APPENDICES
WOMEN WORK AND ACCESS TO HEALTH SERVICES: A SOCIO-ECONOMIC STUDY OF BELGAUM DISTRICT IN KARNATAKA (RURAL/URBAN)

Taluk: ___________________________
Village/City: _______________________

II) RESPONDENTS BACKGROUND:

1.1) Name of the respondent: ___________________________

1.2) Caste/Tribe: ___________________________

1.3) Age: ___________________________

1.4) Marital status:
   a) Married: ( )
   b) Unmarried: ( )
   c) Widow: ( )
   d) Divorcee: ( )
   e) Separated: ( )

1.5) Age at marriage
   a) Below 15
   b) 16 –20
   c) 21 – 25
   d) 26 –30
   e) 31 and above

1.6) Number of children: ___________
1.7) If having children, who looks after when you go to work?
   a) Husband  d) Mother
   b) Mother-in-law e) Father-in-law
   c) Father   f) Made servant

1.8) Educational status of the respondents:
   a) Illiterate  ( )
   b) Primary Education (I-VII STD): ( )
   c) Secondary (VIII-X STD): ( )
   d) Pre-University (PUC): ( )
   e) Graduation: __________________________
   f) Post-graduation: ______________________
   g) Professional: _________________________

II) HOUSEHOLD CHARACTERISTICS:

1.9) Type of family: a) Joint ( )  b) Nuclear ( )

1.10) Total family members: ---------------

1.11) Type of house
   a) Kachcha ( )
   b) Semi-Kachcha ( )
   c) Pacca ( )
1.12) Source of Drinking Water:
   a) Open Well ( )
   b) Private Tap ( )
   c) Tank/Lake ( )
   d) Hand Pump ( )
   e) Public Tap ( )
   f) River ( )

1.13) Type of Fuel used for cooking
   a) LPG Gas stove ( )
   b) Kerosene stove ( )
   c) Wood/Dung ( )
   d) Electricity ( )
   e) Solar energy ( )
   f) Any other (specify): _______

1.14) Number of rooms in the house
   a) House without Toilet
   b) House With Toilet

1.15) Are your husband happy, for your working?
   a) Very happy ( )
   b) Happy ( )
   c) Unhappy ( )

III ) EMPLOYMENT BACKGROUND:

1.16) Description of Economic activity (actual work done): ________________
1.17) What is the main reason for working?

a) Economic strains on the family ( )

b) Expecting better standard of life ( )

c) Do not want to remain idle ( )

d) Get a chance of employment ( )

e) Sudden death of husband/family members ( )

f) Others ____________________________ ( )

1.18) Before going to work, what you do household works?

(Ask each separately)

a) Making food ( )

b) Children care ( )

c) Household care ( )

d) Washing and cleaning house ( )

e) Take care of animals ( )

f) Collecting grass/wood ( )

g) Fetching water ( )

1.20) Income of the respondent per month Rs.__________
1.21) Do you have hygienic facilities in your work place?

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Good drinking water</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>b) Rest room</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>c) Toilet room</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>d) Work related infrastructure</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>e) Baby setting facilities</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>f) Office vehicle facilities</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>g) Quarters facilities</td>
<td>(   )</td>
<td>(   )</td>
</tr>
</tbody>
</table>

1.22) How far your work place from your home?

K.M. ________________________

IV HEALTH PROBLEM OF WORKING WOMEN:

1.23) Are you suffering from any health problem due to your working outside?

<table>
<thead>
<tr>
<th>Diseases</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Fever</td>
<td>(   )</td>
<td></td>
</tr>
<tr>
<td>b) Cold</td>
<td>(   )</td>
<td></td>
</tr>
<tr>
<td>c) Jaundice</td>
<td>(   )</td>
<td></td>
</tr>
<tr>
<td>d) Diarrhea/Dysentery</td>
<td>(   )</td>
<td></td>
</tr>
<tr>
<td>e) Small pox / Chicken pox</td>
<td>(   )</td>
<td></td>
</tr>
<tr>
<td>f) Respiratory diseases</td>
<td>(   )</td>
<td></td>
</tr>
<tr>
<td>g) Skin diseases</td>
<td>(   )</td>
<td></td>
</tr>
<tr>
<td>h) Gastroenteritis</td>
<td>(   )</td>
<td></td>
</tr>
<tr>
<td>i) Tuberculosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j) Pneumonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k) Backache</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l) Heart diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m) Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n) Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o) Psychological</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p) Any other (specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.24) When you sick, where do you generally go for treatment?

| a) Government hospital/PHC         |   |
| b) Private Hospital               |   |
| c) Vaidya/Hakim/Homeopathy       |   |
| d) RMP Doctor                     |   |
| e) Medical Shop                   |   |
| f) Home Treatment                 |   |
| g) Other (specify):               |   |

1.25) When you are suffering from illness, will you prefer to visit hospital?

