
Adioetomo, S.M. 1983: Differentials in infant and childhood mortality in Jakarta and Indonesia. Jakarta: The Demographic Institute, Faculty of Economics, University of Indonesia.


Bhandari, B. et al., 1988: High infant mortality in rural areas of Rajasthan: an analysis based on perspective study. Indian Pediatrics, 25(6).


Census of India. 1971: Primary Census abstract for scheduled Tribes. Part II-B(iii), Registrar General of India, New Delhi.


Chowdhury, A. 1974: A study of neonatal and post-neonatal mortality differentials in rural Bangladesh. The Johns Hopkins University, Baltimore, Maryland.


George, Adams, P. 1985: Levels, Trends and Determinants of infant and child mortality - Demographic patterns


Goldman, W.R. 1984: Application of a strategy to reduce infant and young child mortality in Asia (Mimeographed).


Kurian, J. 1985: Traditional practitioners of medicine in a tribal areas - their integration with existing health care system. Health and Population Perspectives. 8(2).


Ragavalah, V. 1944: Yanadi and their socio-cultural life. Man in India, 24(3).


Souza S.D. and Chen, L.C. 1980: Sex differentials in morta-

lity in rural Bangladesh. Population and Development Review, 6(2).


Stoekel, J. and Chowdhury, A.K.M. 1978: Neonatal and Post-


*****
APPENDIX - I

DEPARTMENT OF POPULATION STUDIES
SRI VENKATESWARA UNIVERSITY: TIRUPATI

"Socio-Cultural and Health Determinants of Infant Mortality among Sugalis - Case Study of a Tribe"

***

Interview Schedule

Sl. No.
Mandal:

I. Family Background

1. Name of the Respondent:
2. Name of the Village:
3. Present Age (years):
4. Type of House: Hut/Kutcha/Pucca
5. Occupation of the Respondent:
6. Education of the Respondent:

7. Household Particulars

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Relationship to Respondent</th>
<th>Sex</th>
<th>Age</th>
<th>Education</th>
<th>Occupation</th>
</tr>
</thead>
</table>

8. Type of family: Nuclear family/Joint family/Extended family

9. Approximate land holding (in Acres)

Dry ____, Wet ____
10. No. of family members economically active: 

11. Annual Income of the family (Rs.):  

II. Marriage Particulars  

1. At what age did you married: Age ___ Years  

2. Is it your first marriage, Yes/No  

3. If not, give details  

<table>
<thead>
<tr>
<th>Marriage</th>
<th>Age at remarriage</th>
<th>Age at dissolution of marriage</th>
<th>Interval between dissolution and remarriage</th>
<th>Reason for remarriage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td>Husband Wife</td>
<td>Husband Wife</td>
<td>Husband Wife</td>
<td></td>
</tr>
</tbody>
</table>

4. Specify the relationship, if your husband was related to you before marriage,  
   a) Matrilateral cross-cousin, b) Patrilateral cross-cousin  
   c) Uncle Niece  
   d) Any other (specify)  

5. What should be the ideal age for marriage of boys and girls?  
   Boys ___ years  
   Girls ___ years  

6. Is there any act prescribing minimum age for marriage of boys and girls in our country, Yes/No  

7. If yes, what is the legal age at marriage for boys and girls?  
   Boys ___ years  
   Girls ___ years
8. Usually at what age marriage takes place in your community?
   Boys ____ years   Girls ____ years

9. At what age did you arrange/would you wish to arrange
   the marriage of your children,
   Sons ____ years   Daughters ____ years

10. Why do want to arrange marriages at these ages only?
    Son:   Daughter:

11. How many years after menarche would you arrange marriage
    for your daughter? Specify reasons.
    Years ____   Reasons:

