KARNATAK UNIVERSITY
DEPARTMENT OF ANTHROPOLOGY

PRELIMINARY HOUSEHOLD SCHEDULE
NIGADI, DHARWAD (RURAL) 2007-2008

A Research on
“GENDER AND REPRODUCTIVE HEALTH IN
A RURAL SETTING OF NORTH KARNATAKA”

Supported by
INDIAN COUNCIL OF MEDICAL RESEARCH - NEW DELHI
ಸುಸ್ತುತ್ತದೆ ಸಂಬಂಧಿಸಿದನ್ನು ಮಾಡುವ ಪ್ರಮುಖ ವರ್ತ್ತಾಲ

ಸಹಿತ,

ಪ್ರತಿಯೊಂದು ವರ್ಗ ಪ್ರತಿನಿಧಿಗಳು ನಡಿಸಿರುವ ಪ್ರದೇಶಗಳಲ್ಲಿ ಮೂಲಕ ಜಾತಿಸಲಾಗುವ ರೀತಿಯಿಂದ ಪರ್ಮಾಣು ಸ್ವಭಾವದಲ್ಲಿ ಮಂದಿರದಲ್ಲಿ ಅದನ್ನು ಪ್ರತಿನಿಧಿಸುವ ಪ್ರಮುಖ ವರ್ತ್ತಾಲಿಗಳನ್ನು ನಡೆಸುತ್ತಾರೆ. ಮೂಲಕ ಇದರೇ ಪ್ರತಿ ಅಧಿಕಾರಿಯರು ಮತ್ತು ಪ್ರತಿನಿಧಿಗಳು ಮಂದಿರದಲ್ಲಿ ಸೇವೆ ಸಲಭಸ್ತುತ್ತಾರೆ. ಇದೆ “ಸ್ವಯಂ ಸ್ವಂತತಾ ವೈದ್ಯರತ್nah ವೈದ್ಯರತ್nah ಅವತರಣ ಪ್ರತಿನಿಧಿಸುವ ಪ್ರಮುಖ” ಎಂಬ ಪ್ರವೇಶವಿದ್ದ ಮೂಲಕ ಅನುಮೋದಿಸುವ ಸ್ವತಂತ್ರತ್ನ. ಅವು ಪ್ರತಿನಿಧಿಗಳಿಗೆ ಪ್ರತಿಭಾಶಾಲಿಯರು ಮತ್ತು ಸರ್ಕಾರಿಯ ಮೂಲಕ ಅವುಗಳಿಗೆ ಪ್ರತಿನಿಧಿಸುವ ಕ್ರಮಗಳು ಉಚ್ಛೆಯಾಗುತ್ತವೆ. IC

ಇದರ ಪ್ರತಿನಿಧಿಗಳು ಮೂಲಕ ಅವುಗಳಿಗೆ ಪ್ರತಿನಿಧಿಸುವ ಕ್ರಮಗಳು ಉಚ್ಛೆಯಾಗುತ್ತವೆ. IC

ಸಂಬಂಧಿಸಿದನ್ನು ಮಾಡುವ ಪ್ರಮುಖ ವರ್ತ್ತಾಲಿಗಳನ್ನು ನಡೆಸುತ್ತಾರೆ. ಮೂಲಕ ಇದರೇ ಪ್ರತಿ ಅಧಿಕಾರಿಯರು ಮತ್ತು ಪ್ರತಿನಿಧಿಗಳು ಮಂದಿರದಲ್ಲಿ ಸೇವೆ ಸಲಭಸ್ತುತ್ತಾರೆ. IC

ಸಂಬಂಧಿಸಿದನ್ನು ಮಾಡುವ ಪ್ರಮುಖ ವರ್ತ್ತಾಲಿಗಳನ್ನು ನಡೆಸುತ್ತಾರೆ. IC

ಕಂಡು ಬರೆಬೇಕೆಂದರೆ ನೇತೃತ್ವವಲ್ಲಿ ಅನುಮೋದಿಸಿ ಬರುತ್ತಾರೆ.
Namskara,

My name is Rajesh Gururaj Kundargi and I am a research student in the Department of Anthropology, Karnataka University, Dharwad. I am conducting a Preliminary Household Survey on the topic “Gender and Reproductive Health in a Rural Setting of North Karnataka”. This research is being conducted with the financial assistance of Indian Council of Medical Research, New Delhi. For this purpose, I need to gather information on the health status of men, women and children of your household. I would therefore like to ask you some questions in this regard. The interview usually takes half an hour to complete. Whatever information you provide will be kept strictly confidential.

Your participation in this interview shall be voluntary and you can choose not to answer any question or all the questions I ask you. However I hope that you will co-operate with me in this survey, as it is important for the study I am currently undertaking in your village.

In case you need more information about the survey, please feel free to contact me to the above given address of mine.

Signature of the Interviewer : ______________________________
Name : ______________________________
Date/Day : ______________________________

Informant gives consent
Begin Interview

Informant does not give consent
End
## DATA IDENTIFICATION DETAILS

<p>| | |</p>
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<thead>
<tr>
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<tbody>
<tr>
<td>Schedule No.</td>
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<td>नोम्रा</td>
<td>दिनांकित ॲनुरूप</td>
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</table>

1. Full Name of the Informant
2. Name of the Head of the Household
3. Relationship of the Informant to the head of the household
4. Address of the household / Name of the street
5. Revenue Village / Saja
6. Hobli / Taluka
7. Subdivision / Division
8. District
9. State
10. Primary Health centre
### House Hold Characteristics

Now I would like to have some information about the people who usually live in your household.