Yes ( ) No ( )

If yes, will you get permission from your family members (husband/parents) immediately?

Yes ( ) No ( )
Questionnaire

1.26) If Doctor suggest you to take rest during illness would you prefer?

Yes ( )   No ( )

If no, mention reasons
a) Burden of family work ( )
b) Looking other children ( )
c) Inevitable to work outside ( )
d) Non-availability of leave ( )
e) Any other Specify: _________________

1.27) Who takes decisions in the family to visit hospital during your illness?

a) Self ( )
b) Husband ( )
c) Both ( )
d) Others: _________________ ( )

1.28) Do you take medicine?

a) Yes ( )   b) No ( )

1.29) How much you prefer to Purchase Drugs/Medicines prescribed by Doctor?

a) Full ( )
b) Half ( )
c) Quarter ( )
d) Nothing ( )
1.30) Can you give any specific reason for above mentioned health problem?

   a) Dust/Environmental problems ( )
   b) Continuous standing ( )
   c) Due to long distance ( )
   d) Long working hours ( )
   e) Excess burden of work ( )
   f) Any other (specify): __________________________

1.31) During illness, who does your work?

   a) Myself ( )
   b) Children ( )
   c) Mother-in-law ( )
   d) House made ( )
   e) No work ( )

1.32) Who bears your medical expenses?

   a) Employer ( )
   b) Husband ( )
   c) Self ( )

1.33) Do your employer arrange for medical check-ups?

   a) Yes ( )  b) No ( )  c) Some times ( )
V) HEALTH CONSCIOUSNESS AMONG WORKING WOMEN:

1.34) When you wake-up every day?
   a) At 4 O’clock ( )
   b) At 5 O’clock ( )
   c) At 6 O’clock ( )
   d) At 7 O’clock ( )
   e) At 8 and above ( )

1.35) Did you have breakfast before going to work?
   Yes ( ) No ( )

1.36) Do you make exercises regularly?
   Yes ( ) No ( )

1.37) What you do to purify drinking water, if anything?
   a) Strain by cloth ( )
   b) Water filter ( )
   c) Boiling ( )
   d) Electric purifier ( )
   e) Nothing ( )
1.38) How often do you consume the following items?

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk or Curd</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Pulses/beans</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Green leafy</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Other vegetable</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Fruits/Dry fruits</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Eggs</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Chicken/meat/fish</td>
<td>( )</td>
<td>( )</td>
</tr>
<tr>
<td>Any other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.39) Whether Drainage facility has been provided to your house?

Yes ( ) No ( )

1.40) Liquid waste or effluents from kitchen or cattle shed disposal from household.

<table>
<thead>
<tr>
<th>Disposal Method</th>
<th>( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close by</td>
<td></td>
</tr>
<tr>
<td>Into street</td>
<td></td>
</tr>
<tr>
<td>Flows into kitchen garden or soakage pit</td>
<td>( )</td>
</tr>
<tr>
<td>Into village drain</td>
<td></td>
</tr>
<tr>
<td>Others (Specify)</td>
<td></td>
</tr>
</tbody>
</table>
1.41) Do you insist the family members routinely adopt the following measures?

- a) Wash hands before eating
- b) Wash tumblers before drinking water
- c) Wash hands before cooking food
- d) Wash vessels before serving food in it
- e) Wash hands and feet with soap after toilet (defecation)
- f) Wash hands and feet with soap/ash cleaning infants' bottom
- g) Sweep the place of dining before serving

Yes | No
---|---
( ) | ( )
( ) | ( )
( ) | ( )
( ) | ( )
( ) | ( )
( ) | ( )
( ) | ( )

VI) ACCESS TO HEALTH SERVICES BY WORKING WOMEN:

1.42) Is there any health centers in the village?

Yes ( ) No ( )

If yes, what type of health services available in your village/town?

- a) Government Hospital/PHC ( )
- b) Private Hospital ( )
- c) Vaidya/Hakim/Homeopath ( )
- d) RMP Doctor ( )
- e) Medical Shop ( )
- f) Home Treatment ( )

1.43) Is there any medical stores in the village/Town?

Yes ( ) No ( )

1.44) What kind of health care services are available at the PHC/Government Hospital?

- a) Doctors services: ( )
- b) Nurses/health workers ( )
- c) Drugs: ( )
1.45) What is the quality of health care services being currently delivered by the primary health centre / Government Hospital?

<table>
<thead>
<tr>
<th>Item</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical services</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1.46) Does the Auxiliary Nurse/Midwife visit the house of the patients?