III. Pregnancy History (Roster)

1. Age at menarche: ____ years.

2. Interval between menarche and first marriage: ____ years.

3. Duration of current married life: ____ years.

4. How many conceptions (pregnancies) did you have: ____.

5. How many children were born alive in all?
   Sons ____   Daughters ____   Total

6. How many children are alive at present?
   Sons ____   Daughters ____   Total

7. Did any of your children died? Yes/No

8. If yes, how many died?
   Sons ____   Daughters ____   Total

9. Particulars of conception

<table>
<thead>
<tr>
<th>Order of conception</th>
<th>Outcome of conception</th>
<th>Sex</th>
<th>Age of Mother</th>
<th>Birth interval</th>
<th>If dead, age at death</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA/IA/SB/LB</td>
<td>conceptions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age of Birth</th>
<th>If dead, age at death</th>
</tr>
</thead>
</table>
IV. Pregnancy and Delivery Care

1. Did you sought medical care during your last pregnancy?
   Yes/No

2. If yes, from whom do you taken treatment?
   a) Indigenous Medical Practitioner (Traditional)
   b) Ayurvedic
   c) Qualified: Private/Govt. Doctor
   d) Any other (specify)

3. When ever your children fell ill, generally from whom do you taken treatment?
   a) No treatment
   b) Home remedies
   c) Magic of the witches/Sorcerers
   d) Offerings to God
   e) Traditional Medical Practitioner
   f) Qualified: Private/Govt. Doctor

4. Did you ever received the medical and health services of the nearest SC/PHC to your village?
   Yes No
   Sub-centre
   Primary Health Centre

5. If no, give reasons.

6. Did any health worker (peripheral) visited recently to your village?
   Yes/No

7. If yes, how often they are visited?
   a) Regularly
   b) occasionally
   c) Rarely.

8. Did you received any medical and health services from peripheral health workers during your last pregnancy and after delivery for you and your child?
   During
   Yes No
   Pregnancy
   After delivery
9. Who conducted the deliveries for deceased child and mention the place of delivery

<table>
<thead>
<tr>
<th>Birth Order</th>
<th>Birth Attendant</th>
<th>Place of Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indigeneous/tra-ned AnM</td>
<td>Home</td>
</tr>
<tr>
<td></td>
<td>Trained Doctor</td>
<td>Sub- PHC/</td>
</tr>
<tr>
<td></td>
<td>Relatives/</td>
<td>Govt.</td>
</tr>
<tr>
<td></td>
<td>neighbours</td>
<td>Hospital</td>
</tr>
</tbody>
</table>

10. What was the instrument used to cut the umbilical cord
   a) Kitchen knife  b) Sickle  c) Old blade/scissor
d) New blade/scissor  e) Any other (specify)

11. After cutting the cord, what was the material applied for its dressing?
   a) Nothing applied  b) Ash  c) Mud  D) Cowdung
e) Turmeric powder  f) Talcum powder
g) Medicated: powder/ointment  h) Any other (specify)

12. After delivery on what day the bath is given to the baby?

13. Are your children (0-5) years immunized against the following diseases?

<table>
<thead>
<tr>
<th>Name of the child</th>
<th>B.C.G</th>
<th>D.P.T</th>
<th>POLIO</th>
<th>Measles</th>
<th>Typhoid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

V. Infant Mortality and Morbidity

1. Do you think more infant children die now-a-days than the 20 years ago?
   a) More frequently  b) Less frequently  c) No change

2. As there been occurrence of infant deaths in your family during the last five years Yes/No

3. If yes, give details

<table>
<thead>
<tr>
<th>Birth order</th>
<th>Sex</th>
<th>Age</th>
<th>Cause</th>
<th>Treatment provided by</th>
</tr>
</thead>
</table>

4. Whether you or your family members have given birth during the last one year

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Sex</th>
<th>Place of Delivery</th>
<th>Birth Attendant</th>
</tr>
</thead>
</table>

5. Whether any infant died in your family during the last one year

<table>
<thead>
<tr>
<th>Birth order</th>
<th>Sex</th>
<th>Age</th>
<th>Cause of death</th>
<th>Treatment provided by</th>
</tr>
</thead>
</table>