<table>
<thead>
<tr>
<th>Line no</th>
<th>Usual residents of the household</th>
<th>Relationship with the head of the household</th>
<th>Sex</th>
<th>Age</th>
<th>Marital Status</th>
<th>Education</th>
<th>Occupation</th>
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<tbody>
<tr>
<td>Q1</td>
<td>Please tell me the names of the persons who usually live in your household starting with the head of the household.</td>
<td>What is the relationship of (Name) to the head of the household?</td>
<td>Male or Female</td>
<td>How old is (Name) (completed years)?</td>
<td>Whether Kin or non-kin?</td>
<td>What was the age when (Name) got married?</td>
<td>Can (Name) read and write?</td>
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<td>Q2</td>
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In what kind of work is (Name) currently engaged?
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Attach additional sheets if necessary.
Encircle the Serial No. of all eligible men and women i.e. whose marriage is consummated and who fall in the reproductive age group of 15-49.

Attach additional sheets if necessary.
Encircle the Serial No. of all eligible men and women i.e. whose marriage is consummated and who fall in the reproductive age group of 15-49.

344
<table>
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<tr>
<th>CODES FOR Q2</th>
<th>CODES FOR Q3</th>
<th>CODES FOR Q4</th>
<th>CODES FOR Q5</th>
<th>CODES FOR Q6</th>
<th>CODES FOR Q8</th>
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<th>CODES FOR Q10</th>
<th>CODES FOR Q11</th>
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<td>RELATIONSHIP TO THE HEAD OF THE HOUSE</td>
<td>01= MALE</td>
<td>01= UNCLE-NIECE</td>
<td>01= LESS THAN PRIMARY COMPLETE (1-3)</td>
<td>01= CULTIVATOR</td>
<td>01= SELF/HEAD</td>
<td>02= BUSINESS</td>
<td>02= TRANSPORT NOT AVAILABLE</td>
<td>01= CURRENTLY MARRIED</td>
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<td>HOLD</td>
<td>02= FEMALE</td>
<td>02= CROSS-COUSIN</td>
<td>02= NOT NECESSARY</td>
<td>02= AGRICULTURAL LABOUR</td>
<td>02= WIFE/HUSBAND</td>
<td>03= NON-AGRICULTURAL LABOUR</td>
<td>02= TRANSPORT NOT AVAILABLE</td>
<td>03= MARRIED</td>
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<tr>
<td>03= SON/DAUGHTER</td>
<td>03= AGE &lt; 1 YEAR</td>
<td>03= PRIMARY COMPLETE MIDDLE INCOMPLETE (4-7)</td>
<td>02= PRIMARY COMPLETE SECONARY INCOMPLETE (8-10)</td>
<td>03= NOT NECESSARY</td>
<td>04= SON-IN-LAW/DAUGHTER-IN-LAW</td>
<td>04= BUSINESS</td>
<td>03= NOT NECESSARY</td>
<td>04= MARRIED</td>
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<td>04= SON-IN-LAW/DAUGHTER-IN-LAW</td>
<td>04= AGE FROM 0 TO 5</td>
<td>04= MIDDLE COMPLETE INCOMPLETE (10-12)</td>
<td>03= MIDDLE COMPLETE SECONARY INCOMPLETE (8-10)</td>
<td>04= NOT NECESSARY</td>
<td>05= GRAND CHILD</td>
<td>05= SALARIED EMPLOYMENT</td>
<td>04= MIDDLE COMPLETE INCOMPLETE (10-12)</td>
<td>05= NOT MARRIED</td>
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<tr>
<td>06= PARENT</td>
<td>05= AGE FROM 10 TO 19 (adolescent)</td>
<td>05= PU COMPLETE DEGREE INCOMPLETE (10-12)</td>
<td>04= DIVORCED</td>
<td>06= HOUSEWIFE</td>
<td>06= PARENT-IN-LAW</td>
<td>06= HOUSEWIFE</td>
<td>05= DIVORCED</td>
<td>06= DEPARTED</td>
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<td>07= PARENT-IN-LAW</td>
<td>06= AGE 20 AND ABOVE</td>
<td>05= DEGREED INCOMPLETE (10-12)</td>
<td>06= NOT RELATED</td>
<td>07= MARRIED</td>
<td>07= BROTHER/SISTER</td>
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<td>07= DIVORCED</td>
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<td>08= DEGREED INCOMPLETE AND ABOVE</td>
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<td>08= MARRIED</td>
<td>08= SISTER-IN-LAW</td>
<td>08= NOT WORKING /UNEMPLOYED</td>
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<td>09= BROTHER-IN-LAW/SISTER-IN-LAW</td>
<td>09= OTHER RELATIVE</td>
<td>09= MAJOR</td>
<td>09= MARRIED</td>
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<td>10= NIECE/NPHEW</td>
<td>09= DONT KNOW</td>
<td>10= DEGREED INCOMPLETE AND ABOVE</td>
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<td>10= NIECE/NPHEW</td>
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<td>11= OTHER RELATIVE</td>
<td>11= DEPENDENT/ DOMESTIC SERVANT/PATRON</td>
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</tbody>
</table>

345
INFORMED TO BE INFERRED FROM HOUSEHOLD CHARACTERISTICS

Demographic Data
1. Total No of Males [ ] Females [ ]
2. Total No within reproductive period (15-49) Males [ ] Females [ ]
3. Total No married Males [ ] Females [ ]
4. Total No of eligible couples [ ]
5. Family size [ ]
6. Mean age at marriage Males [ ] Females [ ]
7. Under five (0-6) Males [ ] Females [ ]
8. Total No of Adolescents (10-19) Males [ ] Females [ ]
9. Total No of literates (can read and write) Males [ ] Females [ ]
10. Total No of non-literates (can’t read and write) Males [ ] Females [ ]
11. Participation in workforce.
   Working Males [ ] Females [ ]
   Not working Males [ ] Females [ ]
12. Total No of school dropouts Males [ ] Females [ ]