Yes ( ) No ( )

1.47) Were you or any household members given injections at the PHC in the last six months?

Yes ( ) No ( )

1.48) Were any laboratory tests conducted at the PHC in the last six months?

Yes ( ) No ( )

1.49) Were any X-rays taken at the PHC?

Yes ( ) No ( )

1.50) When you were pregnant with, did you go for an ante-natal check-up?

Yes ( ) No ( )

If yes, where did you go?

a) Government Hospital/PHC ( )
b) Private Hospital/Clinic ( )
c) Other (specify): ____________

1.51) Who did you check-up?

a) Doctor ( )
b) ANM/Nurse/Mid-wife ( )
c) Other health professional ( )
d) Trained Dai ( )
e) Untrained Dai ( )
f) Other (specify) ( )
1.52) During entire pregnancy period how many times did you visit the health facility for antenatal checkups?

a) Number: ____________________

1.53) How many months pregnant were you when first visited for ante-natal check?

Months: __________

1.54) Did you performed the following at least once during your last pregnancy?

a) Weight measured ( )

b) Height measured ( )

c) Blood pressure checked ( )

d) Blood test ( )

1.55) Who conducted the delivery?

a) Doctor ( )

b) ANM/Nurse ( )

c) Trained Dai ( )

d) Un-trained Dai ( )

e) Relatives/Friends ( )

f) None ( )

1.56) Was the delivery normal/cesarean?

Yes ( ) No ( )

1.57) Where did the delivery took place?

a) Government Hospital/PHC ( )

b) Private Hospital ( )

c) At home ( )

c) Other (specify): ____________________
1.58) What is the main reason for not visiting the government health facility?

a) Not conveniently located ( )

b) Poor quality of services ( )

c) Heavy rush ( )

d) Non-availability of doctors /health Workers ( )

e) Doctors / Health workers do not Examine properly ( )

f) Medicine not /rarely given ( )

g) Not behave properly ( )

h) Services are charged ( )

i) Other ( specify): ________________

1.59) Which of the Family Planning methods are you aware of ?

a) Female sterilization ( )

b) Tubectomy ( )

c) Laprrascopes ( )

d) Male sterilization ( )

e) Vasectomy ( )

f) Copper-T/IUD ( )

g) Pill ( )

h) Condom/Nirodh ( )
i) Contraceptive herbs ( )

j) Any other ( specify): ___________________________
1.60) In the last few months, have you discussed the practice of family planning with your husband, friends, neighbours or relatives?

<table>
<thead>
<tr>
<th>Yes ( )</th>
<th>No ( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, with whom?</td>
<td></td>
</tr>
<tr>
<td>a) Husband ( )</td>
<td></td>
</tr>
<tr>
<td>b) Mother ( )</td>
<td></td>
</tr>
<tr>
<td>c) Sister(s) ( )</td>
<td></td>
</tr>
<tr>
<td>d) Daughter ( )</td>
<td></td>
</tr>
<tr>
<td>e) Mother-in-law ( )</td>
<td></td>
</tr>
<tr>
<td>f) Sister-in-law ( )</td>
<td></td>
</tr>
<tr>
<td>g) Friend/neighbour ( )</td>
<td></td>
</tr>
<tr>
<td>h) Other (specify): __________________</td>
<td></td>
</tr>
</tbody>
</table>

1.61) In the last few months, have you heard or seen any message about family planning?

| a) Radio ( ) |
| b) Television ( ) |
| c) Cinema/Film show ( ) |
| d) Newspaper ( ) |
| e) Wall painting ( ) |
| f) Drama/Folk dance/Street play ( ) |

1.62) Reasons for dis-continuation of Contraceptive methods:

| a) Wanted child ( ) |
| b) Method failed/became pregnant ( ) |
| c) Weakness/inability to work ( ) |
| d) Lack of knowledge about Family Planning ( ) |
| e) Against the religion/tradition ( ) |
| f) Family members opposed ( ) |
| g) Afraid of sterilization ( ) |
| h) Cannot work after sterilization ( ) |
| i) Health does not permit ( ) |
| j) Other (specify) __________________ |

432
1.63) Source of Modern Methods of Contraceptive:
   a) Government Hospital/PHC ( )
   b) Private Hospital ( )
   c) Government nurse/ANM ( )
   d) Private nurse ( )
   e) Mobile Clinic ( )
   f) Chemists ( )
   g) NGO's ( )
   h) Others (Specify) __________

VII) UTILIZATION OF GOVERNMENT HEALTH PROGRAMMES:

1.64) Have you benefited from Government health programmes?
   Yes ( )
   No ( )