**Annexure – I**

**District-wise Human Development Index (HDI) Values, 2001**

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>District</th>
<th>HDI</th>
</tr>
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<tbody>
<tr>
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</tr>
<tr>
<td></td>
<td>STATE</td>
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<tr>
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</tr>
<tr>
<td>3</td>
<td>Kanniakumari</td>
<td>0.711</td>
</tr>
<tr>
<td>4</td>
<td>Thoothukudi</td>
<td>0.703</td>
</tr>
<tr>
<td>5</td>
<td>Coimbatore</td>
<td>0.699</td>
</tr>
<tr>
<td>6</td>
<td>Nilgiris</td>
<td>0.685</td>
</tr>
<tr>
<td>7</td>
<td><strong>Thiruchirapalli</strong>*</td>
<td><strong>0.671</strong></td>
</tr>
<tr>
<td>8</td>
<td>Madurai</td>
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</tr>
<tr>
<td>9</td>
<td>Erode</td>
<td>0.658</td>
</tr>
<tr>
<td>10</td>
<td>Thirunelvili</td>
<td>0.658</td>
</tr>
<tr>
<td>11</td>
<td>Vellore</td>
<td>0.658</td>
</tr>
<tr>
<td>12</td>
<td>Thiruvallur</td>
<td>0.654</td>
</tr>
<tr>
<td>13</td>
<td>Nagapattinam</td>
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</tr>
<tr>
<td>14</td>
<td>Virudhunagar</td>
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<tr>
<td>15</td>
<td>Karur</td>
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<td>16</td>
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<td>17</td>
<td><strong>Dindigul</strong>*</td>
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<tr>
<td>18</td>
<td>Sivagangai</td>
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<tr>
<td>19</td>
<td>Thiruvarur</td>
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<td>20</td>
<td>Namakkal</td>
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<td>21</td>
<td>Thanjavur</td>
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<td>22</td>
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<td>23</td>
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<td>Salem</td>
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<tr>
<td>26</td>
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<tr>
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<td>Villupuram</td>
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</tr>
<tr>
<td>29</td>
<td>Dharmapuri</td>
<td>0.584</td>
</tr>
</tbody>
</table>

*Districts selected for the study
## Annexure – II

### Sample Area

<table>
<thead>
<tr>
<th>District</th>
<th>Name of the PHC</th>
<th>Name of the Sub-Centre</th>
<th>Name of the village</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trichy</td>
<td>Inamkulathur</td>
<td>Athavathur</td>
<td>Athavathur</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Allithurai</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Natchikuruchi</td>
<td>Natchikuruchi</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sunembakarapatti</td>
</tr>
<tr>
<td>Dindigul</td>
<td>Alamarathupatti</td>
<td>Pithalapatti</td>
<td>Michaelpatti</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Vakkampatti</td>
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<tr>
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<td>Munnilaikottai</td>
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<td></td>
<td></td>
<td></td>
<td>Ariyanallur</td>
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</table>
## Annexure - III
### Standard of Living Index (SLI)

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Household Items / Housing Characteristics</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Clock / Watch</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Fan</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Bicycle</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>Pressure Cooker</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>Table / Chair</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Mattress</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>Sewing Machine</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>Radio/Transistor/ Tape Recorder</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>VCR/VCP/VCD/DVD</td>
<td>2</td>
</tr>
<tr>
<td>10</td>
<td>Cooking Gas</td>
<td>2</td>
</tr>
<tr>
<td>11</td>
<td>Phone</td>
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<td>Grinder</td>
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</tr>
<tr>
<td>14</td>
<td>Moped</td>
<td>2</td>
</tr>
<tr>
<td>15</td>
<td>Cot / bed</td>
<td>2</td>
</tr>
<tr>
<td>16</td>
<td>Refrigerator</td>
<td>3</td>
</tr>
<tr>
<td>17</td>
<td>Television</td>
<td>3</td>
</tr>
<tr>
<td>18</td>
<td>Sofa Set</td>
<td>3</td>
</tr>
<tr>
<td>19</td>
<td>Washing Machine</td>
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<tr>
<td>20</td>
<td>Air condition</td>
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<tr>
<td>21</td>
<td>Bore well alone</td>
<td>4</td>
</tr>
<tr>
<td>22</td>
<td>Bore well with motor pump</td>
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</tr>
<tr>
<td>23</td>
<td>Motor Cycle/ Scooter</td>
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</tr>
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<td>24</td>
<td>Car</td>
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<tr>
<td>25</td>
<td>Type of house</td>
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<td>1</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>0</td>
</tr>
</tbody>
</table>

|       | **Total Score**                                            | **65** |

The total score varied from a low of 0 to a maximum of 65. On the basis of total score, women were grouped into three categories of standard of living as:

- **a. Low SLI**: If the total score was less than or equal to 21
- **b. Medium SLI**: If the total score was more than 16 but less than or equal to 42
- **c. High SLI**: If the total score was more than or equal to 43
Annexure - IV

Women's autonomy variables and score

I. Sex –Segregated Interaction

1. Taking meals
   Take lasty ................ 0
   Depends ................ 1
   Take together.......... 2

2. Presence in the same room when husband is discussing with male members of the family.
   Never .................. 0
   Sometimes.............. 1
   Always.................. 2

3. Participation in discussions with male members
   Never .................. 0
   Sometimes.............. 1
   Always.................. 2

4. Accompany husband for social functions
   Never .................. 0
   Sometimes.............. 1
   Always.................. 2

5. Getting adequate nutritious food
   Never .................. 0
   Sometimes.............. 1
   Always.................. 2

6. Husband helps in routine household works like collection of water, fuel and fodder?
   Never .................. 0
   Sometimes.............. 1
   Always.................. 2

7. Getting equal quality and quantity of food?
   Never .................. 0
   Some times............. 1
   Always .................. 2

8. Engaging relatives / friends at home in the absence of husband
   Never .................. 0
   Some times............. 1
   Always .................. 2

Score: Minimum: 0   Maximum: 12
**II. Freedom of movement**

1. **Going to shopping alone**
   - Never .......................... 0
   - Some times ...................... 1
   - Always .......................... 2

2. **Going to shopping with friends / neighbours**
   - Never .......................... 0
   - Some times ...................... 1
   - Always .......................... 2

3. **Going to movies alone**
   - Never .......................... 0
   - Some times ...................... 1
   - Always .......................... 2