Types of Family
1. Nuclear Family
2. Sub-Nuclear Family
3. Broken/Single Parent Family
4. Polygynous/Polyandrous Family
5. Extended Family
6. Single Person Family
5 Revenue Village/Saja

Types of Marriage
1. Polyandry
2. Polygyny
3. Monogamous

Forms of Marriage
1. Uncle-niece
2. Cross-cousin
3. Non-kin

346
GENEALOGICAL CHART

(To be prepared after collecting information from all the members of the household)
<table>
<thead>
<tr>
<th>Q.NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>RESPONSES AND CODING CATEGORIES</th>
</tr>
</thead>
</table>
| Q12   | a) What is the religion of the head of this household?  
          (Specify) | Hindu ................. 1  
            Muslim .............. 2  
            Christian .......... 3  
            Buddhist ............ 4  
            Jain ................ 5  
            Other ................. 6  |
|       | b) What is the sect?  
       | (Specify) | |
|       | c) Who is your family deity?  
       | (Specify) | |
|       | d) To which Village/Town does this deity belong?  
       | (Specify) | |
| Q13   | a) What is the caste of the head of this household?  
          (Specify) | |
|       | b) What is the sub-caste?  
       | (Specify) | |
|       | c) Do you belong to a tribe?  
       | (Specify) | |
|       | d) What is your clan?  
       | (Specify) | |
|       | e) What is your lineage?  
       | (Specify) | |
| Q14   | a) Are you a native of this village?  
       (from the point of view of the head of the household)  
       (Specify) | If Yes .............. 1  
          No ............... 2  |
|       | Apart from this,  
       | (Specify) | |

348
<table>
<thead>
<tr>
<th>Q.NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>RESPONSES AND CODING CATEGORIES</th>
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</thead>
<tbody>
<tr>
<td>b)</td>
<td>Can you give information about the members of your household who immigrated to this village?</td>
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<tr>
<td></td>
<td>Name:</td>
<td></td>
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<td>Place:</td>
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<td>Reason:</td>
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<td></td>
<td>Duration:</td>
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<tr>
<td>c)</td>
<td>Can you give information about the members of your household who immigrated to this village?</td>
<td></td>
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<tr>
<td></td>
<td>Name:</td>
<td></td>
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<td></td>
<td>Place:</td>
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<td>Reason:</td>
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<td></td>
<td>Duration:</td>
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Q15  

<p>| a)    | What is the traditional occupation of your family? |                                  |
| b)    | What is the present occupation of your family?    |                                  |</p>
<table>
<thead>
<tr>
<th>Q.NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>RESPONSES AND CODING Categories</th>
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</thead>
<tbody>
<tr>
<td>Q16</td>
<td>Type of house&lt;br&gt;(Record by observation)&lt;br&gt;Thatched---------- 1&lt;br&gt;Mud Roof---------- 2&lt;br&gt;Tiled (Factory/Country)--- 3&lt;br&gt;RCC -------------- 4</td>
<td></td>
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<tr>
<td>Q17</td>
<td>Whether this house is taken on rent or own house?&lt;br&gt;Rented ------1&lt;br&gt;Own ------2&lt;br&gt;Other ------3</td>
<td></td>
</tr>
<tr>
<td>Q18</td>
<td>What type of Toilet Facility does your house hold have?&lt;br&gt;Flush Toilet connected to sewer system/Private/Inside ------ 1&lt;br&gt;Private/Outside ------ 2&lt;br&gt;Pit Toilet ------ 3&lt;br&gt;Public Toilet ------ 4&lt;br&gt;(Any type) Open field/No toilet facility-5</td>
<td></td>
</tr>
<tr>
<td>Q19</td>
<td>What is the main source of lighting for your household?&lt;br&gt;Electricity -------------- 1&lt;br&gt;Kerosene -------------- 2&lt;br&gt;Other -------------- 3&lt;br&gt;(Specify)</td>
<td></td>
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<tr>
<td>Q20</td>
<td>What type of fuel does your household mainly use for cooking?&lt;br&gt;Firewood ----1&lt;br&gt;Kerosene ----2&lt;br&gt;Electricity ----3&lt;br&gt;LPG/Natural Gas ----4&lt;br&gt;Agricultural Waste/Straw --5&lt;br&gt;Dung Cakes ----6&lt;br&gt;Other ----7&lt;br&gt;(specify)</td>
<td></td>
</tr>
<tr>
<td>Q21</td>
<td>a) What is the main source of drinking water for your household?&lt;br&gt;Tap (Inside residence/Field/Plot) ------1&lt;br&gt;Tap (public/shared) ------2&lt;br&gt;Hand Pump/Borewell ------3&lt;br&gt;Well/covered ------4&lt;br&gt;Well/uncovered ------5&lt;br&gt;River ------6&lt;br&gt;Lake/Pond ------7&lt;br&gt;Other ------8&lt;br&gt;(specify)</td>
<td></td>
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<tr>
<td>Q.NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>RESPONSES AND CODING CATEGORIES</td>
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<td>-------</td>
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<tr>
<td></td>
<td>b) What is the distance of this water source from your house?</td>
<td></td>
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<td></td>
<td>c) Who usually goes to this source to fetch the water for your household?</td>
<td>Meters</td>
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<tr>
<td></td>
<td>d) In which direction is the main entrance of your house?</td>
<td></td>
</tr>
<tr>
<td>Q22</td>
<td>In which direction is the main entrance of your house?</td>
<td>East -- 1, West -- 2, South -- 3, North -- 4</td>
</tr>
<tr>
<td></td>
<td>a) How many rooms are there in your house?</td>
<td></td>
</tr>
<tr>
<td>Q23</td>
<td>a) How many rooms are there in your house?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) Do you have a separate kitchen in your house?</td>
<td>Yes -- 1, No -- 2</td>
</tr>
<tr>
<td></td>
<td>c) Do you have a separate bathroom in your house?</td>
<td>Yes -- 1, No -- 2</td>
</tr>
<tr>
<td></td>
<td>d) In your house do you prepare food on a open chullah/stove?</td>
<td>Open Chullah -- 1, Open Fire -- 2, Stove -- 3, Other -- 4</td>
</tr>
<tr>
<td>Q24</td>
<td>a) What is the primary source of income to your household?</td>
<td>Agriculture -- 1, Business -- 2, Agriculture labour -- 3, Non-agriculture labour -- 4, Salaried work/Govt/Private -- 5, Artisan/Handicraft -- 6, Other -- 7</td>
</tr>
<tr>
<td></td>
<td>(Specify)</td>
<td>(Specify)</td>
</tr>
</tbody>
</table>

