# UTILISATION OF MATERNAL-CHILD HEALTH AND FAMILY PLANNING SERVICES THROUGH PRIMARY HEALTH CENTRES IN RURAL RAJASTHAN

## INTERVIEW SCHEDULE

### I. GENERAL

**RESPONDENT:**

1. A currently married woman of age-group (15-45) years.
2. A woman who has been pregnant/delivered or she/spouse have used family planning methods during three years preceding the survey.

### 1. HOUSEHOLD DETAILS:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Age</th>
<th>Sex</th>
<th>Relation With Respondent</th>
<th>Education</th>
<th>Employment</th>
<th>Income Per Month</th>
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<td>Respondent</td>
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<td>Other Family Members</td>
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</table>
Sex:  1 Male  2 Female

Education:
1. No Schooling and can not read/write
2. No Schooling but can read/write
3. Primary Pass
4. Matric Pass
5. Graduation and Above

Employment:
1. Service in Public Sector
2. Service in Private Sector
3. Self Employed (Business)
4. Self Employed (Agriculture)
5. Labourers/Daily Wage Earners
6. Household Activity
7. Unemployed
8. Student

2. Marriage Information

<table>
<thead>
<tr>
<th>Husband</th>
<th>Wife</th>
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Age At Marriage (In Years)
Age At Effective Marriage "Gauna" (In Years)

3. Have you been pregnant/delivered during three years preceding the survey?

1. Yes  2. No

4. If Yes, give the following information about last conception/delivery during three years preceding the survey period.

<table>
<thead>
<tr>
<th>Month and Year of Conceiving</th>
<th>Month and Year of Delivery</th>
<th>Time from date of the Survey</th>
<th>Was it a Live Birth /Still Birth</th>
<th>Was it wanted pregnancy</th>
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<td></td>
<td>1 Live Birth</td>
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<td>2 Still Birth</td>
<td>2 No</td>
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213
5. If you have not been pregnant/delivered during this period, specify the reason

<table>
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<tr>
<th>Have Gone for Sterilisation</th>
<th>Averted Births using Spacing Methods of Family Planning</th>
<th>Infertility</th>
<th>Not living with Spouse</th>
<th>God Wishes so</th>
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<tbody>
<tr>
<td>Before the reference period</td>
<td>During the reference period</td>
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<td>2</td>
<td>3</td>
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</tbody>
</table>

NOTE: If 1 or 4 or 5 or 6 is true, drop the interview here.
If 2 or 3 is true, drop Unit II and Unit III.

6. Do you know about PHC/SC available at your block/village level?

   1 Yes 2 No

7. How is it far from your place of residence?

   Distance From Place of Residence (In Km)

8. Have you/spouse ever visited PHC/SC to receive Health and Family Welfare services?

   1 Yes 2 No

NOTE: If No, go to Q 17.
9. How do you/spouse go to PHC/SC?

Usual Mode of Transport

[ 1 On Foot  2 Bicycle  3 Own Vehicle (Scooter/Car/Jeep)  4 Bus  5 Hired Car/Jeep  6 Other (Specify) ]

10. How much time does it take to reach you/spouse to PHC/SC by your usual mode of transport?

Time Taken (In Minutes)

11. How much money is spent on transportation in one visit (both sides) to PHC/SC when you/spouse go by your usual mode of transport?

Transportation Cost for Both Sides (In Rs)

12. After reaching to PHC/SC, do you have to wait to get the required services?

1 Yes  2 No

13. What is the average waiting time for a visit at PHC/SC to get the required services?

Waiting time (In Minutes)

14. Do you lose your earnings while you go to PHC/SC?

1 Yes  2 No
15. What is the opportunity cost (wage loss) for your one visit to PHC/SC?

PHC  SC

Opportunity Cost

16. Do you pay for the services received from PHC/SC?

PHC  SC

1 Yes  2 No

II. MATERNAL HEALTH CARE

Note: If a women has delivered more than once during last three years period, then all the information should be collected only for the last birth.

17. When you were pregnant, did any health worker (from PHC/SC) visit you at home for an ante-natal check-up?

1 Yes  2 No

NOTE: If No, go to Q 20.