4. **Going to function / parties alone**
   - Never .......................... 0
   - Some times ...................... 1
   - Always .......................... 2

5. **Attending village / community functions alone**
   - Never .......................... 0
   - Some times ...................... 1
   - Always .......................... 2

6. **Visiting friends home alone**
   - Never .......................... 0
   - Some times ...................... 1
   - Always .......................... 2

7. **Visiting parents / relatives house alone**
   - Never .......................... 0
   - Some times ...................... 1
   - Always .......................... 2

8. **Attending religious festivals alone**
   - Never .......................... 0
   - Some times ...................... 1
   - Always .......................... 2

9. **Going to hospital alone**
   - Never .......................... 0
   - Some times ...................... 1
   - Always .......................... 2

10. **Going to temple alone**
    - Never .......................... 0
    - Some times ..................... 1
    - Always .......................... 2
11. Going to hotel alone
   Never .................... 0
   Some times ............... 1
   Always ................... 2

12. Going out of villages/town alone
   Never .................... 0
   Some times ............... 1
   Always ................... 2

13. Scolding for returning home at late evening after completing work
   Never .................... 0
   Some times ............... 1
   Always ................... 2

Score: Minimum: 0  Maximum: 26

III. Freedom to participate in social & Political activities

1. Taking part in club/women's group activities
   Never .................... 0
   Some times ............... 1
   Always ................... 2

2. Taking part in election activities
   Never .................... 0
   Some times ............... 1
   Always ................... 2

3. Taking part in Pinhead activities
   Never .................... 0
   Some times ............... 1
   Always ................... 2

4. Taking part in community welfare activities/meetings
   Never .................... 0
   Some times ............... 1
   Always ................... 2

5. Articulation in public meetings
   Never .................... 0
   Some times ............... 1
   Always ................... 2

6. Interaction with men/boys
   Never .................... 0
   Some times ............... 1
   Always ................... 2

7. Membership in local Institution
   Never .................... 0
   Some times ............... 1
   Always ................... 2

Score: Minimum: 0  Maximum: 14
IV. Household Decisions

1. Purchase of major household items (e.g. Furniture's, appliances, bicycle etc)
   Husband / Others........ 0
   Both.......................... 1
   Herself.......................... 2

2. Purchase of dress for herself / for family members
   Husband / Others........ 0
   Both.......................... 1
   Herself.......................... 2

3. Decision about purchase of property / jewels etc.
   Husband / Others........ 0
   Both.......................... 1
   Herself.......................... 2

4. Decision about lending / borrowing
   Husband / Others........ 0
   Both.......................... 1
   Herself.......................... 2

5. Decision about household budget
   Husband / Others........ 0
   Both.......................... 1
   Herself.......................... 2

6. Decision about children's education
   Husband / Others........ 0
   Both.......................... 1
   Herself.......................... 2

7. Decision about children's marriage
   Husband / Others........ 0
   Both.......................... 1
   Herself.......................... 2

8. Decision about performing / attending function / ceremonies
   Husband / Others........ 0
   Both.......................... 1
   Herself.......................... 2

9. Decision about inviting and engaging guests at home
   Husband / Others......... 0
   Both.......................... 1
   Herself.......................... 2

Score: Minimum: 0    Maximum: 18

V. Freedom of choice

1. Wearing dresses of her choice
   Does not allow.............. 0
   Allows some times........... 1
   Always allows.............. 2

2. Hair style of her choice
   Does not allow.............. 0
   Allows some times........... 1
   Always allows.............. 2
3. Voting in election as she likes
   Does not allow............. 0
   Allows some times.......... 1
   Always allows............. 2

4. Freedom to decide the timing of sex with husband
   Does not allow............. 0
   Allows some times.......... 1
   Always allows............. 2

5. Freedom to cook the food items according to her choice
   Does not allow............. 0
   Allows some times.......... 1
   Always allows............. 2

6. Freedom to talk with neighbours
   Does not allow............. 0
   Allows some times.......... 1
   Always allows............. 2

7. Freedom to use household appliances like radio, TV, telephone etc. as she likes
   Does not allow............. 0
   Allows some times.......... 1
   Always allows............. 2

8. Freedom to worship the God of her choice.
   Does not allow............. 0
   Allows some times.......... 1
   Always allows............. 2

Score: Minimum: 0   Maximum: 16

VI. Violence against women

1. Experience of verbal abuse from husband
   Never ................. 0
   Sometimes............. 1
   Always............... 2

2. Experience of verbal abuse from in-laws
   Never ................. 0
   Sometimes............. 1
   Always............... 2

3. Experience of any physical abuse by husband
   Never ................. 0
   Sometimes............. 1
   Always............... 2
4. Experience of any physical abuse by in-laws
   Never .................. 0
   Sometimes ............... 1
   Always .................. 2

5. Ill-treatment at home by husband
   Never .................. 0
   Sometimes ............... 1
   Always .................. 2

6. Ill-treatment at home by in-laws/others members of family
   Never .................. 0
   Sometimes ............... 1
   Always .................. 2

7. Drinking habit of husband
   Never .................. 0
   Sometimes ............... 1
   Always .................. 2

8. Harassment from family members / husband
   Never .................. 0
   Sometimes ............... 1
   Always .................. 2

9. Intimidation by any of the family members
   Never .................. 0
   Sometimes ............... 1
   Always .................. 2

10. Incidence of eve teasing
    Never .................. 0
    Sometimes ............... 1
    Always .................. 2

Score: Minimum: 0   Maximum: 20

IV. Financial Management

1. Maintaining family income
   Husband / Others.......... 0
   Both ..................... 1
   Herself .................. 2

2. Control over jewels brought from natal family
   Husband / Others.......... 0
   Both ..................... 1
   Herself .................. 2

3. Maintaining family property
   Husband / Others.......... 0
   Both ..................... 1
   Herself .................. 2

Score: Minimum: 0   Maximum: 6
VIII. Decision about Contraception and Fertility

1. Decision about timing of child birth
   Husband / Others...... . 0
   Both........................ 1
   Herself..................... 2

2. Decision about number of children
   Husband / Others...... . 0
   Both........................ 1
   Herself..................... 2

3. Decision about adoption of family planning method
   Husband / Others...... . 0
   Both........................ 1
   Herself..................... 2