351
<table>
<thead>
<tr>
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<th>QUESTIONS AND FILTERS</th>
<th>RESPONSES AND CODING CATEGORIES</th>
</tr>
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<tbody>
<tr>
<td></td>
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<tr>
<td>b)</td>
<td>What is the secondary source of income to your household? If yes (Specify) -----1 No -----2</td>
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<tr>
<td>c)</td>
<td>What is the total annual income of your household? (Approximately) Rs. ____________</td>
<td></td>
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<tr>
<td>Q25</td>
<td>a) How much of land do you own? Gunta Acres</td>
<td></td>
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<tr>
<td></td>
<td>b) How much of it is cultivated?</td>
<td></td>
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<tr>
<td></td>
<td>c) How much of it is irrigated?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d) How much of it is non irrigated?</td>
<td></td>
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<tr>
<td></td>
<td>e) How much of it is fallow land?</td>
<td></td>
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<tr>
<td>Q26</td>
<td>a) Have you leased out land? (Specify)</td>
<td></td>
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<tr>
<td></td>
<td>b) Have leased in land? (Specify)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) Have you given land for share cropping? (Specify)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d) Have you taken land for share cropping? (Specify)</td>
<td></td>
</tr>
<tr>
<td>Q27</td>
<td>a) Do you make use of any domestic animals for agriculture or for any other purpose? Yes --------1 No--------2</td>
<td></td>
</tr>
<tr>
<td>Q.NO.</td>
<td>QUESTIONS AND FILTERS</td>
<td>RESPONSES AND CODING CATEGORIES</td>
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<tr>
<td>-------</td>
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<td>--------------------------------</td>
</tr>
</tbody>
</table>
| b)    | If yes, what kind of animals and how many?  
       | Cow  ......1  
       | Buffalo ......2  
       | Bullock ......3  
       | Sheep ......4  
       | Goat ......5  
       | Poultry ......6  
       | Others ......7  
       | (Specify) | |
| Q28   | Usually which of the following crops do you grow in your fields?  
       | Paddy ......1  
       | Jowar ......2  
       | Wheat ......3  
       | Cotton ......4  
       | Sugarcane ......5  
       | Sunflower ......6  
       | Ground nut ......7  
       | Redgram ......8  
       | Chilli ......9  
       | Bengal gram......10  
       | Green Gram......11  
       | Others ......12  
       | (Specify) | |
| Q29 a) | Does any member of your household participate in the activities of any of the “self-help groups” of your village?  
       | Yes ......1  
       | No ......2  
       | |
| b)    | If yes, can you tell me the name of those members and the group to which they belong?  
       | Member  
       | Group | |
| Q30 a) | Are you a member of the following organization?  
       | Cooperative Society ----1  
       | Bank ----2  
       | Post office ----3  
       | Others ----4  
<pre><code>   | (Specify) |
</code></pre>
<table>
<thead>
<tr>
<th>Q.NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>RESPONSES AND CODING CATEGORIES</th>
</tr>
</thead>
</table>
| b)    | Have borrowed cash from this organization? | Yes ------1  
|       |                        | No ------2  |
| c)    | For what purpose? (specify) | Agriculture -------1  
|       |                        | Marriage -------2  
|       |                        | Education -------3  
|       |                        | Health -------4  
|       |                        | Food shortage -------5  
|       |                        | Business -------6  
|       |                        | House construction -------7  
|       |                        | Festival -------8  
|       |                        | Any other -------9  |
|       | (Specify)              | |
| d)    | Have you invested in cash in this organization? | Yes ------1  
|       |                        | No ------2  |
| e)    | For what purpose? (specify) | |
| f)    | For what duration was the money borrowed and how much of it is repaid? | Duration ------- |
|       |                        | Amount Repaid Rs.------- |
| Q31   | a) Is any member of your household covered by a health scheme or health insurance? | Yes ------1  
|       |                        | No ------2  |
|       | b) If yes, please specify | Member  
<p>|       |                        | Scheme |</p>
<table>
<thead>
<tr>
<th>Q.NO.</th>
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<th>RESPONSES AND CODING CATEGORIES</th>
</tr>
</thead>
</table>
| Q32   | How much is the monthly expenditure of your household on the following items?  
|       | तुमच्याकडे किती माहिती आहे की तुमच्या कुटुंबातील कोणत्याही वस्तूतांवर किती व्यय करता आहे?                                                                                                                                 | Items Rs Agricultural Business Food Rituals Fuel Grocery Education Travel Clothing Health Pan/Supari/Alcohol Recreation Others (Specify) |
| Q33   | When any member of your household gets ill, where does he/she goes for treatment?  
|       | तुमच्याकडे कोणत्याही सदस्याने ती रोगी झालेल्या वेळी त्यांना कसे विविध दूर्दान्ते आहेत?                                                                                                                                 | Public 1 Private 2 Indigenous 3 Home remedies 4 Others 5 (Specify) |
| Q34   | (In case he/she does not go to Govt. facility)  
|       | Can you give me the reasons as to why the members of your household do not go to a government facility?  
|       | तुमच्याकडे कोणत्याही सदस्याने ती रोगी झालेल्या वेळी त्यांना कोणत्याही विविध दूर्दान्ते आहेत?                                                                                                                                     | Too Far 1 Timing not convenient 2 Health personnel Generally absent 3 Waiting time too long 4 Poor quality of care 5 Others 6 (Specify) |
| Q35   | Does this household have a BPL/Ration card?  
<p>|       | तुमच्या कुटुंबात एक पीयरले एकाच मंदिर परिवाराचे राशिदारासून आहे?                                                                                                                                                  | Yes 1 No 2 |</p>
<table>
<thead>
<tr>
<th>Q.NO.</th>
<th>QUESTIONS AND FILTERS</th>
<th>RESPONSES AND CODING CATEGORIES</th>
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</thead>
<tbody>
<tr>
<td>Q36</td>
<td>Other facilities in your house hold</td>
<td>Facility Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Radio</td>
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<td></td>
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<td>Television</td>
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<td>Bicycle</td>
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<td>Two Wheeler</td>
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<td>Land Phone</td>
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<td>Iron</td>
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<td></td>
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<td>Tractor</td>
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<td>Sewing Machine</td>
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<td></td>
<td>Any other</td>
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<td>(Specify)</td>
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</tbody>
</table>

