INTERVIEW SCHEDULE

“HEALTH AND INFANT MORTALITY TRENDS: A SOCIOLOGICAL STUDY IN GULBARGA DISTRICT”

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SOCIO-ECONOMIC & DEMOGRAPHIC CHARACTERISTICS:

- Respondent/Mother’s Name: …………………
- Age: ……………
- Caste: ……………
- Sub-Caste: …………………
- Religion: …………………
- Place of Birth:
  - Village [ ]
  - Town [ ]
  - City [ ]
  - Metropolitan. [ ]
- Mother Tongue:………………
- Marital Status:
  - Married [ ]
  - Unmarried [ ]
  - Divorced [ ]
  - Separated [ ]
  - Widowed. [ ]
- Age at Marriage:………
- Type of Marriage:
  - Arranged Marriage [ ]
  - Love Marriage [ ]
  - Inter Caste Marriage [ ]
  - Not Applicable [ ]
- What is your father’s occupation?
  - Professional [ ]
  - Non-professional [ ]
  - Own Business / Entrepreneurship/Agriculture [ ]
  - Labour [ ]
• Manual (Specify)……………
• What is your mother’s occupation?
  • Professional [ ]
  • Non-professional [ ]
  • Own Business / Entrepreneurship/Agriculture [ ]
  • Labour [ ]
  • Manual [ ]
• What is your Husband’s occupation?
  (Retired / In Service)
  1. Professional [ ]
  2. Non-professional [ ]
  3. Own Business / Entrepreneurship [ ]
  4. Any other (Specify)……………
• How do you describe your economic status?
  • Upper Class [ ]
  • Upper Middle Class [ ]
  • Middle Class [ ]
• Who has the major control over the family budget?
  • Myself [ ]
  • Husband [ ]
  • Both [ ]
• Accommodation:
  • Own House [ ]
  • Rented [ ]
  • Staff Quarters [ ]
  • Any other (Specify)……………
• Are you harassed or discriminated by your family members for male children?
  1. Yes [ ]
  2. No [ ]
If yes, to the above, mention the types in which you are harassed and discriminated
  • 1. Social aspects [ ]
  • 2. Economic Aspects [ ]
  • 3. Religious Aspects [ ]
  • 4. Sexual/ Mental Aspects [ ]
  • 5. Mental [ ]
  • 6. All of the Above [ ]
**INFORMATION ON MALE/FATHER OF THE FAMILY**

- **Name_______________________________**
- **Age __________________________***
  - 0 – 30 Years ( )
  - 30 – 40 ( )
  - 40 – 50 ( )
  - 50 and Above ( )
- **Date of birth______________**
- **Place of birth ________________**
- **Marital Status:**
  - Single ( )
  - Married ( )
- **Date of marriage__________**
- **Age at marriage__________**
- **Are you migrated Yes/No. ( )**
  - a) If Yes Reason of migration__________________________________________
- **Are family members migrated together: Yes/No ( )**
- **How many members migrated together? ________**
- **Educational status:**
  - At present______________
  - At the time of marriage__________
- **Occupational status: Yes/ No. ( )**
- **Main occupation _______________________________________________________**
- **Secondary occupation __________________________________________________**
- **Conditions at work place: Hygienic/ Non-hygeinic ( )**
- **Is he sending money to ancestral home: Yes/ No ( )**
- **Hours of job ______________________________**
- **Age at which started earning ________________________________**
- **Household Surroundings**
  - Clean inside house only ( )
  - Clean outside house only ( )
  - Clean both outside and inside the house ( )
  - Dirty inside the house only ( )
  - Dirty outside the house only ( )
  - Dirty both outside and inside the house ( )
- **Kitchen separate: Yes/ No ( )**
- **Type of fuel used for cooking ________________________________**
- **Type of cooking stoves**
  - Smokeless chullah
  - Smoke emitting chullah /stove
- **Is there any chimney in the kitchen? Yes / No**
- **Bathroom: Yes / No**

If no, then where do people bath?

- **Source of lightening:**
  - Electricity
  - Any other, specify
- **Water supply: Yes / No**
  - Source of water
    - Piped water
    - Hand pump
    - unprotected well
    - Streams/rivers/canals
- **Disposal of waste**
  - Just outside the house
  - Dump in own land
  - Community dumps
- **Drainage: Yes / No**
  - If yes then of what type?
    - Closed
    - Open and bad
    - Satisfactory
- **Type of toilet**
  - No toilet
  - Septic tank
  - Public toilet
- **Ownership of irrigated land: Yes / No**
- **Ownership of livestock: Yes / No**
- **Ownership of durable goods: Yes / No**
- As a family member do you provide a smoke-free environment before and after birth of your baby?
  - Yes
  - No
Any advice is provided by health care providers to parents of babies in child care?
- Yes
- No

Reproductive Performance of Woman
- Are you aware of Reproductive cycle
  - Yes
  - No
- Age at menarche
- Age at menopause
- Reproductive span
- Fertility Behaviour