4. Decision about sex composition of children
   Husband / Others...... . 0
   Both........................ 1
   Herself..................... 2

Score: Minimum: 0    Maximum: 8

Total autonomy score (I to VIII) - 120

Total autonomy score for each woman varied from a low of 0 to a maximum of 120. On the basis of total score, the women were grouped into three categories as:

a. Low autonomy : 39 or less (First 33 per cent file)

b. Medium autonomy: 40 – 53 (2nd 33 per cent file)

c. High autonomy : 54 or more (last 33 per cent file)
Annexure-V

DEPARTMENT OF APPLIED RESEARCH
GANDHIGRAM RURAL INSTITUTE – DEEMED UNIVERSITY
GANDHIGRAM – 624 302

SEXUAL AND REPRODUCTIVE HEALTH BEHAVIOUR OF ADOLESCENT MARRIED WOMEN IN RURAL TAMILNADU

INTERVIEW SCHEDULE

I. IDENTIFICATION PARTICULARS

1.1. District :

1.2. Block :

1.3. Name of Village :

1.4. Name of the Respondent (Adolescent married women)

1.5. Name of husband __________________________

1.6. Address __________________________

II. RESPONDENT'S BACKGROUND

2.1 How old were you at your last-birth day?

   Age in completed years :

2.2 For most of the time until you were 12 years old, did you live in a city or in a village?

   City/Town ................. 1
   Village .................. 2

2.3 Do your husband currently living with you or staying elsewhere?

   Living with husband ................. 1
   Husband staying elsewhere .......... 2

2.4 What is the age of your husband?

   Age in completed years :

2.5 What is the type of your marriage?

   Consanguineous ..................... 1
   Non- Consanguineous ............. 2

2.6 If Consanguineous, What is the type of relationship?

   Maternal ......................... 1
   Paternal ......................... 2
   Not applicable ................... 9

2.7 Whether your marriage is love or arranged one?

   Love Marriage .................. 1
   Arranged Marriage .............. 2
2.8 Whether your marriage is Inter caste / Inter religious?
- Inter caste Marriage ............ 1
- Inter Religious Marriage ........ 2
- Same Caste .................... 3

2.9 What is the highest level of school education you have obtained?
- Illiterate .......................... 0
- Literate & primary (1-5) ........... 1
- Middle (6-8) ........................ 2
- High School (9-10) ................. 3
- Higher Secondary (11-12) .......... 4
- College & above ................... 5

2.10 What is the highest level of school education of your husband?
- Illiterate .......................... 0
- Literate & primary (1-5) ........... 1
- Middle (6-8) ........................ 2
- High School (9-10) ................. 3
- Higher Secondary (11-12) .......... 4
- College & above ................... 5

2.11 What is the religion of the head of the household?
- Hindu .............................. 1
- Muslim ............................. 2
- Christian ......................... 3
- Others. ............................ 4

2.12 What is the community of the head of the household?
- SC ................................. 1
- ST .................................. 2
- MBC ................................. 3
- BC .................................. 4
- Others. ............................ 5

2.13 To which caste does the head of the household belong?
Name of Caste : _______________________

2.14 Property ownership (value)

<table>
<thead>
<tr>
<th>Property</th>
<th>Total Value (in Rs.)</th>
<th>In the Name of Respondent (in Rs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. House</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Land</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Jewels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Savings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Others (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ii
2.15 Does your household own any of the following?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Clock / Watch</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. Fan</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Bicycle</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. Pressure Cooker</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. Table / Chair</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>6. Mattress</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>7. Sewing Machine</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>8. Radio/Transistor/Tape Recorder</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>9. VCR/VCP/VCD/DVD</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>10. Cooking Gas</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>11. Phone</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>12. Mixie</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>13. Grinder</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>14. Moped</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>15. Cot / bed</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>16. Refrigerator</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Television</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. Sofa Set</td>
<td>1</td>
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<td>3</td>
</tr>
<tr>
<td>19. Washing Machine</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20. Air condition</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>21. Bore well alone</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>22. Bore well with motor pump</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>23. Motor Cycle/ Scooter</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>24. Car</td>
<td>1</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>

Total Score

2.16 What is your current occupation

- Own business (specify).......................... 1
- Own Agriculture.................................. 2
- Government....................................... 3
- Private.......................................... 4
- Coolie........................................... 5
- House wife...................................... 6
- Others (specify)............................... 7

2.17 What is the current occupation of your husband?

- Own business (specify).......................... 1
- Own Agriculture.................................. 2
- Government....................................... 3
- Private.......................................... 4
- Coolie........................................... 5
- Others specify................................... 6
- Presently unemployed............................ 7

2.18 What is the total monthly income of your family (in rupees)? Rs

2.19 What is your monthly income (in rupees)? Rs

2.20 Percentage of respondent's income to total income

- Nil ............................................. 0
- 25% ........................................... 1
- 26 - 50% ...................................... 2
- 51 - 75% ...................................... 3
- 76 - 100% ...................................... 4

2.21 Housing Characteristics:

a. Type of house

- Hut............................................. 1
- Katcha......................................... 2
- Pucca.......................................... 3
b. Ownership

Own .......................... 1  
Rented .......................... 2

c. No. of rooms in the house:


d. Toilet facilities

Yes.............................. 1  
No .............................. 2

e. Sources of drinking water

Bore well .......................... 1  
Own tap inside the house 2  
Public tap .......................... 3  
Open well .......................... 4  
Others (specify) .................. 5

2.22 Type of family

Nuclear .......................... 1  
Joint .............................. 2

2.23 Household size

(Usual residents)

<table>
<thead>
<tr>
<th>Children (0-14 years)</th>
<th>M</th>
<th>F</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adult</th>
<th>M</th>
<th>F</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>M</th>
<th>F</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.24 Co-resident relatives

No relatives.................. 1  
Husband's relative............ 2  
Own relatives ................ 3  
Relative to both ............. 4

2.25 Exposure to mass media

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

2.25 Exposure to mass media

<table>
<thead>
<tr>
<th>Listening to radio at least once a week</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching Television at least once a week</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Going to movies at least once a month</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Reading News Papers/Magazines</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

III. PUBERTY AND MENSTRUATION

3.1 What was your age at the time of puberty?

3.2 What is menstruation?

1.
2.
3.
4.
3.3 What is the normal duration of a menstrual cycle?

