

## **Supplementary file 1**

### **FAMILY PLANNING QUALITATIVE INTERVIEW GUIDE**

#### **Demographic information**

- Age
- Number of children
- Number of pregnancies
- Marital status

#### **DECISION TO USE FAMILY PLANNING**

- What method of family planning (FP) do you currently use?
  - When did you start using it?
  - Where did you get it from?
- Did you talk to anyone about [chosen FP method] before you started using it?
  - Who did you talk to? (spouse, mother, mother-in-law, other family member, health care provider, friend, other)
  - What did [person you talked to] tell you about this method?
  - What did you think about what they told you about this method?
- Who do you feel comfortable talking to about FP?
  - Whose advice about FP do you value the most?
- Whose decision should it be to use FP?
  - Whose decision was it in your case?

#### **If it was the participant's decision:**

- Did you ask anyone's permission?
- Why did you choose to use FP? (delay pregnancy, limit # of pregnancies, other)

#### **If it was someone else's decision:**

- Were you happy or unhappy with this decision?
- What had you heard about [FP method] before you started using it?
  - Who or where did you hear this from?
- What had you heard about [FP method] which appealed to you or made you interested in using it?
  - Who or where did you hear this from?
- What had you heard about [FP method] which worried you or made you unsure about using it?
  - Who or where did you hear this from?

- Which of the following did you think about when you were thinking about what kind of FP method to use?

- Frequency of administration/use/implantation?
- Effectiveness of avoiding pregnancy?
- Presence of foreign object in body?
- Side effects?
- Safety?
- Duration of method?
- Cost?

- Which was the most important factor for you?

#### EXPERIENCE WITH FP METHOD

Since you started using [FP method]:

- What has surprised you?
- What side effects have you experienced? Which side effects are bothersome? Which side effects are tolerable?
- What is your bleeding pattern? Is this bothersome?
- What has been difficult?

- How long do you expect to continue using this method?

If participant wants to discontinue method:

- How is your decision related to your desire to become pregnant?
- How have side effects of this method influenced your decision?
- How have other people influenced your decision?
- What do you wish you had known about this method before using it?
- Are you interested in starting a different method? Which one? Why?

#### STRENGTH OF FERTILITY MOTIVATION

- How much of a problem would it be if you found out you were pregnant in the next few weeks? (no problem, small problem, big problem)

- If it would be a problem: what kind of a problem?

- How happy would you be if you found out you were pregnant in the next few weeks? (happy, would not matter, unhappy)

#### HOPES AND ASPIRATIONS

- When you were a little girl, did you want to go to school?

- Did anyone support this desire? Who? Did they help you go to school? How?
- Did anyone tell you this was not right or possible? Who? Did they stop you from going to school? How?

- When you were a little girl, did you want to work?

- Did anyone support this desire? Who? Did they help you work? How?
- Did anyone tell you this was not right or possible? Who? Did they stop you from working? How?

- When you were a little girl, did you want to have a family?
  - Did anyone support this desire? Who?
  - Did anyone tell you this was not right or possible? Who?
- When you were a little girl, did you have any other goals or desires?
  - What were they?
- How did these goals and desires influence your decision to use FP?