APPENDIX – 1
SCHEDULE - I
SMALL FAMILY NORMS AND FAMILY PLANNING PRACTICES
IN A VILLAGE OF HIMACHAL PRADESH

<table>
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<tr>
<th>Sl.No.</th>
<th>Date:</th>
<th>Household No.:</th>
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1. Name of the respondent:
2. Working/Housewife
3. Number of members in the households:
4. Name of the head of the household:
5. Relation between the respondent and the head:
6. Type of house: Pucca/Kachcha/Semi-Pucca
7. Number of living rooms in the house:
8. Possession of the house:
9. Household facilities:
   (a) Separate kitchen
   (b) Bathroom: within/separate
   (c) Floor: Kuchcha/Pucca
   (d) Roof: Thatched/tiled/Tinned/RCC
   (e) Fuel used: Firewood/Cowdung cake/Coal/Gas/Kerosene oil
(f) Latrine: Public/within household/open field

(g) Electricity

(h) Source of water supply:
   (i) Tap/Handpump/Bowrie/Well/Others

(j) Do you have a radio/TV in the house?
   Radio
   TV
   If TV, then which one: Colour/BW

10. Source of Income:

11. Occupation of the earning hand: Business/Service

12. Total monthly family income:

13. Land holding of the family:

14. Type of family: Nuclear/Extended/Joint

15. Number of eligible couples in the households (with wife’s age between 15-44 years):

16. Type of marriage: Within same caste/Outside caste/Parallel cousins/Cross cousins.
   If within same caste then: Within same gotra/Outside gotra.

17. Personal characteristics of the couples:
   (a) Wife
      (i) Present age of wife
      (ii) Age at marriage
      (iii) Age at consummation of married life.
   (b) Husband
      (i) Present age of husband
(ii) Age at marriage

(iii) Age at consummation of married life

18. Age of wife at menarche:

19. Nature of menstrual cycle:

20. Duration of the effective married life (from the age at consummation):

21. To which place do you belong by birth:

22. Duration of your residence in this place:

23. Do your husband belong to this place?:

24. If, no, then which place he belongs to:

25. Duration of his residence in this place:

26. Total number of live births you had:
   (a) Male:
   (b) Female:

27. Total number of living children at present:
   (a) Male:
   (b) Female:

28. Did you ever had abortion? Yes/No
   (a) If yes, (i) Spontaneous (ii) Traditional (specify):
   (b) Still birth:
   (c) Miscarriage:
   (d) Premature delivery: Yes/No

If yes, then total number of premature deliveries:
   (i) Male:
   (ii) Female:
Total number of them alive:

(i) Male:

(ii) Female:

**General Health Seeking Behaviour**

29. Has anybody fallen sick in your family in the last six months? Yes/No
   If yes,
   (i) Age group:
   (ii) The position she/he holds in the household.

30. To whom he/she consulted or got treatment?:

31. Have you ever availed PHC/Private facilities? Yes/No
   If yes, were you satisfied:

32. Was the medical facility readily available to you? Yes/No

33. Does any health personnel visit your house? Yes/No

34. What is the reason for consulting that particular medical practitioner only:

**Family Planning Practice**

35. Before or after delivery were you advised to use any family planning methods?

36. Have you ever heard about family planning methods?

37. What methods do you know:

<table>
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<tr>
<th>Methods</th>
<th>Spontaneous</th>
<th>After naming the method</th>
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<tbody>
<tr>
<td>(i) Natural</td>
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<tr>
<td>(ii) Oral pill</td>
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<td>(iii) Sterilisation</td>
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<tr>
<td>(iv) Tubectomy/Vasectomy</td>
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(v) IUDs/Cu T
(vi) Condom
(vii) Rhythm method
(viii) Withdrawal method
(ix) Jelly/Foam tablets
(x) Others, specify:

38. What is the media you came to know about family planning methods:

39. Are you aware of the family planning programme and various incentives and benefits?

40. Have you seen any material on family planning? Yes/No
   If yes, what sort of?

41. Do you use traditional methods/herbs for controlling child birth?

42. (a) has anybody in your family used traditional method for family planning?
   (b) Who was consulted?

43. Have you ever used this method and through whom?

44. Now that you have.............children, do you wish to have more? Yes/No
   (a) If yes,
   (i) How many? Boys: Girls: Total:
   (b) If no, do you think that you should restrict the number of the children and adopt small family?

45. In case you have ever used or currently using any contraceptive practices, who in your household takes the decision?

46. What influences the decision?
(i) Economic condition
(ii) Motivation
(iii) Incentives
(iv) Small family attitude

47. Where do you normally go to avail family planning services?

48. If you do not know about the family planning method, but if you are explained and convinced about its use and results, will you use it or adopt it? Yes/No.

(a) If yes, which method would you prefer: (i) Modern (ii) Traditional

49. Can you name herbs used for abortion? Yes/No

50. What do you think about the mass advertising of family planning methods?

51. Are you in favour of its broadcasting on the TV or any other media or not? Yes/No.

52. What is the attitude of your family members or elders regarding the persuasion of this programme?

53. Do you feel comfortable when this programme is broadcasted and you are watching or you mover away?

54. Can you name somebody who is dealing with indigenous herbs or shrubs used for abortion in this area.

55. Do you approve of the use of family planning method to limit the family size?

56. Why do you think so?
57. Have you and your husband ever discussed about the use of family planning methods? Yes/No
   (i) If yes, after which child:
   (ii) What were/are his views about it?
58. Have you ever used any family planning methods to avoid pregnancy? Yes/No
   (i) If yes, what method have you used?:
   (ii) Duration of use:
59. Have your husband ever used any family planning method? Yes/No
   (i) If yes, what method had he used?:
   (ii) Duration of use:
60. Are you or your spouse currently using family planning method? Yes/No
   If yes, specify the method:
61. Where do you or your spouse go for check-up?
   If no, why not?:
62. If you are using any family planning method, has anybody come to you for follow-up or supply of the materials?
63. Are you or your spouse having any problem with any of the family planning method which you are currently using?
64. How do you come to know about your pregnancy?
65. Do you have this knowledge that 7 days before and 7 days after ovulation is the effective period for the pregnancy. And the rest of the days is the safest period i.e. the days having the least chances of pregnancy?
For Current Users Only

66. Are you satisfied with the method you are using?
   If no, why not?:

67. Would you like to continue to use the same method or change to some other method in future?
   (a) Will continue with the same method
   (b) Change to some other method
   (c) Will discontinue
   (d) Can’t say
   (e) If change to some other method
      (i) Why do you wish to change?
      (ii) Which method will you use?
   (f) If want to discontinue
      (i) Why do you want to discontinue?
      (ii) What would be your future plan?

For Past Users Only

68. Will you use any other family planning method in future? Yes/No
   (a) If yes,
      (i) Which method?
      (ii) When?
   (b) If No,
      (i) Why not?

For Never Users Only

69. Why have you never used any family planning method so far?
70. Do you wish to use any family planning method in future?

(i) If yes, (a) Which method and when?

(ii) If no, (a) Why Not?:

Or in other words, please give the following information about the method(s) used by you/your spouse.