APPENDICES
APPENDIX-I

INFORMATION SHEET ON PHYSICAL IMPACT

Name : 
Address : 
Age : 
Educational Qualification : 
Occupation of the respondent : 
Income : 
Marital status : 
   (a) Widow   (b) Divorced   (c) None
Number of children (between 0-6 years) :
   Male (   )  Female (   )
Age of children (between 0-6 years) :
   Male (   )  Female (   )
Caste : 
Tribe : 

Questionnaire :

Instruction

Some questions and opinion of various parameters are given. Possible different answers are also given with most of other questions. Underline the answer which you consider right and put a tick besides the number. Please read the questions before giving the answer. Give your opinion clear cut. It is necessary to answer each and every item. Only one response is to be ticked for each item.

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Researcher
A) Breast Feeding

Q.1 For how long did you breast feed your child?
   (a) birth to 1 year     (b) 2 to 3 years     (c) 3 to 4 years     (d) 4 to 5 years

Q.2 Do you feel comfortable while breast feeding your child?
   (a) Yes     (b) No     (c) Sometimes

Q.3 How many hours do you breast feed your child since morning till night?
   (a) 1 to 3 hours (b) 4 to 5 hours (c) More than 5 hours

Q.4 What is the interval between every feed?
   (a) 1 to 2 hrs.     (b) 3 to 4 hrs.     (c) More than 4 hrs.

Q.5 Do you think your baby gets sufficient intake of milk?
   (a) Yes     (b) No     (c) Sometimes

Q.6 Do you clean your nipples after every feed?
   (a) Yes     (b) No     (c) Sometimes

Q.7 How do you clean your nipples?
   (a) By using hand   (b) By using wet towel   (c) By using cotton pads

Q.8 Do you breast feed in the middle of the night?
   (a) Yes     (b) No     (c) Sometimes

B) Burping

1. Do you burp your child after every breast feed?
   (a) Yes     (b) No     (c) Sometimes

2. Does your child feel comfortable after each burp?
   (a) Yes     (b) No

3. Who taught you to burp your child?
   (a) Doctor     (b) Mother     (c) Any other source
C) Weaning

1. When did you start weaning your child?
   (a) 6 to 10 mtrs.    (b) 1 to 2 yrs.    (c) 3 to 4 yrs    (d) 5 yrs.

2. Do you help the child while weaning?
   (a) Yes    (b) No    (c) Sometimes

3. Does the child feel comfortable in the process?
   (a) Yes    (b) No    (c) Sometimes

D) Bottle feeding

1. Do you bottle feed your child?
   a) Yes    (b) No    (c) Sometimes

2. When did you start bottle feeding?
   (a) 3 to 4 mts.    (b) 5 to 10 mts.    (c) 11 to 15 mts.

3. Why did you prefer bottle feeding?
   (a) Insufficient mother’s milk    (b) Lack of time
      (c) Prefers bottle feeding to breast feeding

4. How many times do you bottle feed?
   (a) 1-2 times    (b) 3-4 times

5. In-between do you give your own milk?
   (a) Yes    (b) No    (c) Sometimes

6. Do you burp your child after each bottle feed?
   (a) Yes    (b) No    (c) Sometimes

7. Do you depend on others to bottle feed your child?
   (a) Yes    (b) No    (c) Sometimes
8. What milk do you give to your child?
   (a) cow’s milk  (b) Baby milk products

E) Sterilizing
1. Do you sterilize your utensils after every feed?
   a) Yes  b) No  c) Sometimes
2. While washing the utensils what do you use?
   a) Detergent  b) Simple hand washes  c) Any other
3. How long do you sterilize your utensils?
   a) 10 to 15 mins  b) 15 to 20 mins  c) Not at all
4. Do you cover your utensils after the process?
   a) Yes  b) No  c) Sometimes

F) Solid Food
1. When did you start giving solid food?
   a) 6 to 10 months  b) 11 to 14 months.
2. What solid food did you give to your child?
   a) Homemade grounded rich  b) Nestum  c) Cerelac
d) Any other baby food
3. How many times do you give your child solid food?
   a) One  b) twice  c) thrice  d) More than thrice
4. Do you give your child boiled rice, dal and vegetable?
   a) Yes  b) No  c) Sometimes

G) Massage
1. When did you start massaging your child?
   a) Between 4-6 months b) Between 7-8 months
2. Do you massage your child every day?
   a) Yes   b) No   c) Sometimes   d) Regularly   e) rarely

