q5.7 | Does it tell about the quality of the material? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK | | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| Q5.8 | Does it give any advice in case to contact health professional? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK | | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| Q5.9 | Is this product expired? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK | | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |
| Q5.10 | Can this product be reused? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK | | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 |