6. What was the physical stature of the infant at the time of death?
   a) Lean  b) Moderate  c) Plumpy
7. Did any disease occurred to any of your children (0-5) during the last one month  Yes/No

8. If Yes, give details

<table>
<thead>
<tr>
<th>Name of the child</th>
<th>Sex</th>
<th>Age</th>
<th>Nature of Disease</th>
<th>Treatment provided by</th>
</tr>
</thead>
</table>

VI. Nutritional Status

1. Find out the health status of the mother according to her age is made based on the following external (medical examination) symptoms of nutritional deficiencies (observe and record).

   a) Anaemia  b) Angular stomatitis  c) Cheilosis-vertical fissures, d) Bleeding gums.  e) Normal

2. Write the observations about the nutritional status of the mother according to her age.

   a) Good  b) Moderate  c) Poor.

3. Did you take any extra/special food during your pregnancy?  Yes/No

   If yes, what are those foods.

4. Did you avoid any food during pregnancy?  Yes/No

   If yes, what are those foods?  Why? (probe for reasons):

5. Did you take any extra/special food during lactation?  Yes/No

   If yes, what are those foods?

6. Did you avoid any food during lactation?  Yes/No

   If yes, what are those foods?  Why? (Probe for reasons):
7. When did you have start giving supplementary food to your infants? Specify the at what age (months).

8. List out the items of weaning/supplementary foods given for infants and the frequency:

<table>
<thead>
<tr>
<th>Type of food</th>
<th>Frequency (per day)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Solid/Liquid foods (home made)</td>
<td></td>
</tr>
<tr>
<td>2. Gruel</td>
<td></td>
</tr>
<tr>
<td>3. Cow milk</td>
<td></td>
</tr>
<tr>
<td>4. Marketed/protein foods</td>
<td></td>
</tr>
<tr>
<td>5. Any other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

9. List of food preparations given to a pregnant and lactating mother

<table>
<thead>
<tr>
<th>Name of the Food</th>
<th>Frequency of use (once in)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Daily</td>
</tr>
<tr>
<td>1. Cereals</td>
<td></td>
</tr>
<tr>
<td>2. Pulses</td>
<td></td>
</tr>
<tr>
<td>3. Green leafy vegetables</td>
<td></td>
</tr>
<tr>
<td>4. Fruits/Roots</td>
<td></td>
</tr>
<tr>
<td>5. Milk/Milk products</td>
<td></td>
</tr>
<tr>
<td>6. Flesh foods</td>
<td></td>
</tr>
<tr>
<td>7. Any other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

VII. Breastfeeding

1. Did you breastfeed your babies? Yes/No

2. When did you start giving breast milk to the baby after birth
   a) Same day  b) Second day  c) Third day
d) Fourth day  e) Fifth day

3. Did you give any pre-lacteal feed to your infants during first three days of birth? Yes/No
4. If yes, what type of feed were given to the baby?

<table>
<thead>
<tr>
<th>Type of feed</th>
<th>1st day</th>
<th>2nd day</th>
<th>3rd day</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Sugar water/Glucose/Honey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Musk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Neem oil/Castor oil</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Donkey's/Goat's milk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Animal milk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Other Mother's milk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g) Any other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Did you give any beverages to the child during the first month? Yes/No

6. If yes, what are they used?
   a) Herbs b) Leaves c) Castor oil
d) Indigenous medicines e) Any other (specify)

7. How many times per day, did you give breast milk to the baby (on average)? No.

8. How often did you breastfeed to your baby
   a) On demand b) Regularly c) Whenever cry

9. What was the total duration of breastfeeding to each child

<table>
<thead>
<tr>
<th>Children</th>
<th>Months (on average)</th>
<th>If less than 6 months give reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd child</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th child</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VIII. Culture, Practices

A. Belief:

1. Do you have belief on your tribal God/Goddess? Yes/No

2. Do you worship your tribal God/Goddesses? Yes/No
3. What is your belief on the birth of a child?
   a) Gift/Grace of God    b) Function of Parents
   c) Ancestors blessing   d) Can't say.