356
WOMAN'S INTERVIEW SCHEDULE

Basic Information

Name of the woman

Schedule No.

Street/ Address

Name of the Interviewer

Date of the Interview

Which is your natal home?

Relation with the spouse, kin/ non-kin

Religion

Caste

How many years of schooling have you completed?

Occupation

Location of occupation

How many years of schooling has your husband completed?

Your husband's location of occupation

Age at consummation of marriage

357
**Live Birth**

Now I would like to talk to you about all the births in your life time.

<table>
<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>Q6</th>
<th>Q7</th>
<th>Q8</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SL.No.</strong></td>
<td><strong>What is the name of your child (Ask for each child)</strong></td>
<td><strong>Is it male/female?</strong></td>
<td><strong>What is the age of (name)?</strong></td>
<td><strong>Where was the (name) born?</strong></td>
<td><strong>What was your age when (name) was born?</strong></td>
<td><strong>Is (name) still alive?</strong></td>
<td><strong>Cause of death. How did (name) die?</strong></td>
</tr>
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<td>1</td>
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</tbody>
</table>
Ante-natal care:

1. When you were pregnant/are pregnant, with (live or still birth) did you go to ante-natal check-up/are you going to ante-natal check-up?
   
   Yes  
   No

2. In which month of pregnancy did you first visit?

3. During the entire period of pregnancy, how many times did you visit the health facility for check-ups?

4. When you were pregnant did any health worker visit you at home for ante-natal check-ups?

5. If yes, in which month of pregnancy did he/she visit?

6. What did he/she advise you?

7. Did any of the following tests were performed at least once during the period of your pregnancy?

   A. Weight measurement
   B. Height measurement
   C. Blood pressure
   D. Blood test
   E. Urine test
   F. Abdomen examination
   G. Internal examination
   H. Breast examination
   I. Sonography/x-ray
   J. Others, specify
8. Did you given Iron and Folic acid (IFA) tablets/syrup during pregnancy?

Yes  No

If yes from where?

9. Were you given an injection in your arm during the pregnancy to prevent tetanus?

Yes  No

If yes from where?

10. During the period of your pregnancy did you suffer from any of the following health problems?

Yes  No

If yes, can you tell what kind of problems?

A. Swelling of hand and feet
B. Paleness/anemia/weakness
C. Visual disturbances
D. Excessive bleeding
E. Convulsions
F. Weak or no movement of baby
G. Abnormal position of foetus
H. Any other, specify

11. Did you consult anybody or seek treatment for your health problem?

Yes  No

If yes where?
12. How much did you spend during your pregnancy? Who gave the money?

Delivery:

1. Where did the delivery take place?

2. Who conducted the delivery?

3. Was the delivery normal/caesarian/assisted?

4. During delivery did you experience any of the following problems?

   Yes   No

   A. Premature labour
   B. Prolonged labour (more than 12 hours)
   C. Excessive bleeding
   D. Obstructed labour
   E. Breech presentation
   F. Others

   If yes where did you go for treatment?

5. How much did you spend on this delivery?

Postpartum Care

1. During the last six weeks after the delivery did you experience any of the following health problems?

   Yes   No

   A. High fever
   B. Lower abdominal pain
   C. Foul smelling of vaginal discharge
   D. Excessive bleeding
   E. Convulsions
   F. Severe headache
   G. Any other, specify
2. If yes where did you go for treatment?

3. How much did you spend on this?

4. Did ANM visit you within the first two weeks of your delivery?

Yes  No

Child survival

1. When did you start breast feeding your child?

2. When you first breast-feed your child did you squeeze out the milk before feeding the child?

Yes  No

3. How many months did you breast-feed the child exclusively?

4. Did your child have any health problem after birth?

Yes  No

If yes, specify

5. Do you have a card where names of vaccinations are written down?

Yes  No

6. Was polio vaccine given to the child (drop in the month of the child immediately after the birth)

Yes  No
7. Was BCG vaccination against tuberculosis given to the child? (One injection after birth)

Yes No

8. Was a vaccination against Diphtheria, Whooping cough and Tetanus given to the child as an injection (DPT)? (3 Injections before 5 years)

Yes No

If yes, How many times DPT injections were given?