15 – 20 days ...............1
21 – 25 days...................2
26 – 30 days...................3
More than 30 days...............4
Don't know.....................8

3.4 What is the duration of bleeding during a menstrual cycle?

1 – 3 days ..................1
4 – 5 days....................2
6 – 7 days....................3
8 – 9 days....................4
10 days or more..............5
Don't know....................8

3.5 What is the type of absorbent used by you at the time of menstrual period?

Only undergarments ..........1
Old cloths......................2
Old cloths & Napkins.........3
Napkins.......................4
Others (specify)...............5

3.6 Normally how many times you change the absorbent at the time of menstrual period?

Once in a day ...............1
Twice in a day...............2
Once in two days............3
Others (specify).............4

3.7 Did you experience any physiological discomforts during the menstrual period?

Yes – 1
No - 2

3.8 If yes, What are the physiological problems experienced by you at the time of menstruation?

Stomach pain .................1
General weakness.............2
Head ache.....................3
Vomiting.....................4
Body ache.....................5
Others (specify).............6
Not Applicable..............9

3.9 Did you take any treatment for it?

Yes – 1
No - 2

3.10 If yes, where did you go for treatment?

GH / PHC .................1
Private Clinic..............2
Sub centre / Nurse........3
Home Treatment...........4
Others (specify)...........5
IV. MATERNAL AND CHILD CARE

4.1 During your last pregnancy have registered for your antenatal check-up?
   Yes – 1  No – 2  Not applicable – 9

4.2 If yes, at which month have you registered for your antenatal check-up?
   1st Trimester – 1
   2nd Trimester – 2
   3rd Trimester – 3

4.3 Whom have you registered for antenatal check-up?
   VHN / ANM/SC........................1
   PHC/ GH...............................2
   Private Hospital / Doctor........3
   Others (specify)....................4
   Not Applicable....................9

4.4 Number of antenatal check-ups
   One..................................1
   Two..................................2
   Three................................3
   Four..................................4
   Five and above....................5
   Not Applicable....................9

4.5 TT Immunization
   No Immunization.................1
   One dose..........................2
   Two dose..........................3

4.6 Did you experience any pregnancy complications?
   Yes – 1  No – 2

4.7 If yes, type of complication
   Anemia .........................1  Excessive fatigue........6
   High blood pressure........2  Blurred vision.........7
   Oedema........................3  Night Blindness.......8
   Albumin sugar.................4  Not Applicable....9
   Hemorrhage.....................5

4.8 Outcome of pregnancy
   Live birth......................1
   Still birth.....................2
   Abortion.......................3

4.9 If Live birth, nature of delivery
   Normal......................1
   Cesarean.....................2
   Forceps......................3
   Breech presentation....4
   Not Applicable........9
4.10 If abortion, type of abortion
   Induced – 1   Spontaneous – 2   Not Applicable – 9

4.11 If induced abortion, reason
   Spacing........................1
   Doctor’s advice...............2
   Poor health...................3
   Others (specify)..............4

4.12 Place of induced abortion,
   PHC / SC ..................1
   GH .............................2
   Private ........................3
   Home.............................4
   Not Applicable ................9

4.13 Place of delivery,
   PHC / SC ..................1
   GH .............................2
   Private ........................3
   Home.............................4
   Not Applicable ................9

4.14 If home, person attended delivery
   Doctor............................1
   Nurse / ANM....................2
   Trained remedies...............3
   Untrained remedies/ relatives...4
   Not Applicable ................9

4.15 Did you experience any delivery complications?
   Yes - 1   No - 2

4.16 If yes, what are the delivery complications?
   1.
   2.
   3.

4.17 Birth weight
   < 2500 gms ..................1
   2500 – 3000 gms ............2
   3000 gms or more ..........3
   Not Applicable ..........9

**Gynecological Problems**

4.18 Did you experience any gynecological problems?
   Yes – 1   No – 2
4.19 If yes, what are the gynecological problems?
   (i) Urinary tract infection Yes – 1 No – 2 NA - 9
   (ii) Dysmenorrhoea Yes – 1 No – 2 NA - 9
   (iii) Profuse bleeding Yes – 1 No – 2 NA - 9
   (iv) Irregular bleeding Yes – 1 No – 2 NA - 9
   (v) Abnormal vaginal discharge Yes – 1 No – 2 NA - 9
   (vi) Curdy white vaginal discharge Yes – 1 No – 2 NA - 9
   (vii) Infertility Yes – 1 No – 2 NA - 9

4.20 Did you have regular treatment for your gynecological problems?
   Yes – 1 No – 2

4.21 If yes, where did you go for treatment?
   Govt. Hospital/ PHC ....................1
   Private Clinic ...........................2
   ANM / SC .................................3
   Home remedies ..........................4
   Traditional medicine ..................5
   Not Applicable ..........................9

4.22 If no, why did you not go for treatment?
   Lack of knowledge ......................1
   Cost very much ..........................2
   Too far / No transport ...................3
   Family did not allow ....................4
   No time to go ............................5
   Not necessary ............................6
   Not customary ...........................7
   Others (specify) .........................8
   Not Applicable ...........................9

**Post Partum Complications**

4.23 Did you experience any complications after your delivery?
   Yes – 1 No – 2

4.24 If yes, what are the post partum complications?
   Massive vaginal bleeding Yes – 1 No – 2
   High fever Yes – 1 No – 2
   Blood pressure Yes – 1 No – 2
   Others (specify) Yes – 1 No – 2
   Not Applicable Yes – 1 No – 2

**Child Care Practices**

4.25 Did you ever breast feed your child? Yes – 1 No – 2

4.26 If yes, when did you first breast fed your child?
   Immediately ......................... 1
   After one hour ..........................2
   After two or more hours .......... 3
   After one day ......................... 4
   After two or more days ............ 5
4.27 If not breast-fed, why?
   Mother ill / weak..............1
   Child ill / weak..............2
   Child died.....................3
   Nipple / breast problem......4
   Insufficient milk............5
   Child refused..................6
   Others (specify)..............7
   Not Applicable...............9

4.28 Did you give colostrum to the child?
   Yes – 1   No – 2

4.29 If no, why?
   Not good for child...........1
   Elders advice...............2
   Others (specify)............3

4.30 Did you squeeze out the milk from the breast before you first put the child to the breast?
   Yes – 1   No – 2

4.31 If yes, why?
   Not good milk...............1
   Not good for child..........2
   Elders advice...............3
   Others (specify)............4

4.32 For how many months did you breast feed your child  

4.33 Why did you stop breast feeding?
   Mother ill / weak...........1
   Child ill / weak............2
   Child died...................3
   Nipple / breast problem.....4
   Insufficient milk...........5
   Mothers working.............6
   Child refused...............7
   Wearing age................8
   Became pregnant............9
   Started using contraception.10
   Others (specify)............11

V. FERTILITY

5.1 How old were you at the time of your current marriage?
   (Probe if respondent unsure)
   Age in completed years    :  

5.2 What was the age of your husband at the time of your marriage?
   Age in completed years    :  

    ix
5.10 If she had any induced abortion, reason for induced abortion?