18. How many months pregnant were you when a health worker (from PHC/SC) first visited you?

No. of months

19. How many times did she visit you?

NO. of visits

20. When you were pregnant, did you go for an ante-natal check-up?

1 Yes  2 No

NOTE: If No, go to Q 24.
21. How many times did you go for an ante-natal check-up?
   No. of Times

22. Where did you go for ante-natal check-up last time?
   1 PHC   2 SC   3 Other (Specify)

23. If you have gone to any health institution for ante-natal check-up but not to PHC/SC. Then what is the main reason of not going to PHC/SC for ante-natal check-up?
   Lack of knowledge of services
   Long Distance
   Lack of Transportation
   Doctor/Staff not present
   Behaviour of PHC/SC staff not good
   Poor quality service
   Lack of Facilities at PHC/SC

24. If you have not gone to any health institution for ante-natal check-up. Then what is the main reason of not going for ante-natal check-up?
   Lack of knowledge of services
   Not Necessary
   Not Customary
   Financial Cost
   Inconvenient
   Poor quality service
   No time to go
   Not permitted to go
   Health Worker visited at home
25. Have your weight been regularly checked-up?
   1 Yes   2 No

26. Were you given any iron folic tablets during this pregnancy? From where did you get it?
   1 Yes   2 No  1 PHC 2 SC 3 Other

27. During Pregnancy, were you given an injection to prevent you and the baby from getting tetanus? From where did you get it?
   1 Yes   2 No  1 PHC 2 SC 3 Other

28. During pregnancy how many times did you get this injection?
   No. of Times

29. Where did you give birth?
   1 Home
   2 Government Hospital
   3 Primary Health Centre
   4 Sub-centre
   5 Private Hospital/Clinic/Maternity Home

NOTE: If At Home, Go To Q 32.

30. Who assisted with the delivery?
   1 Doctor
   2 Ayurvedic Doctor/ Vaidya
   3 Nurse/ Midwife
   4 ANM/LHV
   5 Trained (Traditional) Birth Attendants
   6 Family / Relative / Friend
31. If she has given birth in any health institution but not in PHC/SC. Then what is the main reason of not going to PHC/SC for delivery?

- Lack of knowledge of services
- Long Distance
- Lack of Transportation
- Doctor/Staff not present
- Behaviour of PHC/SC staff not good
- Poor quality service
- Lack of Facilities at PHC/SC

1 Yes 2 No

32. If she has given birth at home. Then what is the reason of not going to any health institution.

- Lack of knowledge of services
- Not Necessary
- Not Customary
- Financial Cost
- Inconvenient
- Poor quality service
- No time to go
- Not permitted to go
- Health Worker visited at home

1 Yes 2 No

33. Have you ever suffered from RTIs/STDs at any time during last three years?

1 Yes 2 No
34. Did you seek advice or treatment for the RTI/STD? Where did you seek advice or treatment?

1 Yes 2 No 1 PHC 2 Other

35. Have your child been fully vaccinated (or getting vaccinations according to age)? Where did you get these vaccinations?

1 Yes 2 No 1 PHC 2 SC 3 Other

36. If yes, give details of your Child Vaccination

<table>
<thead>
<tr>
<th>Age of child</th>
<th>Vaccination</th>
<th>Response</th>
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<tbody>
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<td>BCG</td>
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<td>Polio-0</td>
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<td>DPT-1</td>
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<td>POLIO-1</td>
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<td>DPT-2</td>
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<td>POLIO-2</td>
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<td>DPT-3</td>
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<td>POLIO-3</td>
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<td>DPT-BOOSTER</td>
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<td>POLIO-BOOSTER</td>
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<td>MEASLES</td>
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<td></td>
<td>VITAMIN-A</td>
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</table>

1 Yes 2 No 3 DK

37. Has the child been ill with a fever/cough at any time during last three years.

1 Yes 2 No
38. Did you seek advice or treatment for the fever/cough?
   1 Yes  2 No

39. Where did you seek advice or treatment?
   1 PHC  2 SC  3 Other (Specify)

40. What is the main reason you did not go to PHC/SC for advice or treatment?
   Lack of knowledge of services
   Long Distance
   Lack of Transportation
   Doctor/Staff not present
   Behaviour of PHC/SC staff not good
   Poor quality service
   Lack of Facilities at PHC/SC
   1 Yes  2 No

41. Has the child been ill with a diarrhoea at any time during last three years?
   1 Yes  2 No

42. Did you seek advice or treatment for the diarrhoea?
   1 Yes  2 No

43. Where did you seek advice or treatment?
   1 PHC  2 SC  3 Other (Specify)
44. What is the main reason you did not go to PHC/SC for advice or treatment?