9. Was polio vaccine (i.e. drops in the mouth) (excluding polio ‘o’ and pulse polio) given to the child?

Yes No

If yes, How many polio drops (excluding polio ‘o’) were given?

10. Was an injection against measles given in the 9th month?

Yes No

11. Was Hepatitis-B injection given to the child?

Yes No

Contraception and decision making

1. Are you aware of family planning methods?

Yes No
2. Which of the family planning methods are you aware of?

1. Modern methods
   A. Female sterilization
      a. Tubectomy
      b. Laproscopy
   B. Male sterilization
      a. Vasectomy
      b. NSV
   C. Copper-T/IUD
   D. Pills
   E. Condom
   F. Any other (specify)

2. Traditional methods
   a. Rhythm method
   b. Withdrawal
   c. Contraceptive herbs
   d. Any other (specify)

3. Did you/your husband at any point of time use the family planning method?
   Yes No

If yes, which method you/ your husband is using or used?

4. Why did/are you use/ using this particular method of family planning over other methods? (in case Modern methods, why? Traditional methods, why?)

5. In which health facility did you get this method of contraception?
   1. Public, 2. Private, 3. NGO

6. How much did you spend on family planning method?

7. Have you/ your husband had any health problem after you/ your husband started using this method?
   Yes No

If yes, specify

364
8. Where did you take the treatment?

9. Did you/husband at any point of time wanted to use any of the family planning method but could not use?

10. Considering the number of children you have had, why did you decide to contracept at this stage?

11. According to you how many children a couple should have? (Specify number of male children and number of female children)

12. Did you plan any of your pregnancy?
WOMAN'S INTERVIEW GUIDE

BASIC INFORMATION

Name of the woman

Schedule No.

Street/ Address

Name of the Interviewer

Date of the Interview

Which is your natal home?

Relation with the spouse, kin/ non-kin

Religion

Caste

How many years of schooling you have completed?

Occupation

Location of occupation

How many years of schooling has your husband completed?

Your husband's location of occupation
**Age at consummation of marriage**

At what age did you attain puberty?

What was the first thing that you did when you came to know that you were menstruating, how did you feel?

Whom did you inform?

What did they do? Did they openly announce about this?

Were you aware of process of menstruation even before it happened to you?

If yes, Who told you?

How did your parents/relatives react?

Were you secluded when you menstruated for the first time? If yes, in which part of the house were you secluded? For how many days? Do you follow the same rules even now?

Who instructed you to do so?

Were you given head bath on the same day? If yes, who gave you the head bath? If no, after how many days?

What were you given to eat during this period?
Were any special rituals/ ceremonies conducted during this period, from the first day of menstruation till the last day? (Probe)

Who visited you? Did they give any gifts? (Probe)

Do you think any changes have occurred in your body because of this? If yes, what kind of changes?

What did/do you do to keep yourself clean? (Probe)

Were there any other changes that occurred in you from the point of view of your work, dress pattern, attitude of your parents/relatives and education?

Did you feel that your responsibilities have/were increased after this period? If yes, in what way?

PREGNANCY

When you were pregnant/ are pregnant, with (live or still birth) did you go to antenatal check-up/ are you going to antenatal checkup?

If yes, where did you go? Who took you?

Who did your check-ups?

In which month of pregnancy did you first visit?

During the entire period of pregnancy how many times did you visit the Health Facility for check-ups?

Who usually accompanied you for your check-ups?
When you are pregnant did any health worker visit you at home for antenatal check-ups?

If yes, in which month of pregnancy did he/she visit?

What did he/she advise you?

Did any of the following tests were performed at least once during the period of your pregnancy?

Did you receive advise on any of the following at least once during your last pregnancy?

If you have not gone for antenatal checkups, can you give the reasons for not going for ANC?

Were you given Iron and Folic acid (IFA) tablets/syrup during pregnancy?

If yes, Did you take those tablets and syrups as directed by the health worker?

If not taken, can you give the reasons?
Where did you get the IFA Tablets?

Were you given an injection in your arm during the pregnancy to prevent tetanus?

If yes, how many times did you take the tetanus injection?

During the period of your pregnancy did you suffer from any of the following health problems? If yes, can you tell what kind of problems?

1. Swelling of hand and feet
2. Paleness/anemia/weakness
3. Visual disturbances
4. Excessive bleeding
5. Convulsions
6. Weak or no movement of baby
7. Abnormal position of foetus
8. Any other, specify

Did you consult anybody or seek treatment for your health problem?

If yes, where did you go? Who attended you? Who accompanied you?

Were you advised by doctor/health worker/relative to go to the health facility for delivery?

If yes, who told you?

How much did you spend on your antenatal care?

Can you explain your overall experience of being pregnant in terms of money you spent and problems faced at home?

Was/Is it difficult for you to carry out your day-today chores when you were pregnant? If yes...
Did anybody help you in this regard? If yes, who helped you?

Is it necessary to take any special food during pregnancy? If yes, what are those foods? Did you take those foods?

In what way do you think these foods will help you?

Is there any kind of food that you should avoid during pregnancy? If yes, what kind of food? What are the reasons for avoiding those foods?

Did you offer any special prayers/sacrifices/oaths to any god? Did you conduct any ritual/ceremony when you are/were pregnant?

Where did/do you stay during pregnancy?

Did you stay in the same place during all your pregnancy?

If you consider food, ceremonies, treatment, medicine and attitude of others in what way do you think this pregnancy is different from your previous pregnancies?