Do not want any more children (limiting)...........1
Spacing........................................2
Advice by Doctor................................3
Others (specify)..................................4
Not Applicable....................................9

5.11 If it is for spacing or limiting of child birth, why not adopted any of the family planning method?

Not aware of family planning methods.............1
Fear of adopting family planning methods.........2
Husband / Family members oppose..................3
Others (specify)....................................4

5.12 Are you pregnant now? Yes /No If no go to 5.16

5.13 If yes, how many months of pregnant are you now? 

5.14 At the time you became pregnant; did you want to become pregnant then? or did you want to wait until later? Or did you want to more children at all?

Then..........................1
Later............................2
No more......................3
Not Applicable.............9

5.15 Would you prefer your next child to be a boy or a girl or doesn’t matter

Boy.............................1
Girl..............................2
Doesn’t matter..............3
Not Applicable.............9

5.16 If you are not currently pregnant, did you complete your fertility or would you like to go for next child?

Completed...............1
Not Completed............2
Not Applicable...........9

5.17 If completed fertility, what was your age at the time of your last birth? 

5.18 Birth interval 

a) How old were you at the time of first child birth 

b) How old were you at the time of second child birth 
   Not Applicable 99

c) How old were you at the time of third child birth 
   Not Applicable 99

d) How old were you at the time of fourth child birth 
   Not Applicable 99
5.19 Now, I will ask you about all the births in your life time, and whether they are currently alive, starting from the first one you have?

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of Baby</th>
<th>Single or Multiple</th>
<th>Sex</th>
<th>Month &amp; year of birth</th>
<th>Is (Name) still alive?</th>
<th>If alive, how old was he/she at his/her last birthday? Record age in completed years</th>
<th>If alive, is he/she (Name) living with you?</th>
<th>If dead: How old was he/she when she/he died? If less than 1 year, Probe: How many Months old was. Record in Days if less than 1 month, and in months if less than two years, or years.</th>
<th>Cause of death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VI. FAMILY PLANNING

6.1 Which of the family planning methods are you aware of?

<table>
<thead>
<tr>
<th>Method</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Female Sterilization</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b) Male Sterilization</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c) Copper T/IUD</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d) Oral Pill</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e) Condom/Nirodh</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f) Rhythm/Periodic abstinence</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g) Withdrawal</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h) Others (Specify)</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

6.2 Are you or your husband currently using any method of contraception

<table>
<thead>
<tr>
<th>Yes</th>
<th>1 (Current user)</th>
<th>No</th>
<th>2</th>
<th>If no skip to 6.2(ii)</th>
</tr>
</thead>
</table>

(l) If Yes, Which method you are currently using?

<table>
<thead>
<tr>
<th>Method</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Sterilization</td>
<td></td>
</tr>
<tr>
<td>Male Sterilization</td>
<td></td>
</tr>
<tr>
<td>IUD</td>
<td></td>
</tr>
<tr>
<td>Oral Pill</td>
<td></td>
</tr>
<tr>
<td>Condom</td>
<td></td>
</tr>
<tr>
<td>Others (Specify)</td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

Skip to 6.4

(ii) If no, have you ever used any method of contraception?

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>9</td>
</tr>
</tbody>
</table>

If no skip to 6.8

(iii) If yes, which method?

<table>
<thead>
<tr>
<th>Method</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Sterilization</td>
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</tr>
<tr>
<td>Male Sterilization</td>
<td></td>
</tr>
<tr>
<td>IUD</td>
<td></td>
</tr>
<tr>
<td>Oral Pill</td>
<td></td>
</tr>
<tr>
<td>Condom</td>
<td></td>
</tr>
<tr>
<td>Others (Specify)</td>
<td></td>
</tr>
<tr>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>

(iv) Duration of use in months

<table>
<thead>
<tr>
<th>Months</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td>99</td>
</tr>
</tbody>
</table>

6.3 What was the main reason for the discontinuation of earlier method?

<table>
<thead>
<tr>
<th>Reason</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wanted child</td>
<td>01</td>
</tr>
<tr>
<td>Method failed/</td>
<td></td>
</tr>
<tr>
<td>Became pregnant</td>
<td>02</td>
</tr>
<tr>
<td>Supply not available</td>
<td>03</td>
</tr>
<tr>
<td>Difficult to get method</td>
<td>04</td>
</tr>
<tr>
<td>Weakness /</td>
<td></td>
</tr>
<tr>
<td>Inability to work</td>
<td>05</td>
</tr>
<tr>
<td>Body ache / Backache:</td>
<td>06</td>
</tr>
<tr>
<td>Cramps</td>
<td>07</td>
</tr>
<tr>
<td>Weight gain</td>
<td>08</td>
</tr>
<tr>
<td>Dizziness</td>
<td>09</td>
</tr>
<tr>
<td>Nausea/vomiting</td>
<td>10</td>
</tr>
<tr>
<td>Breast tenderness</td>
<td>11</td>
</tr>
<tr>
<td>Irregular period</td>
<td>12</td>
</tr>
<tr>
<td>Excessive bleeding</td>
<td>13</td>
</tr>
<tr>
<td>Spotting</td>
<td>14</td>
</tr>
<tr>
<td>White discharge</td>
<td>15</td>
</tr>
<tr>
<td>Lack of pleasure</td>
<td>16</td>
</tr>
<tr>
<td>Method was inconvenient</td>
<td>17</td>
</tr>
<tr>
<td>Others(Specify)</td>
<td>18</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>99</td>
</tr>
</tbody>
</table>
6.4 What was the main reason for the past/current use of contraception?
Spacing.............................................. 1
To avoid child birth........................... 2
Doctors advice / Health reason............ 3
Others (specify)................................. 4
Not Applicable ............................... 9

