APPENDIX: 1
PHOTO PLATES

Pl. 1: A Muslim respondent with her family

Pl. 2: A residential unit of Muslim family
Pl. 3: A Boro Kachari respondent with her family

Pl. 4: A residential unit of Boro Kachari family
Pl. 5: An Assamese Caste Hindu respondent with her family

Pl. 6: Muslim children working in Areca nut products factory
Pl. 7: Boro Kachari women spreading yarn for weaving

Pl. 8: A view of Muslim women working in brick kilns
Pl.6: The Assamese Caste Hindu Namghar of Uportola village

Pl.10: The Bathou Temple of Boro Kacharis at Dudhnoi
Pl. 11: Entrance to a Muslim residential area of Dudhnoi

Pl. 12: A view of connecting road between Sialmari and Khara village
Pl.13: A view of Dudhnoi Community Health Centre

Pl.14: Mothers with their babies for vaccination at Dudhnoi hospital
APPENDIX: 2

QUESTIONNAIRE

A. DEMOGRAPHIC HOUSEHOLD QUESTIONNAIRE

DEPARTMENT OF ANTHROPOLOGY
GAUHATI UNIVERSITY
GUWAHATI, ASSAM

Name of the researcher: ____________________________ District: ____________________________
State: ____________________________ Village: ____________________________
Block: ____________________________ Date: ____________________________

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<tr>
<th>Sl.No</th>
<th>Name of the informant</th>
<th>Age</th>
<th>Sex</th>
<th>Relationship with respondent</th>
<th>Marital status</th>
<th>Edu. Qualif.</th>
<th>Occup.</th>
<th>Monthly income</th>
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Facilities available in the house (please tick the answer):
Electricity/ Television/ Water supply/ Radio/ Newspaper/

A brief note on the economic condition of the family:
B. COUPLE QUESTIONNAIRE

DEPARTMENT OF ANTHROPOLOGY
GAUHATI UNIVERSITY
GUWAHATI, ASSAM

Name of the researcher:
State: District:
Block: Village:
Date:

Name of the Respondents: Age:

Name of the Husband: Age:
2. Age at marriage:
   (a) Wife ________ (b) Husband ________.
3. Can you recall when you get married? If yes. When?
   Date ________ Month__________ Year_________
4. How many children you have?
   (a) Living: Son ____________Daughter _________
5. Have you ever given birth to a boy or girl who was born alive but later died?
   Male child ____________Female child _________
6. Can you recall the date of birth of your children’s?

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7. If you do not mind, can you recall any history of stillbirth/miscarriages? If yes, how many times did you have these experiences? ________

8. What was the cause of your unfortunate incident?
   Malnutrition/ Lack of knowledge/ Non-availability of medical persons/ accident/ Do not know/ Any others__________________________

9. Have you ever had any abortion? If yes, number of abortion(s) _____

10. How many children you expect (ideal number)?
    Son_____ Daughter_____

11. Do you have any desire for more children? If Yes,
    (a) What do you want? Son / Daughter.
    (b) Number of son_____ Number of daughter________

12. Can you tell me why you want more children?

13. If you do not want any more children, can you explain me about the reasons?
    Financial problems / Health problems / Husband pressure / For proper care of children / No reason / Any others__________________________

14. Are you pregnant now? Yes______ No________

15. If yes, did you want to become pregnant? Yes______ No_____

16. Do you have any knowledge about family planning measures? Yes / No.

17. If yes, what are the methods of family planning you know?
    Male Sterilization / Female Sterilization / Oral pill / IUD / Condom / Injection / Any others.

18. Is family planning important for you? Yes______ No ______.

19. Do you think family planning measures are harmful to the mother?
    Yes____ No____
20. Did you ever use any family planning method?   Yes /No.
21. If no, what is/ are the cause(s) of rejection of family planning measures?
   Religious beliefs / Fear of side effect / Desire for male child / Pressure from family members / Pressure from husband / Any other reason, please state ________
22. If yes, what are the methods you have adopted? Please underline the answer.
   Oral pills / IUD / Condom / Withdrawal / Sterilization / Injection / Any other Traditional methods.
23. Are you currently using any family planning method?   Yes / No.
   If yes, can you tell me the name of the method? ___________
24. Can you state the source of family planning methods?
   __________________
25. Will you adopt family planning in future? Yes / No
26. Why you have adopted family planning method?
   Ill health/Financial problem/Proper care of children/No requirement for more children/Any others-----------------------------
27. What is/ are the reason(s) you are not using family planning methods?
   Want more children / Not having frequent sex / Sterilization / No knowledge / Opposed by husband / Worry about side effects / Inconvenient / Cost too much/ Afraid of sterilization / Others---------
28. What is your husband attitude towards family planning?
   Favorable / Unfavorable/ Can’t say.
29. Did you discuss about family planning with your husband? Yes / No.
30. Who motivated you for adopting family planning?
   Own choice /Husband/ Family members/ Friends/ Mother in laws/Medical persons/ NGO / Any others_________________
31. From whom you came to know about family planning?
Husband/ Friend’s/ Family members/ Family planning centre/ Health personnel/ TV/ Radio/Newspaper /Any other source.

32. Do you think family planning will help in raising the standard of life? Yes / No.

33. Is there any family planning centre in your area? Yes/ No/ Don’t know.

34. How often you regularly visit family planning centre? Regularly/ Casually / Not at all

35. Did you visit health centre/medical person during pregnancy? Yes/No.

36. Did you visit health centre/medical person after delivery? Yes/No.

37. How many times you have visited health centre after delivery? _____

38. Place of delivery:

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