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Particulars</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>1</td>
<td>No. of living children</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>No. of Infant deaths (upto 7days)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>No. of infant deaths (less than 5 years)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>No. of child deaths (above 5 years)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total No. of live births</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Total No. of still births</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Total No. of abortion</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Total No. of miscarriages</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Total No. of Conceptions</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Age at each Conception</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Duration between last two pregnancies</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Total No. of surviving children</td>
<td></td>
</tr>
</tbody>
</table>

Safe Motherhood

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Particulars</th>
<th>At the birth of</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>1st child</td>
</tr>
<tr>
<td>1</td>
<td>No. of dose of TT</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Blood Pressure Checked</td>
<td></td>
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</table>
INFORMATION ON MORTALITY OCCURRENCE IN THE FAMILY

- Postnatal mortality
  - Juvenile
  - Adolescent
  - Adult

Causes

<table>
<thead>
<tr>
<th>Not Known</th>
<th>Communicable/Infectious disease</th>
<th>Any other disease</th>
<th>Any other cause</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

INFORMATION ON FAMILY PLANNING METHODS

- Some people feel that a small family is happy one. Do you agree?
  - Yes
  - No

- What do you understand by the term family planning?
  (a) Spacing of birth
  (b) Complete check of birth
  (c) both

- There are various methods a couple can delay or avoid pregnancy. Do you know any such method?
  - Yes
  - No

- Which method have you ever used?

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Method</th>
<th>Spontaneous Reply</th>
<th>After Probing</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Aware</td>
<td>Ever used</td>
</tr>
<tr>
<td>1</td>
<td>Female sterilization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Male sterilization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Condoms</td>
<td></td>
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</tr>
<tr>
<td>4</td>
<td>Oral Contraceptives</td>
<td></td>
<td></td>
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<tr>
<td>5</td>
<td>Rhythm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Abstinence</td>
<td></td>
<td></td>
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</tbody>
</table>

- Information on gender preference towards male child
- Are you satisfied with the number of sons you have?
  - Yes
  - No
If no, how many more sons do you desire for? ( )

- Are you satisfied with the number of daughters you have?
  - Yes ( )
  - No ( )

If no, how many more daughters do you desire for? ( )

- Do you prefer boys/girls as your children?
  - Yes ( )
  - No ( )

- Whether too frequent pregnancies may cause infant mortality
  - Agree ( )
  - Disagree ( )
  - Don’t know ( )

- Your responses on whether age of the expectant mother may cause infant Mortality
  - Agree ( )
  - Disagree ( )
  - Don’t know ( )

- Your responses on Whether Poor Nutrition may cause Infant Mortality
  - Agree ( )
  - Disagree ( )
  - Don’t know ( )

- Your responses on whether Poverty may cause Infant Mortality
  - Agree ( )
  - Disagree ( )
  - Don’t know ( )

- Your responses on whether lack of medical care may cause Infant Mortality
  - Agree ( )
  - Disagree ( )
  - Don’t know ( )

- For how many months did your child drink only breast milk? ( )

- How old (in months) was and when (s)he stopped breastfeeding? . . months_____

- Do you take help from any of your local practitioner in your pregnancy period?
  1. Yes ( )
  2. No ( )

- Do you know about Antenatal & Postnatal Check Ups (ANC & PNC)?
  1. Yes ( )
  2. No ( )

  If Yes have you taken Antenatal & Postnatal Check Ups (ANC & PNC)?

- Do you know about Immunization of Expecting Mother & the Children?
1. Yes ( )
2. No ( )

- Do you have access to integrated comprehensive primary healthcare?
  1. Yes ( )
  2. No ( )

- In which of the following Delivery of Primary Health Care performed for your child?
  a. Rural Hospital ( )
  b. Block Primary Health Centre ( )
  c. Primary Health Care ( )
  d. Community Health Centre ( )

- Will you support Promoting Institutional Delivery and Safe Motherhood?
  1. Yes ( )
  2. No ( )

- Are you aware of Common Diseases and Related Control Programmes mentioned below?
  a. Water Borne Diseases ( )
  b. Vector Borne Diseases ( )
  c. Malaria prevention and control activities ( )
  d. Tuberculosis (TB) ( )
  e. Leprosy ( )
  f. Acute Respiratory Infection (ARI) ( )
  g. National Programme for Control of Blindness (NPCB) ( )
  h. National AIDS Prevention & Control Programme ( )
  i. Registration of Birth & Death ( )

- Do you know or do you have habits of alcohol consumption and smoking during your pregnancy
  1. Yes ( )
  2. No ( )

- Do you know programmes and schemes for children’s health and nutrition sponsored by government?
  a. Integrated Management of Neonatal and Childhood Illnesses (IMNCI) ( )
  b. Janani Suraksha Yojana (JSY) ( )
  c. Millennium Development Goals (MDGs) ( )
  d. Integrated Child Development Services Scheme (ICDS) ( )