6.5 How many number of living children you had at the time of adoption?

<table>
<thead>
<tr>
<th>M</th>
<th>F</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>999</td>
</tr>
</tbody>
</table>

Not Applicable

<table>
<thead>
<tr>
<th>M</th>
<th>F</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>999</td>
</tr>
</tbody>
</table>

6.6 What was your age at the time of adoption?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>99</td>
</tr>
</tbody>
</table>

6.7 Who took decision to adopt family planning methods?

<table>
<thead>
<tr>
<th>Decision Taker</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td>1</td>
</tr>
<tr>
<td>Herself</td>
<td>2</td>
</tr>
<tr>
<td>Both</td>
<td>3</td>
</tr>
<tr>
<td>Other family members</td>
<td>4</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>9</td>
</tr>
</tbody>
</table>

6.8 Are you currently pregnant? [Ask current Non – adopters]

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>9</td>
</tr>
</tbody>
</table>

6.9 If no, would you like to have another child?

<table>
<thead>
<tr>
<th>Response</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Want more children</td>
<td>1</td>
</tr>
<tr>
<td>Want no more child</td>
<td>2</td>
</tr>
<tr>
<td>Not decided</td>
<td>3</td>
</tr>
<tr>
<td>Up to GOD</td>
<td>4</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>9</td>
</tr>
</tbody>
</table>

6.10 If you don’t want any more child, what is the reason for currently not using any family planning method?

<table>
<thead>
<tr>
<th>Reason</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of knowledge about family planning</td>
<td>01</td>
</tr>
<tr>
<td>Against the religion</td>
<td>02</td>
</tr>
<tr>
<td>Opposed to family planning</td>
<td>03</td>
</tr>
<tr>
<td>Husband opposed</td>
<td>04</td>
</tr>
<tr>
<td>Other family members opposed</td>
<td>05</td>
</tr>
<tr>
<td>Not like existing method</td>
<td>06</td>
</tr>
<tr>
<td>Afraid after sterilization</td>
<td>07</td>
</tr>
<tr>
<td>Can not work after sterilization</td>
<td>08</td>
</tr>
<tr>
<td>Worry about side effects</td>
<td>09</td>
</tr>
<tr>
<td>Costs too much</td>
<td>10</td>
</tr>
<tr>
<td>Health does not permit</td>
<td>11</td>
</tr>
<tr>
<td>Hard / inconvenient to get method</td>
<td>12</td>
</tr>
<tr>
<td>Inconvenient to use method</td>
<td>13</td>
</tr>
<tr>
<td>Difficult to pregnant</td>
<td>14</td>
</tr>
<tr>
<td>Other(Specify)</td>
<td>15</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>99</td>
</tr>
</tbody>
</table>
6.11 Do you intend to use any method of family planning at any time in the future?
Yes........................................ 1
No........................................... 2
Do not Know............................. 3
Not Applicable.......................... 9

6.12 If yes, when?
After the termination of current pregnant... 1
After having another child.................... 2
After getting a male child.................... 3
Don't know.................................... 4
Not Applicable.............................. 9

6.13 Which method you would prefer to use?
Female sterilization......................... 1
Male sterilization............................ 2
IUD............................................. 3
Oral Pill...................................... 4
Condom / Nirodh............................. 5
Rhythm / periodic abstinence.............. 6
Withdrawal.................................... 7
Others (Specify).................. ........... 8
Not Applicable.............................. 9

6.14 Did you experience any side effects because of the adoption of family planning methods?
Yes – 1 No – 2 Not Applicable – 9

6.15 If yes, what are the side effects?
1.
2.

6.16 Did you ever regret for the adoption of family planning methods?
Yes – 1 No – 2 Not Applicable – 9

6.17 If yes, why?
Child died....................................1
Side effects....................................2
Wanted male child............................3
Wanted female child..........................4
Not Applicable..............................9

V. FERTILITY PREFERENCE

7.1 How many children you desired to have at the time of your marriage?
Total

7.2 What was the sex composition?
Male □ Female □ Either □

7.3 How many children actually you have now?
Male □ Female □ Total □

7.4 Current adoption status : Adopter □ Non-adopter □
**Adopter:**

7.5 If the number of living children is less than the desired number of children. What is the reason for the adoption of family planning method?

7.6 If the number of living children is more than the desired number, whether the excess children was wanted or unwanted?
   i) If wanted why?
   ii) If unwanted, why did you not adopted any family planning method immediately after achieving the desired family size?
   iii) If failed to adopt any family planning method, why did you not abort the unwanted pregnancy?

**Non-adopter:**

7.7 If the number of living children is less than desired number, would you go for additional children to get the desired size?
   Yes ...............  1
   No ...............  2
   If no, Why?

7.8 If the number of living children is more than the desired number of children, what is the reason?

7.9 You have already got more than the desired number of children, why you have not yet adopted any family planning method?

7.10 In general do you approve or disapprove of couples using contraceptive method to avoid getting pregnant?
   Approve ................  1
   Disapprove ............  2
   Don't know ............  3

7.11 Whether your husband will approve of couples using a method to avoid pregnancy?
   Yes ....................  1
   No .....................  2
   Don't know ............  3

7.12 Have you and your husband ever discussed the number of children you would like to have?
   Yes .....................  1
   No .....................  2

7.13 Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?
   Same number...........  1
   More children..........  2
   Fewer children.......  3
   DK.......................  4
7.14 In your opinion, what is the ideal interval between the births of one child and the birth of the next child? (months) [ ]
Do not know .................. 98

7.15 In your opinion, What is the Ideal number of children?
No. of children [ ] Male [ ] Female [ ] Total [ ]

VIII. AWARENESS OF SEXUALLY TRANSMITTED DISEASES

8.1 What are your sources for learning about sex?
Friends......................1 Parents....................6
TV..............................2 Teachers....................7
Radio..........................3 Siblings.....................8
Magazines.....................4 Others (specify)........9
Movies..........................5

8.2 How are sexually transmitted diseases (STD) spread?
Being in the same room........................................1
Sharing Food or Drink......................................2
Sharing clothes.................................................3
Contact of Genitals with the Mouth (Oral sex)..........4
Anal Intercourse............................................5
Vaginal Intercourse.......................................6