DELIVERY

Where did the delivery take place? (Home or Medical Institutes)

If at home, What is the main reason that you did not go to health facility?

Who conducted the delivery?

How did you find out this person?
Was the delivery normal/ caesarian/ assisted?

What were you doing when pain started? How did you come to know that it was labour pain?

Whom did you call first?

How did they react? What did they do?

Did your pains begin on the same day when your doctor/ health worker had told you?

If it was late,

For how many days did it prolong? What was done to induce it?

In case you were taken to hospital, what was the first thing done they do?

How many people were there in the labour room?

What were they doing?

Did the people who came along with you were made to stand outside the labour room?

For how long did you stay in the labour room?

For how long did the labour pain last?

In case you delivered at home,

Fn which part of the house did you deliver?
How many people were allowed in the room?

Was the delivery painful? Can you describe it?

How did the dhai/health worker/doctor react to your pain?

Were you aware as to how you were behaving during the delivery?

If you remember, can you explain?

In what position did you deliver?

Did you or any other member of the family make any special prayers/offerings during delivery?

What was the first thing that dhai/doctor did when the baby came out?

What did they do with the placenta?

How did you feel when you first saw the baby?

Did your relatives come to visit you after the delivery? Who came? Were there any special ceremonies conducted? Any special gifts given at this time?

Was this delivery different from your previous ones? (In terms of place, assistance, problems you faced, duration of pain, rituals and the reaction of your relatives)

If you want to have another baby, do you expect the delivery to take place in the same way as it happened before? If so why?

How many people were allowed in the room?

Was the delivery painful? Can you describe it?

How did the dhai/health worker/doctor react to your pain?

Were you aware as to how you were behaving during the delivery?

If you remember, can you explain?

In what position did you deliver?

Did you or any other member of the family make any special prayers/offerings during delivery?

What was the first thing that dhai/doctor did when the baby came out?

What did they do with the placenta?

How did you feel when you first saw the baby?

Did your relatives come to visit you after the delivery? Who came? Were there any special ceremonies conducted? Any special gifts given at this time?

Was this delivery different from your previous ones? (In terms of place, assistance, problems you faced, duration of pain, rituals and the reaction of your relatives)

If you want to have another baby, do you expect the delivery to take place in the same way as it happened before? If so why?
If you had one delivery at home and one at hospital, which one would be more comfortable and why?

How much did you spend on this delivery?

POSTPARTUM

During the last six weeks after the delivery did you experience any of the following health problems?

1. High fever
2. Lower abdominal pain
3. Foul smelling of vaginal discharge
4. Excessive bleeding
5. Convulsions
6. Severe headache
7. Any other, specify

Did you consult anybody or seek treatment for the health problems?

Did ANM visit you within the first two weeks of your delivery?

If yes, How many times did she visit?

After the delivery in whose house did you stay?

In case you stayed in your parent’s house how long did you stay? Did your husband/ in-laws come to visit you? What did they do?

In case you stayed in your husband’s house, did your parents and their relatives come to visit you? What did they do?
Did the same thing happen after all your previous births?

After the delivery when you were at home did you protect yourself from evil eye and spirit possession? If yes, in what way? (Probe)

After the delivery what type of food you take at home?

Are there any kind of food that are good to eat during this period? What are those? Are these foods easily available?

Are there any types of food that you should avoid during this time? If yes, what type of food and why?

Did you take any indigenous medicine during this period? If yes, from where did you take and why?

Did you take any allopathic medicine?

Did you take any indigenous medicine during this period? If yes, from where did you take and why?

Did you take any allopathic medicine?

After the delivery, for how long did you rest without working? Who helped you in this regard?

Did you do the same thing during the previous pregnancy/pregnancies?

After the delivery when will you take your first head bath?

For how many days after delivery is pollution observed? Which of the relatives observe?

How did you protect yourself from evil eye, spirit possession or others?
Who will help you in your work while you are resting?

Did you face any problem in your family in this regard?

Did you face any problem in this regard in your previous deliveries?

How much did you spend on this?

How did you feel when you first became a mother?

What was the change that occurred in you after you became a mother of a child from the people’s point of view?

CHILD CARE

How often do/did you breast feed your child?

When you first breast feed your child did you squeeze out the milk before feeding the child?

Are you currently breast feeding your child?

For how long do you think you will continue to breast feed your baby/ how long did you breast feed your child? (Probe for why specified duration, who asked her to stop breast feeding)

How many months did/do you breast feed the child exclusively? Why?

Did you anytime feel that you did not have enough milk in your breast to feed your baby? If yes, why and what did you do?

How was this breast feeding of the baby different from the previous breast feeding in terms above mentioned criteria?
Is there any specific time to give bath to your baby? What do you do?

When?

Do you protect your baby after the birth? What do you protect it from?

What do you do to protect and why? How long?

How did your husband/husband’s family/your family react when this child was born?

How did your husband/husband’s family/your family react when previous child was born?

Have you worshipped any god since the baby was born? Why? What did you do?

What are the rituals and ceremonies that are conducted at different stages of child’s development?

1. Naming ceremony (name) - Who, what they do, how name is selected, rituals, food, songs, who attends the function
2. First food (where, rituals)
3. Head shaving (where, what are the rituals followed, why that place, who attends the function)
4. Ear boring (where, who, what are the rituals followed)

Did you conduct these ceremonies for all your children and was it same in all the cases?

Did your child have any health problem after birth?

If yes, who attended the baby? What was the problem? What did you do?