3. What massage oil do you use?
   a) Mustard oil   b) Olive oil   c) Johnson’s Baby oil   d) Any other oil

4. While massaging do you exercise your child?
   a) Yes   b) No   c) Sometimes

5. Do any other family members massage your child?
   a) Yes   b) No   c) Sometimes

6. For how long do you massage?
   a) 10-12 mins   b) 15-20 mins   c) 30 mins.

**H) Bathing**

1. Do you bathe your child regularly?
   a) Yes   b) No

2. Where do you bath your child?
   a) Inside the room   b) Outside the room

3. How do you warm the water?
   a) Stove   b) LP Gas   c) Sun shine

4. Do you use clean water?
   a) Yes   b) No

5. What water supply do you use?
   a) Tubewell   b) Well   c) Pond   d) Municipality

6. Do you use soap or shampoo?
   a) Yes   b) No   c) Sometimes
7. Are you careful while using those materials for bathing?
   a) Yes  b) No

8. How do you bathe your child?
   a) In a big tumbler  b) Bucket and mug

9. What is your child’s reaction while bathing?
   a) cry  b) enjoy  c) feel comfortable

10. How do you dry your child?
    a) Towel  b) Soft cloth  c) Homemade towel (Gamocha)

I) Medicines and vaccination

1. Do you follow the vaccination chart for your baby?
   a) Yes  b) No  c) Sometimes

2. Are you regular in immunizing your child?
   a) Yes  b) No

3. Do you miss any vaccine?
   a) Yes  b) No

4. What medicine do you give your child?
   a) Allopathic  b) homeopathic  c) ayurvedic  d) herbal medicine

5. If your child is sick, whose help do you take?
   a) Physician  b) pharmacist  c) village ayurvedic doctor  d) quacks

6. Do the local doctor’s respond to your child?
   a) Yes  b) No  c) Sometimes

7. Are medicines available in your local hospitals?
   a) Yes  b) No
8. Do you see the expiry date while giving medicine or vaccinations to your child?
   a) Yes  b) No  c) Sometimes

9. Are you very careful when your child is sick?
   a) Yes  b) No  c) According to needs

10. Is the hospital facility in good condition?
    a) Yes  b) No  c) Sometimes

J) **Toileting**

1. What materials do you use when your child does toilet?
   a) home made Naples  b) medicated Naples (Diaper)

2. Do you change nappes every time the child wets it?
   a) Yes  b) No  c) Sometimes

3. How do you clean and wash the home made nappes?
   a) with plain water  b) by using detergent  c) by dettol and soap

4. Do you dry the nappes in a hygienic place?
   a) Yes  b) No

K) **Clothing**

1. Are you careful in selecting your baby cloths?
   a) Yes  b) No  c) Sometimes

2. What type of clothes do you generally make your infant were?
   a) Cotton  b) Synthetic

3. Do you change your babies clothes everyday?
   a) Yes  b) No  c) Sometimes  d) Often

4. How do you wash the babies clothes?
   a) With soap  b) Surf  c) Liquid detergent
5. Do you wash the cloth with Dettol
   a) Yes  b) No  c) Sometimes  d) Often

6. Do you dry your baby’s clothe in a safe place?
   a) Yes  b) No  c) Sometimes

7. In winter what clothes do you use
   a) Woolen clothes  b) Warm soft clothes  c) Handloom

8. Do you use Nylon clothes for your babies?
   a) Yes  b) No  c) Sometimes

9. Do you used
   a) Baby panties  b) Diapers  c) Nappies

L) Teething

1. When did your baby’s first tooth appear?
   a) 4-6 months  b) 6-8 months

2. Did it hamper with his digestion?
   a) Yes  b) No

3. Do you brush your child’s teeth everyday?
   a) Yes  b) No  c) Sometimes

4. Do you use tooth brush for your child?
   a) Yes  b) No

M) Cleanliness

1. Is your environment clean for your child?
   a) Yes  b) No

2. How do you maintain cleanliness?
   a) By brooming your house  b) by mopping  c) brooming and mopping
3. Do you keep your surrounding clean?
   a) Yes        b) No        c) Sometimes        d) Often