8.3 Which STD’s do you know about?
Gonorrhea.................................1
Lamydia.................................2
Syphilis.................................3
Richomonaisis.........................4
Herpes simplex.........................5
Human Paploma Virus...............6
Hepatitis B..............................7
HIV / AIDS.............................8

8.4 For Which of the following STD’s is there a cure?

<table>
<thead>
<tr>
<th></th>
<th>Yes – 1</th>
<th>No – 2</th>
<th>Don’t know - 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Gonorrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Lamydia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Syphilis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Richomonaisis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Herpes simplex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Human Paploma virus(HPV)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>HIV / AIDS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8.5 Is the risk of transmission of infection higher form?
Woman to man.............1
Man to woman.............2
Don’t know.............8
8.6 Do infected men always have symptoms of STD's that are easy to spot?
Yes – 1  No – 2  Don't know – 8

8.6.1 If yes, to what extent?
Yes in 0 – 20% of the cases.........1
Yes in 21 - 40% of the cases..........2
Yes in 41 - 60% of the cases..........3
Yes in 61 - 80% of the cases..........4
Yes in 81 - 100% of the cases.........5
Not sure..................................6

8.7 Do infected women always have symptoms of STD's that are easy to spot?
Yes – 1  No – 2  Don't know – 8

8.7.1 If yes, to what extent?
Yes in 0 – 20% of the cases.........1
Yes in 21 - 40% of the cases..........2
Yes in 41 - 60% of the cases..........3
Yes in 61 - 80% of the cases..........4
Yes in 81 - 100% of the cases.........5
Not sure..................................6

8.8 If the man / woman knows or suspects they have a STD, Should he/she tell his/her partner even if they are not having any symptoms?
Yes..........1
No..........2
Not sure....3

8.9 What medical problems arise in men if bacterial STD's are not treated early?
Sores and lesions..........................................1
Sterility......................................................2
Body wide infection through dissemination by blood...3
Death..............................................................4
Others (specify).............................................5

8.10 What medical problems arise in woman if bacterial STD's are not treated early?
Sores and lesions..........................................1
Sterility......................................................2
Body wide infection through dissemination by blood...3
Pelvic inflammation disease...................................4
Cervical cancer.............................................5
Death..............................................................6
Others (specify).............................................7

8.11 Who suffers more serious diseases and consequence of STD's –men or woman? And why?
Men by far..........1
Men.................2
Equal...............3
Women...............4
Women by far.....5
Not sure...........6
8.12 To whom would you go, for help and advise, if you suspect having gotten an STD?
   Mother.........................................................1
   Husband.......................................................2
   Sister..........................................................3
   Relative........................................................4
   Friend..........................................................5
   Family Doctor..................................................6
   Doctor in a hospital who does not know you.............7
   Nobody and try to hide it......................................8

8.13 What is risky sex?
   Sex with many different partners............................1
   Sex with someone who may be having sex with others.....2
   Sex with prostitutes.............................................3
   Sex with servants................................................4
   Others (specify)..................................................5

8.14 What is protected sex with respect to sexually transmitted diseases?
   Sex using a condom..............................................1
   Sex using a spermicide..........................................2
   Sex using a microbicide.........................................3
   Female partner is taking birth control pills..............4
   Female partner is using an IUD.................................5

8.15 What is safe sex?
   Sex with only partner who is only having sex with you....1
   Sex without penetration.........................................2
   Sex without contact between genitals........................3
   Sex using a condom..............................................4

8.16 Do you and your friends discuss what is safe sex and how to take the right precautions?
   Yes..............................................................1
   No..............................................................2
   Sometimes......................................................3

8.17 What is HIV/AIDS?
   It is a virus......................................................1
   It infects only humans..........................................2
   Over time it destroys the immune system....................3
   Infection leads to death........................................4
   Others (specify)..................................................5

8.18 Do you know HIV/AIDS is transmitted?
   Yes..............1
   No...............2
   Not sure........3

   If yes, how?
8.19 **Contact with which of the following are high risk for transmitting HIV?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Blood of an infected person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Semen in man</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Vaginal fluids in woman</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Mosquito or animal bites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Air</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Using the same toilets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Breast milk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Saliva</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Sweat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Use of unsterilised needles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Others (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8.20 **How can you avoid / reduce risk of getting HIV/AIDS?**
  - Abstinence till marriage..............................1
  - Safe sex.............................................2
  - Sex using a condom....................................3
  - Mutual masturbation without exchange of bodily fluids......4

8.21 **Do you know why HIV infection is more dangerous than all other STD's?**
  - No cure..........................................................1
  - No vaccine.......................................................2
  - Patient suffers many dangerous and painful diseases....3
  - Kills the person in 5 - 10 years...............................4
  - Destroys not only you but the whole family....................5

8.22 **Which of the following activities transmit HIV/AIDS from a HIV+ person?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Touching them</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Playing with them</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Hugging them</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Being in the same room with them</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Being in the same swimming pool, shower</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Sharing clothes, books, toys</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8.23 **Can HIV+ person with no symptoms still spread the disease to others via sex or blood contact?**
  - Yes.............1
  - No....................2
  - Not sure........3

8.24 **Can anyone tell whether a person has HIV infection by just looking at them?**
  - Yes.................................................................1
  - Sometimes.....................................................2
  - No only by a very specific blood test can a doctor tell......3
  - Not sure.........................................................4
8.25 Is there any cure of HIV/AIDS?
Yes..............1
No..............2
Not sure......3

8.26 Is there any vaccine available for prevention of HIV/AIDS?
Yes..............1
No..............2
Not sure......3

8.27 Are there treatments that help people with HIV live longer and better lives?
Yes..............1
No..............2
Not sure......3

IX. Women’s autonomy

9.1 Sex – Segregated Interaction
1. Taking meals with other family members
   Never ................. 0
   Sometimes............. 1
   Always................ 2

2. Presence in the same room when husband is discussing with male members of the family.
   Never ................ 0
   Sometimes............ 1
   Always................ 2

3. Participation in discussions with male members
   Never ................. 0
   Sometimes............. 1
   Always................ 2

4. Accompany husband for social functions
   Never ................ 0
   Sometimes............ 1
   Always................ 2

5. Husband helps in routine household works like collection of water, fuel and fodder?
   Never ................ 0
   Sometimes............ 1
   Always................ 2

6. Engaging relatives / friends at home in the absence of husband
   Never ................ 0
   Some times............ 1
   Always ................ 2

