Appendices
INTERVIEW SCHEDULE ON
REPRODUCTIVE HEALTH STATUS – ISSUES AND CONCERNS OF
TRIBAL WOMEN (ADOPTED FROM NFHS-3)

SECTION-1 : Socio Economic, demographic and Cultural Conditions

1. Age
   A. 25-30
   B. 31-35
   C. 36-40
   D. 41-45

2. Size of the household
   A. Less than 4
   B. 5-7
   C. 8 and above

3. Age at marriage
   A. 10-15
   B. 16-20
   C. 21-25
   D. 26 and Above

4. What is your marital status?
   A. Married
   B. Widowed
   C. Divorced
   D. Separated

5. Type of family
   A. Nuclear
   B. Joint
   C. Extended

6. Type of house
   A. Nuclear
   B. Joint
   C. Extended
7. Number of rooms in the dwelling
   A. A.1
   B. 2
   C. 3. Above 4

8. Educational qualification
   A. Illiterates
   B. Primary
   C. Secondary
   D. Higher

   A. Illiterates
   B. Primary
   C. Secondary
   D. Higher

10. Number of literates in the family
    A. 1-2
    B. 3-4
    C. 5 above
    D. Nil

11. Occupational Status of the Respondents
    A. Non agriculturallabourer
    B. Agricultural labourer
    C. Farming
    D. Domestic workers
    E. Other miscellaneous works

12. Annual Income
    A. 10001-20000
    B. Less than 10000
    C. 20001 and above

    A. Earning
    B. Individual savings
    C. Ornaments given by parents or relatives at the time of marriage
    D. Dowry given by parents or relatives at the time of marriage
14. Source of Change Agent
   A. Meeting Gram sevika
   B. Meeting health visitor
   C. Meeting other development agent and extension agent or attending demonstration, KisanMela

15. Rituals and religious beliefs
   A. Permitted to cook food on religious occasions
   B. Performing of puja
   C. Performing Religious rituals and ceremonies

SECTION -2 - Nutritional and Dietary patterns

16. Buying and intake of food items

<table>
<thead>
<tr>
<th>Food Items</th>
<th>Daily</th>
<th>Weekly</th>
<th>Fortnightly</th>
<th>Monthly</th>
<th>Never</th>
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<td>Milk and milk products</td>
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<td>Cereals</td>
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<td>Meat and meat products</td>
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SECTION-3
Reproductive and Maternal Health Care

19. Age at Menarche ------
19. What are the Restrictions do you face after Menarche
   A. No restrictions
   B. Can’t go out with brother’s or male members
   C. Can go only to certain places
   D. Allowed if accompanied

20. What are the Restrictions imposed during Menstruation.
   A. Not allowed to touch water
   B. Not allowed to enter the house
   C. Not allowed to enter the pooja room
   D. Not allowed to go out
   E. Not allowed to do any house hold work

21. Experience beforemenstruation
   A. Uncomfortable
   B. Tension and irritation
   C. Stomach ache
   D. Calf muscle pain
   E. Fullness of breast, abdomen, face & feet
   F. Irritability
   G. Tired ness
   H. Weakness
   I. Backache
   J. Lower abdominal pain
   K. No problems

22. Where did you receive antenatal care?
   A. Didn’t receive
   B. Antenatal check-up only
   C. at home by ANM
   D. Doctor
   E. ANM/ Nurse/ LHV
   F. TBA
   G. Other health professional
24. **How many times did you receive antenatal care?**
   A. Any one antenatal check-up
   B. 2 ANCs
   C. 3 or more ANCs

25. **Source and Place of Antenatal Check-ups.**
   A. Antenatal check-up only at home
   B. Government health facility
   C. Private health facility
   D. ISM facility/Community Based services

26. What are the **Reason for not taking antenatal care**
   A. Spouse did not think it was necessary/did not allow
   B. Family did not think it was necessary/did not allow
   C. Child’s mother did not want check-up
   D. Has had children before
   E. Costs too much
   F. Too far/no transportation
   G. No female health worker available
   H. Any Other -------
   I. Don’t know

27. **How many times did you get tetanus injection?**
   A. No TT
   B. 1
   C. 2+

27. **Consumption of Iron Folic Acid (IFA) during pregnancy.**
   A. No IFA/syrup
   B. Received but not consumed
   C. Consumed one IFA per day
   D. Received and consumed 100+ IFA tablets/syrup for at least three months
28. As part of your antenatal care, were any of the following done at least once?
   A. Weight
   B. Blood pressure measured
   C. Urine sample taken
   D. Blood sample taken
   E. Abdominal examination
   F. *Others

29. During (any of) your antenatal care visit(s), you had any pregnancy complications
   A. swelling of hands and feet / edema
   B. Paleness
   C. Bleeding
   D. Weak or no movement of foetus
   E. Abnormal position of foetus
   F. Others-Visual disturbances,
   G. Convulsions etc

30. Place of Delivery
   A. Health institutions
   B. Home
   C. Other places like

31. Who assisted with the delivery
   A. Doctor
   B. ANM/ Nurse/ LHV
   C. TBA
   D. None
   E. Relative/ friends and others
   F. Untrained dai

32. Reasons for not delivering in a Health Facility.
   A. Costs too much
   B. Facility not open
   C. Too far/no transport
   D. Don’t trust facility/poor quality service
E. No female provider at facility
F. Husband/family did not allow
G. Not necessary
H. Others like*

33. How long after delivery did the first check take place
   A. Less than 4 hours
   B. 4-23 hours
   C. 1-2 days
   D. 3-41 days
   E. No postnatal check-up

34. Type of First feed to new born.
   A. Colostrum
   B. Sugar Water
   C. Honey

35. During the first week after delivery did you experience any of the following problems?
   A. Massive vaginal bleeding
   B. Very high fever
   C. Both occur
   D. Other symptoms*

SECTION-4 - Family Planning and Usage of Contraceptives

36. Have you adopt any family planning methods?
   A. Yes
   B. No

37. Reasons for Adoption of Family Planning Methods.
   A. Health problems
   B. Inability to support large families
   C. To provide better living conditions to the family
   D. Incentives given by the Govt.
   E. Genuine faith in small family norm
38. Reasons for Non Adoption of Family Planning Methods.
   A. Loss in the family earnings
   B. Fear of adverse health
   C. Lack of post operation care
   D. Any other reasons*

SECTION-5 Source of Knowledge About RTI/STI and HIV/AIDS

39. Have you heard of an illness called RTI / STI
   A. Yes
   B. No

40. The Sources of information to you about RTI/STI’s
   A. Radio
   B. T.V.
   C. Cinema
   D. Print media
   E. Health personnel
   F. School/adult education programs
   G. Leaders/ community meeting
   H. Spouse/ Relatives/ friends
   I. *Others

41. How in RTI / STI would be transmitted?
   A. Unsafe delivery
   B. Unsafe abortion
   C. Unsafe IUD insertion
   D. Unsafe sex with homosexuals
   E. Unsafe sex with persons who have many partners
   F. Unsafe sex with sex workers
   G. *Others

42. Have you heard of an illness called HIV (AIDS)?
   A. Yes
   B. No
43. The Sources of information to you about HIV (AIDS)?

A. Radio
B. T.V.
C. Cinema
D. Print media
E. Health personnel
F. School/adult education programs
G. Leaders/ community meeting
H. Spouse/ Relatives/ friends
I. Others