

Table 1: Socio-demographic characteristics of pregnant women attending ANC at public health facilities of East Gojjam Zone, Northwest Ethiopia, 2020(n =806).

Variables	Category	Frequency	Percent (%)
Age	15-19	59	7.3
	20-24	199	24.7
	25-29	285	35.4
	30-34	130	16.1
	≥35	133	16.5
Marital status	Married	763	94.6
	Divorced	15	1.9
	Single	4	0.5
	Widowed	24	3
Residence	Rural	380	47.1
	Urban	426	52.9
Level of education	No formal education	343	42.6
	Primary	169	21
	Secondary	105	13
	Diploma and above*	189	23.4
Occupation	Housewife	498	61.8
	Civil servant	148	18.4
	Private business	103	12.8
	Private employee	57	7
Average Monthly income	≤1000	126	15.6
	1001-3000	386	47.9

	3001-10000	292	36.2
	>10000	2	0.2
Situation of monthly income in the past three months	Worsened	329	40.8
	Improve	98	12.2
	Remain the same	379	47

Diploma and above*=BSc, MSc

Supplementary file

Part one: socio-demographic characteristics			Skip
S.no	Questions	Answer	
101	Age of a woman?	_____ In years?	
102	Residence	1. Rural 2. Urban	
103	What is your level of education did you complete?	1. Unable to read and write 2. Read and write 3. Primary (1-8) 4. Secondary (9-12) 5. Diploma 6. BSc 7. If _____ other specify_____?	
104	What is your marital status?	1. 1.Married 2. 2.Divored 3. 3.Widowed 4. 4.Sngle	
105	What is your occupation?	1. House wife 2. Civil servant 3. Has private business	

		4. Employed in private sector 5. If others (specify)-----	
106	Average Monthly income	_____Ethiopian Birr.	
Part II: Reproductive health related variables			
No	Questionnaire	Categories & responses	Skip to
201	Gravidity	_____ In numbers?	
202	Parity	_____ In numbers?	
203	Number of alive children	_____ In numbers?	
204	Did you have a history of abortion?	1. None 2. One 3. Two 4. Three 5. If others _____?	
205	Did you have history of ectopic pregnancy	1. Yes 2. No	
206	Do have ANC follow up?	1. Yes 2. No	
207	If yes for Q. 206, how many times?	1. Once 2. Two times 3. Three times 4. Four times 5. If _____ others specify_____?	
208	If you know your gestational age how many?	_____in weeks?	
209	Condition of pregnancy	1. Wanted 2. Unwanted 3. Mistimed	

Part III: Knowledge related questionnaires about COVID-19

No	Questionnaire	Categories & responses	Skip to
301	Have you ever heard about COVID-19 infection?	<ol style="list-style-type: none"> 1. Yes 2. No 	
302	If yes for Q.no 301 what is your source of information?(multiple response can be possible)	<ol style="list-style-type: none"> 1. Mass media 2. Health professionals 3. Social media(facebook,Google,T elegram,you tube) 4. Others specify) _____? 	
303	Is virus is a cause of Covid infection?	<ol style="list-style-type: none"> 1. Yes 2. No 3. I am not sure 	
304	What is the main transmission route of COVID-19?	<ol style="list-style-type: none"> 1. Respiratory droplets and close contact 2. Water 3. Food 4. I don't know 	
305	How long is incubation period of Covid-19?	<ol style="list-style-type: none"> 1. Immediately one is exposed 2. 1- 14 days 3. between 14 and 30 days 4. I don't know 	
306	Who are more susceptible to COVID-19? (More than one response possible)	<ol style="list-style-type: none"> 1. Elderly people 2. DM or HTN or Heart disease comorbidity 3. Suppressed immunity 4. Chronic lung diseases 5. Children 	

		6. Pregnant 7. I don't know 8. If other specify ____?	
307	Which one of the following is/are main clinical symptoms of COVID-19? More than one answer is possible.	1. Fever 2. Dry cough 3. Headache. 4. Sore throat 5. Runny nose. 6. Difficulty of breathing 7. No symptoms 8. I don't know	
308	What will you do when you have the above symptoms?(multiple response can possible)	1. Stay at home 2. Wear face mask 3. Inform your health care provider in advance before visit to hospital 4. Dial to 8335 to get information 5. If others (specify____)	
309	Does a person with COVID-19 can transmit the virus to others without development of sign and symptoms?	1. Yes 2. No	
310	Does touching or shaking hands of an infected person would result in the infection by the COVID-19 virus	1. Yes 2. No	
311	Are pregnant women more at risk than others? Can the virus be transmitted to the baby?	1. Yes 2. No	

312	Mother infected with COVID-19 can feed breast to her child?	1. Yes 2. No	
313	Does touching an object or surface with the virus on it, then touching your mouth, nose, or eyes with the unwashed hand would result in the infection by the COVID-19 virus?	1. Yes 2. No	
314	Does wearing masks when moving out of home is important to prevent the infection with COVID-19 virus?	1. Yes 2. No	
315	Does avoiding go to crowded places such as public transportations, religious places, hospitals and workplaces is important to prevent the COVID-19 infection?	1. Yes 2. No	
316	Does washing hands frequently with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer is important to prevent infection with COVID-19?	1. Yes 2. No	
317	Is there any no effective treatment for COVID-19?	1. Yes 2. No	
318	Is there any no effective vaccine for COVID-19?	1. Yes 2. No	
VIII: Practice related questionnaires towards preventive of COVID-19 checklist			
No	Questionnaire	Categories & responses	Skip to
401	Did you have practiced COVID 19 prevention methods?	1. Yes 2. No	If yes go to

			question 503
402	If no why not practice COVID-19 prevention methods	_____?	
403	Do you wash your hand with soap and water or rubbing with alcohol based sanitizers?	1. Yes 2. No	
404	Do you wear face Mask in public	1. Yes 2. No	
404	Do you touch your eyes, nose, and mouth frequently with unwashed hands?	1. Yes 2. No	
405	Do you limit contact (such as handshakes)	1. Yes 2. No	
406	Do you cover your mouth and nose during coughing or sneezing	1. Yes 2. No	
407	Do you listen and follow the direction of your state and local authorities?	1. Yes 2. No	
408	Do you cover your nose and mouth during coughing or sneezing with the elbow or a tissue, then throw the tissue in the trash?	1. Yes 2. No	
409	Do you prefer to stay at home, in a room with the window open during the transmission period?	1. Yes 2. No	
410	Did you maintain at least 2-meter distance from others when u can't stay in door?	1. Yes 2. No	

411	Do you participate in meetings, religious activities, events, and other social gatherings or any crowded place in areas with ongoing community transmission?	1. Yes 2. 2.No	
412	Do you stay home when you were sick due to common cold-like infection during the transmission period	1. Yes 2. No	