   Total

xxi
9.2 Freedom of movement

1. Going to shopping alone
   Never .................. 0
   Some times.............. 1
   Always .................. 2

2. Going to shopping with friends / neighbours
   Never .................. 0
   Some times.............. 1
   Always .................. 2

3. Going to movies alone
   Never .................. 0
   Some times.............. 1
   Always .................. 2

4. Going to function / parties alone
   Never .................. 0
   Some times.............. 1
   Always .................. 2

5. Attending village / community functions alone
   Never .................. 0
   Some times.............. 1
   Always .................. 2

6. Visiting friends home alone
   Never .................. 0
   Some times.............. 1
   Always .................. 2

7. Visiting parents / relatives house alone
   Never .................. 0
   Some times.............. 1
   Always .................. 2

8. Attending religious festivals alone
   Never .................. 0
   Some times.............. 1
   Always .................. 2

9. Going to hospital alone
   Never .................. 0
   Some times.............. 1
   Always .................. 2

10. Going to temple alone
    Never .................. 0
    Some times.............. 1
    Always .................. 2

11. Going to hotel alone
    Never .................. 0
    Some times.............. 1
    Always .................. 2
12. Going out of village/town alone
   - Never: 0
   - Some times: 1
   - Always: 2

13. Return home at late evening after work
   - Never: 0
   - Some times: 1
   - Always: 2

9.3 Freedom to participate in social & Political activities
1. Taking part in club/women's group activities
   - Never: 0
   - Some times: 1
   - Always: 2

2. Taking part in election activities
   - Never: 0
   - Some times: 1
   - Always: 2

3. Taking part in Panchayat activities
   - Never: 0
   - Some times: 1
   - Always: 2

4. Taking part in community welfare activities/meetings
   - Never: 0
   - Some times: 1
   - Always: 2

5. Articulation in public meetings
   - Never: 0
   - Some times: 1
   - Always: 2

6. Interaction with men/boys
   - Never: 0
   - Some times: 1
   - Always: 2

7. Membership in local Institution
   - Never: 0
   - Some times: 1
   - Always: 2

9.4 Household Decisions
1. Purchase of major household items (e.g. Furniture's, appliances, bicycle etc)
   - Husband/Others: 0
   - Both: 1
   - Herself: 2

**Total**
2. Purchase of dress for herself / for family members
   Husband / Others........ 0
   Both........................ 1
   Herself.................... 2

3. Decision about purchase of property / jewels etc.
   Husband / Others........ 0
   Both........................ 1
   Herself.................... 2

4. Decision about lending / borrowing
   Husband / Others........ 0
   Both........................ 1
   Herself.................... 2

5. Decision about household budget
   Husband / Others........ 0
   Both........................ 1
   Herself.................... 2

6. Decision about children’s education
   Husband / Others........ 0
   Both........................ 1
   Herself.................... 2

7. Decision about children’s marriage
   Husband / Others........ 0
   Both........................ 1
   Herself.................... 2

8. Decision about performing / attending function / ceremonies
   Husband / Others........ 0
   Both........................ 1
   Herself.................... 2

9. Decision about inviting and engaging guests at home
   Husband / Others.......... 0
   Both........................ 1
   Herself.................... 2

9.5 Freedom of choice

1. Wearing dresses of her choice
   Does not allow............ 0
   Allows some times........ 1
   Always allows............ 2

2. Hair style of her choice
   Does not allow............ 0
   Allows some times........ 1
   Always allows............ 2

Total

xxiv
3. Voting in election as she likes
   Does not allow.................. 0
   Allows some times.............. 1
   Always allows.................. 2

4. Freedom to decide the timing of sex with husband
   Does not allow.................. 0
   Allows some times.............. 1
   Always allows.................. 2

5. Freedom to cook the food items according to her choice
   Does not allow.................. 0
   Allows some times.............. 1
   Always allows.................. 2

6. Freedom to talk with neighbours
   Does not allow.................. 0
   Allows some times.............. 1
   Always allows.................. 2

7. Freedom to use household appliances like radio, TV, telephone etc. as she likes
   Does not allow.................. 0
   Allows some times.............. 1
   Always allows.................. 2

8. Freedom to worship the God of her choice.
   Does not allow.................. 0
   Allows some times.............. 1
   Always allows.................. 2

9.6 Violence against women

1. Experience of verbal abuse from husband
   Always......................... 0
   Sometimes..................... 1
   Never.......................... 2

2. Experience of verbal abuse from in-laws
   Always......................... 0
   Sometimes..................... 1
   Never.......................... 2

3. Experience of any physical abuse by husband
   Always......................... 0
   Sometimes..................... 1
   Never.......................... 2

4. Experience of any physical abuse by in-laws
   Always......................... 0
   Sometimes..................... 1
   Never.......................... 2
5. Ill-treatment at home by husband
   Always........................ 0
   Sometimes.................... 1
   Never.......................... 2

6. Ill-treatment at home by in-laws/others members of family
   Always........................ 0
   Sometimes.................... 1
   Never.......................... 2

7. Drinking habit of husband
   Always........................ 0
   Sometimes.................... 1
   Never.......................... 2

8. Harassment from family members / husband
   Always........................ 0
   Sometimes.................... 1
   Never.......................... 2

9. Intimidation by any of the family members
   Always........................ 0
   Sometimes.................... 1
   Never.......................... 2

10. Incidence of eve teasing
    Always........................ 0
     Sometimes.................... 1
     Never.......................... 2

Total

9.7 Financial Management

1. Maintaining family income
   Husband / Others............. 0
   Both............................ 1
   Herself......................... 2

2. Control over jewels brought from natal family
   Husband / Others............. 0
   Both............................ 1
   Herself......................... 2

3. Maintaining family property
   Husband / Others............. 0
   Both............................ 1
   Herself......................... 2

Total

xxvi
9.8 Decision about Contraception and Fertility

1. Decision about timing of child birth
   Husband / Others...... .  0
   Both......................  1
   Herself...................  2

2. Decision about number of children
   Husband / Others...... .  0
   Both......................  1
   Herself...................  2

3. Decision about sex composition of children
   Husband / Others...... .  0
   Both......................  1
   Herself...................  2

4. Decision about adoption of family planning method
   Husband / Others...... .  0
   Both......................  1
   Herself...................  2

Total

Grand Total