Where did you take the baby for treatment? (ask specifically for allopathic, indigenous)? Who took the baby for treatment? How much did you spend on treatment?
Do you have a card where (Names) vaccinations are written down? (Yes or No)

Was polio vaccine given to the child (drop in the month of the child immediately after the birth) (Yes or No)

Was BCG vaccination against tuberculosis given to the child? Yes or No

If no, why?

Was a vaccination against Diphtheria, Whooping cough and tetanus given to the child as an injection (DPT)? Yes or No

If no, why?

If yes, How many times DPT injections were given?

Was polio vaccine (i.e. drops in the mouth) (excluding polio ‘o’ and pulse polio) given to the child? If no why?

If yes, How many polio drops (excluding polio ‘o’) were given?

Was an injection against measles given? If no why? (Yes or No)

Was Hepatitis B injection given to the child? If no why?

Was a dose of Vitamin ‘A’ liquid given to your child to protect him/ her from night blindness? (Yes or No)

If no, why?

Was IFA tablets/liquids given to the child? (Yes or No)
If no, why?

If woman reports at least one or more immunization

Where did you get information about immunization? How did they tell you? Who told you? When did they give information? Did they tell about all the immunization that are given to a child?

Where did you take your child for all these immunization?

Where it is?

1. Public
2. Private

Who usually accompanied you while or when you take/ took your baby for immunization?

Did the child develop any health problem after taking any of these immunizations, if yes what kind of health problem? What did you do?

How much did you spend on each of these immunizations?

Do you think that these immunizations are necessary for healthy growth of your child? If yes, what way? If no, why?

Ask in case, women has not reported any information

What was the reason for not taking the child for immunization?

Did you take your other older children/ child for immunization? If yes, why not this child?
CONTRACEPTION

Are you aware of family planning methods?

If yes, who gave you the information? How did they explain?

From where?

1. Public
2. Private
3. Voluntary Organization
4. Any other, specify

Which of the family planning methods are you aware of?

1. Modern methods
   A. Female sterilization
      a. Tubectomy
      b. Laparoscopy
   B. Male sterilization
      a. Vasectomy
      b. NSV
   C. Copper-T/IuD
   D. Pills
   E. Condom
   F. Any other (specify)

2. Traditional methods
   1. Rhythm method
   2. Withdrawal
   3. Contraceptive herbs
   4. Any other (specify)

1. Termination of pregnancy, 2. Spacing, 3. Prevention from diseases, which of the methods you feel are useful? Why/how?

How do you think this contraceptive methods work

Are you currently pregnant?

If no, are you/your husband currently using any family planning method (including sterilization)? did you at any point of time use the family planning method?

If yes, which method you/your husband is using or used?

1. Modern, 2. Traditional (specify)
Why did you use/ using this particular method of family planning over other methods? (in case modern methods, why? Traditional methods, why?)

Who gave you information about use of this particular method of family planning?

In which health facility did you get this method of contraception? Why that particular health facility?

1. Public, 2. Private, 3. Others

Only for those whose husband/ herself has undergone sterilization

Before sterilization were you/ your husband informed about all the methods of contraception? (Probe)

Considering the number of children you have had, why did you decide to contracept at this stage? Can you please explain the reasons?

What was your family’s (both natal and husband’s) reaction when you decided to undergo sterilization?

Only for those woman who has undergone sterilization

Are you aware of male method of sterilization?

If yes, why did you choose to undergo sterilization (Probe)

Only for those woman whose husband’s have undergone sterilization

Why did your husband choose to undergo sterilization? From where did he get information? Who informed him to go for sterilization?
Only for Copper-T users

Who gave you information about this particular method of contraception?

Why did you use this particular method of contraception?

Who inserted Copper-T

Did you face any problem while or after inserting Copper-T?

Did you visit the health facility after inserting the Copper-T?

Only for Pill and Condom users

Who gave you information about this particular method of contraception?

Why did you use this particular method of contraception?

Have you/ your husband feel any problem in acquiring these methods? If yes, what kind of problems?

When you started using this method, did doctor/ nurse/ ANM inform you about possible health problems that may occur as an outcome of its usage? If yes, what did they explain? If no, did you make an attempt to get information?

After you adopted this method, did any health worker/ ANM visit you for enquiring about you/ your husband’s health?

Have you/ your husband had any health problem after you/ your husband started using this method?
If yes, What problem did you/your husband have?

Did you/ your husband contact anybody or seek treatment for the health problem?

If yes, where did you take the treatment?

What treatment did you take?

How much did you spend on this treatment?

Ask in case of traditional methods of contraception

Which traditional method did you follow

Who gave you information about this method of contraception? How did they inform you? What did they inform you?

For how long you have been following this method?

Why did you follow this particular method of traditional contraception? Explain

Do you think this particular method of traditional contraception is better than the modern methods of contraception? If yes in what way?

How much did you spend on family planning method?

If the woman/ man has not used any method ask the following

What is the reason for you not using any method of family planning? Explain
Did you/ husband at any point of time would use any of the family planning method but could not use/ If yes what was the reason you could not use?

When/ Why/ Which method did you wanted to follow?

Do you intend to use any method of family planning at any point of time in future? If yes, which method would you like to use?

According to you how many children a couple should have? Why?

How important for a woman to become a mother?

What happens if she doesn’t have any children?

Did you plan any of your pregnancy? If yes/ how, what

With whom did you discuss

If no, who decided your pregnancy and no. of children that you should have?
Now I would like to talk to you about all the births in your life time.

<table>
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<tr>
<th>S.No.</th>
<th>What is the name of your child (Ask for each child)</th>
<th>Is it male/ female</th>
<th>What is the age of (name)</th>
<th>Where was the (name) born</th>
<th>What was your age when (name) was born</th>
<th>Is (name) still alive</th>
<th>If dead what was the age when died</th>
<th>Cause of death</th>
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