4. Do you use dettol and phenyl to clean your house?
   a) Yes        b) No        c) Sometimes        d) Often

5. Is there any garbage or open drain in your surrounding?
   a) Yes        b) No        c) Sometimes

6. Do you clean water filter?
   a) Yes        b) No        c) Sometimes        d) Often

7. Do you boil drinking water for your child?
   a) Yes        b) No        c) Sometimes        d) Often

8. Do you change pillow cover and bed sheets every day?
   a) Yes        b) No        c) Sometimes        d) Often

9. Do you use soft mattress for your child?
   a) Yes        b) No

10. Do you allow your child to sleep without mosquito net?
    a) Yes        b) No        c) Sometimes
APPENDIX-II

INFORMATION BLANK ON EMOTIONAL IMPACT

Name : 
Address : 
Age : 
Educational Qualification : 
Occupation of the respondent : 
Income : 
Marital status : 
   (a) Widow       (b) Divorced       (c) None
Number of children (between 0-6 years) : 
   Male (     )   Female (     )
Age of children (between 0-6 years) : 
   Male (     )   Female (     )
Caste : 
Tribe : 

Questionnaire :

Instruction

Some questions and opinion of various parameters are given. Possible different answers are also given with most of other options. Underline the answer which you consider right and put a tick besides the number. Please read the questions before giving the answer. Give your opinion clear cut. It is necessary to answer each and every item. Only one response is to be ticked for each item.

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Researcher
For 0-3 years – Emotion Anger

Q1) Child express anger when
   (a) Needs breast feeding
   (b) Needs to be hold by the mother
   (c) When he is not well
   (d) When he bed wets

For 4-6 years – Emotion Anger

Q1) Child express anger when
   (a) asked to study
   (b) when not allowed to play outside
   (c) when play materials are not given
   (d) when not allowed to watch T.V.

For 0-3 years Emotion Love

Q2) Child express love by
   (a) babbling
   (b) by cooing or shouting
   (c) by kissing
   (d) by hugging

For 4-6 years Emotion Love

Q2) Child express love by
   (a) kissing
   (b) hugging
   (c) getting on the lap
   (d) sharing things
For 0-3 years - Emotion Fear

Q3) Child express fear to
   (a) Loud Noise
   (b) Darkness
   (c) Sound of animals
   (d) Strange faces

For 4 to 6 years - Emotion Fear

Q3) Child express fear to
   (a) Darkness
   (b) Super natural (ghosts, goblins)
   (c) Characters from movies, stories and T.V.
   (d) Sound of animals and thunder bolt

For 0-3 years - Emotion Jealousy

Q4) A child feels jealous when
   (a) Mother or family members hug the doll.
   (b) Feeds the younger one
   (c) Holds the younger one
   (d) Sleeps with the younger one

For 4-6 years - Emotion Jealousy

Q4) A child feels jealous when
   (a) Feeds the younger
   (b) Praises or hugs the younger
   (c) Play-materials are not given to the younger
   (d) Sleeps with the younger
For 0-3 years - Emotion Joy

Q5) A child express Joy by
   (a) Babbling or cooing
   (b) Clapping hands
   (c) Jumping or running around
   (d) Shouting aloud

For 4-6 years - Emotion Joy

Q5) A child express Joy when
   (a) gets new play materials
   (b) Allows to play with friends
   (c) Asked to paint or draw
   (d) Allows to ride a bicycle
APPENDIX-III

INFORMATION BLANK ON CHILD REARING
BELIEFS AND PRACTICES

Name : 
Address : 
Age : 
Educational Qualification : 
Occupation of the respondent : 
Income : 
Marital status :
  (a) Widow (b) Divorced (c) None
Number of children (between 0-6 years) :
  Male ( ) Female ( )
Age of children (between 0-6 years) :
  Male ( ) Female ( )
Caste :
Tribe :

Questionnaire :

Instruction

Some questions and opinion on child rearing beliefs and practices are given. Possible different answers are also given with most of other options. Underline the answer which you consider right and put a tick besides the number. Please read the questions before giving the answer. Give your opinion clear cut. It is necessary to answer each and every item. Only one response is to be ticked for each item.

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Researcher
Q.A  Which child do you prefer most?
   a) Male  b) Female  c) Both

Q.B  Do you give equal play materials to both the male and the female child?
   a) Yes  b) No

Q.C  Do you give equal education to both the male and the female child?
   a) Yes  b) No

Q.D  Whom do you impose strict discipline most?
   a) Male  b) Female  c) Both

Q.E  Whom do you expect to help you in your small work?
   a) Male  b) Female  c) Both

Q.F  Whom do you allow to play most?
   a) Male  b) Female  c) Both

Q.G  Your family members welcome more to the birth of a
   a) Male  b) Female  c) Both

Q.H  Whom do you punished more when they quarrel?
   a) Male  b) Female  c) Both

Q.I  Are you in favour of gender difference?
   a) Yes  b) No

Q.J  Do you protest when low status is given to the girl child?
   a) Yes  b) No