4. What is your belief with regard to the infant death?
   a) Anger of God          b) Hostile spirit
   c) Sin committed by parents (previously)
   d) Biological defect     e) Lack of proper care/treatment
   f) Any other (specify)

5. Do you have belief on your kins women's advise? Yes/No

6. If yes, did any kins women interfered in your case and advised you at any time? Yes/No
   a) During pregnancy
   b) During delivery
   c) In rearing of infant
   d) After delivery

B. Norms and Values for Son(s)

1. How many children would be desirable to you?
   Sons:_____ Daughters:_____ Total:_____

2. Do you think that you want more children after this pregnancy? Yes/No/Uncertain

3. If you could have just what you want, how many extra/additional children would like to have? (including current pregnancy).
   a) No. of children_____
   b) As many as possible
   c) Left to God

4. For various reasons, some people consider having son as very important. How much important is it to you to have at least one son among your children.
   a) Very important     b) Somewhat important
   c) Not important      d) Upto the God
5. Suppose you have no son at all, do you wait till getting son or stop after having certain number of daughters?
   a) Stop with __ daughters  b) Wait till getting son
   c) Left to the God  d) Uncertain  e) No Preference

6. Some people give greater importance for son in comparison to daughter. How do you treat your children.
   a) More importance to son  b) More importance to daughter
   c) Equal importance to son and daughter.

7. Some people depend on son(s) for economic support in their oldage. How much would you expect to depend on your son(s) for economic support in your oldage
   a) Strongly  b) Moderately  c) Not at all
   d) Uncertain

C. Customs and Habits

1. Did you/your husband have the habits like:

<table>
<thead>
<tr>
<th>Customs and Habits</th>
<th>Husband</th>
<th>Wife</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

   a) Chewing betel nut leaves
   b) Chewing tobacco leaves
   c) Chewing: Betel nut leaves with tobacco and lime
   d) Drinking Arrack
   e) Smoking

2. We want to know how far the woman's social status have been improved. We would like to ask you the following questions on social status of women in your community.

<table>
<thead>
<tr>
<th>Statements</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   a) Do your husband allow you to work any kind of occupation
   b) Do your community allow the marriageable girls to choose their life partner.
   c) Do you have freedom in making decisions in your family matters.
d) Did your husband consider your opinion in deciding economic matters.

e) Do you talk to your husband about family planning

f) Do you have any property or land on your name

g) Do your community accept the daughters to go for higher education/jobs.

h) Do your community allow the widow woman for remarriage.

i) Do you set free to participate in your community festivals.

IX. Environmental Sanitation

1. Environmental sanitation of the house (in and around):
   a) Disposal of Waste: Property/Not properly
   b) Disposal of Animal waste: Within the compound/Outside the compound.
   c) Disposal of waste water: Drainage/Soakage pit/Open.
   d) Fly Nuisance: Yes/No
   e) Ventilation: Good/Moderate/Poor.
   f) Cleanliness of the house: Good/Moderate/Poor.
   g) Stagnation of water around your house: Yes/No
   h) Cleanliness of the vessels: Mud/Powder/Soap.

2. From which place do you fetch water for drinking?
   a) Own well  b) Village well  c) Tube/Bore well  
   d) Step/Agricultural well  e) Pond  f) Tank.

3. Did you clean/purify the drinking water? Yes/No

4. Generally who should use the purified water in your family?
   a) Sick persons  b) Pregnant women  c) Children  
   d) All members
5. How often do you and your children wash the hands before taking food?
   a) Regularly  b) Occasionally  c) Rarely  d) Uncertain

6. Usually when do you and your children take bath?
   a) Daily  b) Once in two days  c) Once in three days  d) Once in a week.