SOCIO-CULTURAL DIMENSIONS OF REPRODUCTIVE HEALTH OF WOMEN IN RURAL KERALA

INTERVIEW SCHEDULE

1. Age
2. Religion
   a) Hindu  b) Muslim  c) Christian
3. Educational level of the respondent
   a) Illiterate  b) Can read and write,  c) Higher Secondary
d) Graduate  e) Post Graduate  f) Professional
g) Others
4. Educational level of the husband
   a) Illiterate  b) Can read and write,  c) Higher Secondary
d) Graduate  e) Post Graduate  f) Professional
g) Others
5. Occupational status of respondent
   a) Unemployed  b) Blue Collar  c) White Collar
d) Business  e) Professional  f) Unorganized Sector
6. Occupational status of Husband
   a) Unemployed  b) Blue Collar  c) White Collar
d) Business  e) Professional  f) Unorganized Sector
7. Family income from all sources per month
   a) Below 1000  b) 1,001-5,000  c) 5,001-10,000
d) Above 10,000
8. Age at Marriage
   a) Below 15  b) 16-19  c) 20-24  d) 25 and above
9. Have you remarried?
   a) Yes  b) No
10. If remarried age at remarriage
    a) Below 30  b) 30-35  c) 36-40  d) Above 40
11. Age at Puberty?
12. Have you observed any special ceremony in connection with your Puberty?
   a) Yes  b) No
13. Before marriage did you have any menstrual Problems?
   a) Yes  b) No
   a) If yes, did you experience any menstrual problems of the following?
      i) Irregular periods  ii) Heavy bleeding
      iii) Unbearable pain  iv) Others (Explain)
14. Have you experienced any menstrual problem after marriage?
   a) Yes  b) No
15. Age at Menopause
16. If you have reached menopause, did you experience any of the following.
   a. Hot flushes  b. Severe bleeding before stoppage
   c. Irritability  d. Emotional insecurity
   e. Frigidity  f. Perspiration or night Sweats
17. How many times did you conceive?
   a) One  b) Two  c) Three  d) Four  e) More than four
18. How many children do you have?
   a) One  b) Two  c) Three  d) Four  e) More than four
19. No. of miscarriages if any?
   a) None  b) 1  c) Two  d) More than 2
20. Was it attended by a doctor?
   a) Yes  b) No
21. Have you taken any medicine after your miscarriage?
   a) Yes  b) No
   If yes what type
22. What was your age at first pregnancy?
23. Had you adopted any temporary family planning technique before your first conception?
   a) Yes  
   b) No

24. If yes, where did your get that information form?

25. Had you adopted any spacing technique in between your subsequent pregnancies?

26. What is the age gap between the children?
   a) 1 Year  
   b) 2 Years  
   c) 4- 5 years  
   d) above 5

27. Have you undergone any MTP?
   a) Yews  
   b) No
   If yes give details

28. For how many years did you give breast milk to your children?
   a) Less than six month  
   b) One year  
   c) 1-2 years  
   d) more than 2 years

**Pre-natal care**

29. Have you seen any doctors during pregnancy period?
   Yes / No
   
   a) If yes, how often did you visit them?
   
   b) If no, reason for not visiting any gynecologist

30. If Yes the place of your pregnancy care.
   a) PHC  
   b) Sub – center  
   c) Private clinic  
   d) Mother and child hospital

31. During your pregnancy period
   a) Had you taken tetanus injections - Yes / No
   b) Iron supplements - Yes / No
   c) Folic acid supplements - Yes / No
   d) Vitamin supplements - Yes / No
   e) Get advice on diet during pregnancy - Yes / No
32. Have you obeyed advice – Yes / No
   If ‘No’, why?

33. During Medical check ups was your
   a) Blood pressure taken    b) Weight measured    c) Urine tested
   d) Internally examined     e) Stomach measured with tape
   f) Fetal heart beat noted  g) Scan done            h) Blood tested
   i) Any other

34. Did the health care provider
   a) Ask about your health   b) Ask whether you have any problems
   c) Tell you about the growth of the fetus  d) Tell you about the need for
   injections and supplements?  e) Answer your questions
   f) Talk to your cheerfully and unhurriedly

35. Did you experience any problem during Pre- natal period?
   a) Yes                     b) No

<table>
<thead>
<tr>
<th>Problem during Pre-natal period</th>
<th>Yes/ No</th>
<th>Treatment Yes/ No</th>
<th>Place of Treatment</th>
<th>Reason for not seeking Treatment</th>
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<tbody>
<tr>
<td>a) Edema in hands and legs</td>
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<td>b) Trouble with vision</td>
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<td>c) Vertigo</td>
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<td>d) Convulsions</td>
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<td>e) Burning/Pain during urination</td>
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<td>f) Varicose vein</td>
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<td>g) Fever lasting more than 3 days</td>
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<td>h) High Blood Pressure</td>
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<tr>
<td>i) Vomiting that needed treatment</td>
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<tr>
<td>j) Diabetes</td>
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<td>k) Bleeding</td>
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<td>l) Abnormal white discharge</td>
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**Delivery**

36. Where did your delivery take place?
   a) Primary Health Centre  b) Private Hospital
   c) Government Hospital  d) Home
   e) Others

37. Who attended on your delivery?
   a) Relative  b) Untrained dai  c) Trained dai
   d) Health worker  e) Doctor  f) Nurse
   g) Others

38. Type of delivery
   a) Normal  b) Assisted  c) Caesarian

39. Did you experience any problem during delivery?
   a) Yes  b) No

<table>
<thead>
<tr>
<th>Problem during delivery</th>
<th>Yes/ No</th>
<th>Treatment Yes/ No</th>
<th>Place of Treatment</th>
<th>Reason for not seeking Treatment</th>
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<tbody>
<tr>
<td>a) Labor lasting more than 18 hrs</td>
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<td>b) Excessive bleeding</td>
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<td>c) Loss of Consciousness</td>
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<td>d) Convulsions</td>
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<td>e) Breech presentation</td>
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<td>f) Twins</td>
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<td>g) Teat of Vagina</td>
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</table>
**Post – Natal Period**

40. Did you experience any problems with in the two months of your delivery?

<table>
<thead>
<tr>
<th>Problem during Pre-natal period</th>
<th>Yes/ No</th>
<th>Treatment Yes/ No</th>
<th>Place of Treatment</th>
<th>Reason for not seeking Treatment</th>
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<tbody>
<tr>
<td>a) Sepsis in Vaginal tear</td>
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<td>b) Fever which lasted for more than 3 days</td>
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<td>c) Loss of consciousness for more than 15 minutes</td>
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<td>d) Lower abdominal pain</td>
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<td>e) Pain during urination</td>
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<td>f) Psychological problems (depression, anxiety etc)</td>
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<td>g) Convulsions</td>
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<tr>
<td>h) Abdominal white discharge</td>
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<tr>
<td>i) Bleeding</td>
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**Gynecological Problems**

41. Do you have any Gynecological problems?

<table>
<thead>
<tr>
<th>Gynecological Problems</th>
<th>Yes/ No</th>
<th>Treatment Yes/ No</th>
<th>Place of Treatment</th>
<th>Reason for not seeking Treatment</th>
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<tbody>
<tr>
<td>a) Irregular menstruation</td>
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<tr>
<td>b) Painful menstruation</td>
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<td>c) Excessive bleeding during menstruation</td>
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<td>d) Absence of menstruation</td>
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<td>e) Excessive white discharge</td>
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<td>f) Foul smelling discharge</td>
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<td>g) Itch in vaginal area</td>
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<td>h) Pain during intercourse</td>
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<tr>
<td>i) Sepsis in Vagina</td>
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<tr>
<td>j) Proteps of Uterus</td>
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<td>k) Burning during urination</td>
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<td>l) Pain during urination</td>
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<td>m) Pus in Urine</td>
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<td>n) Urinary inconsistence</td>
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</table>
42. When did you first experience these complaints?
43. What did you first do when you experienced these problems?
   a) Tell your husband       b) Relatives       c) Friends
44. Did you follow the treatment prescribed by the doctor?
   a) Yes       b) No
45. Have you undergone hysterectomy?
   a) Yes       b) No
46. Do you have the following complaints?
   a) Prolapsed Uterus       b) Cyst in the ovary       c) Heavy bleeding
   d) Scanty bleeding       e) Irregular periods       f) Back ache

**Awareness**
47. Do you know what the Reproductive Health problems are?
48. Was there any Reproductive Health counselling done in your locality?
   a) Yes       b) No
49. Have you discussed your Reproductive Health problems with your husband?
   a) Very often       b) Often       c) Rarely       d) Never
50. What was your husband’s reaction?
   a) Concerned       b) Accompanied for medical check-up
   c) Ignored
51. Do you discuss your reproductive health problems with other members of your family?
52. If ‘Yes’ what was their reaction?
53. Did you face obstacle when seeking medical help?
   a) Yes       b) No
Role – Stereotyping and Family Planning

54. How often do you have sex?
   a) Daily  b) Twice a week  c) Once in a week
   d) Once in a fortnight  e) Once in a month

55. Do you have the freedom to decide whether you should have sex on a particular day?
   a) To a great extent  b) To some extent  c) Not at all

56. Have you ever said ‘No’ to your husband?
   a) Often  b) rarely  c) never

57. Do you enjoy sex?
   a) Yes  b) No

58. Did you observe hygiene after each intercourse?
   a) Yes  b) No

59. Did you have any freedom in deciding about the number of children
   a) Full freedom  b) Some freedom  c) No freedom

60. Are you satisfied with the number of children?
   a) Yes  b) No

61. Which of the following methods had you adopted to prevent pregnancy?
   a) Safe period  b) Withdrawal  c) Pills
   d) Condoms  e) JUCDS  f) Diaphragms, cervical cap
   g) Jelly’s  h) PPS  i) Injections
   j) None
   1) Are you facing any side effect because of these methods?

62. Are you against family Planning
   a) Yes  b) No
   i) If ‘yes’, why?
   ii) If ‘No’, why?

63. Is your husband against Family planning?
   a) Yes  b) No
64. What reason motivated you to plan your family?
   a) Economic  b) Health  c) Others

65. How did you first come to know about contraceptives?
   a) Doctors  b) Literature, Magazines  c) Friends, relatives
   d) T. V, radio  e) Department of family planning and welfare

**Role of Traditional Pregnancy care in Reproductive Health**

66. After delivery had you undergone any form of traditional health care method?
   a) Yes  b) No

67. If ‘Yes’. How many days?

68. In what way?
   a) Medicine  b) Food  c) Massage/ bath

69. Who had done that?
   a) Trained Ayes  b) Mother  c) Mother-in-law
   d) Other ladies in the house hold

70. Had you undergone this treatment in all your Pregnancy?
   a) Yes  b) No

71. If No, had you taken any test after delivery?
   a) Yes  b) No

72. If ‘Yes for how many days?’

73. Had you taken any Health improving medicine during these days?
   a) Yes  b) No
   1) Ayurvedic  2) Allopathic  3) Homeo

74. What is your assessment regarding your reproductive health at present?
   a) No problem at all  b) Painful menstruation
   c) Heavy bleeding for more than 3 days  d) Anaemic
   e) Growth in uterus  f) Urinary infection
g) Others