Lack of knowledge of services
Long Distance
Lack of Transportation
Doctor/Staff not present
Behaviour of PHC/SC staff not good
Poor quality service
Lack of Facilities at PHC/SC

1 Yes 2 No

45. Was your baby given ORS fluid during diarrhoea? Where did you get the ORS packet?

1 Yes 2 No

1 PHC 2 SC 3 Other

IV. FAMILY PLANNING

46. Ways and Methods to delay or avoid pregnancy.

<table>
<thead>
<tr>
<th>Ways/Methods</th>
<th>Do you have knowledge</th>
<th>Have you ever used</th>
<th>Where you can get it</th>
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</thead>
<tbody>
<tr>
<td>Pill</td>
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<tr>
<td>Loop/Cu-T</td>
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<td>Injection</td>
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<td>Condom/Nirodh</td>
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<td>Female Sterilization</td>
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<td>Male Sterilization</td>
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<tr>
<td>Rhythm/Periodic Abstinence</td>
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<td>Withdrawal</td>
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</table>

1 Yes 2 No 1 Yes 2 No
47. Are you or your husband have used any method any time during last three years to delay or avoid getting pregnant?

1 Yes  2 No

48. Are you or your husband using any method currently to delay or avoid getting pregnant?

1 Yes  2 No

49. Which method did you use or which method you are using currently?

<table>
<thead>
<tr>
<th>Ways/Methods</th>
<th>If Yes, Go To</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill</td>
<td>Q 50</td>
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<td>Loop/Cu-T</td>
<td>Q 54</td>
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<td>Condom/Nirodh</td>
<td>Q 58</td>
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<td>Female Sterilization</td>
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<td>Male Sterilization</td>
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<td>Rhythm/Periodic Abstinence</td>
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<td>Withdrawal</td>
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50. For how many months have you used or have been using the pill continuously?

No. of months

51. At the time you first started using the pill, did you consult a doctor or a nurse?

1 Yes  2 No

52. Once you started using the pill, did a health worker (from PHC/SC) come to visit you for a follow up related to your use of the pill?

1 Yes  2 No
53. Where did you obtain the pills usually?
   1 PHC    2 SC    3 Other (Specify)

54. For how many months have you used or have been using the Loop/Copper-T continuously?
   No of Months

55. Who inserted the Loop/Copper-T?
   1 Government Doctor
   2 Government Paramedic
   3 Private Doctor
   4 Private Nurse

56. Since the Loop/Copper-T was inserted, did a health worker come to visit you for a follow up related to your use of the Loop/Copper-T?
   1 Yes    2 No

57. Where did you obtain the Loop/Copper-T?
   1 PHC    2 SC    3 Other (Specify)

58. For how many months have you used or have been using the condom/Nirodh continuously?
   No of Months

59. Where did you obtain the condom/Nirodh usually?
   1 PHC    2 SC    3 Other (Specify)

60. How long ago were (you/your husband) sterilized?
   No of Months
61. Where did you/your husband obtain the sterilization?
   1 PHC  2 SC  3 Other (Specify)

62. Since the sterilization, has any health worker come to visit (you/your husband) for a follow up related to the sterilization?
   1 Yes  2 No

63. How would you rate the care services received?

   DURING OPERATION                          AFTER OPERATION
   1 Excellent                          1 Excellent
   2 Very Good                          2 Very Good
   3 All right                          3 All right
   4 Not so good                        4 Not so good
   5 Very Bad                          5 Very Bad
   6 DK                                 6 DK
INFORMATION FROM SERVICE PROVIDERS ON UTILISATION OF HEALTH SERVICES

1. Respondent:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Education</th>
<th>Experience</th>
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Place

1. PHC
2. SC

3. Staff Pattern

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<tr>
<th>No. of Doctors</th>
<th>No. of Paramedical</th>
<th>No. of Nurses</th>
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4. Availability of Services

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<tr>
<th>S.NO.</th>
<th>MEDICINES</th>
<th>TEST FACILITIES</th>
<th>CONTRACEPTIVES</th>
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5. Opinion about the utilisation of available services:

6. Factors causing the low utilisation of available services:
   
   i. Management Factors

   ii. Community Factors:

   iii. Other Factors: