



AMERICAN PUBLIC HEALTH ASSOCIATION
International Health Programs
1015 Fifteenth Street, NW
Washington, DC 20005

PNAA N 688/62

BN-31889

COMMUNICATION NEEDS ASSESSMENT
FOR THE
INTEGRATED RURAL HEALTH PROJECT
IN FIVE
AID ASSISTED STATES IN INDIA

A Report Prepared By:
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During The Period:
MAY 13 - May 24, 1983

Supported By The:
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
(ADDS) AID/DSPE-C-0053

AUTHORIZATION:
Ltr. AID/DS/POP: 8/30/83
Assgn. No. 582197

ACKNOWLEDGEMENTS

Special thanks are extended to Dr. Bhagat and Mr. Yadav of the Ministry of Health and Family Welfare and to Mr. Rogosh and Dr. Saramma Thomas-Mattai of USAID/India for their important roles in the development of the Communication Needs Assessment (CNA) and for being very good people to work with. Thanks are also due to the staffs of the Regional Health and Family Welfare Training Centres in Shimla, Kharar, Rotok, Abmendbad, and Auragabad.

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EXECUTIVE SUMMARY

The consultant visited India from 13 May to 24 May 1983 to work on three related tasks: designing a sampling scheme; training key trainers; and developing analysis plans for the "Communication Needs Assessment" of the Integrated Rural Health Project now taking place in 14 districts in five states (Himmachal Pradesh, Punjab, Haryana, Gujarat, and Maharashtra). Most of the workscope for this assignment was accomplished, with a few exceptions described in the body of the report.

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ABBREVIATIONS

APHA	American Public Health Association
CNA	Communication Needs Assessment
GOI	Government of India
RHFWTC	Regional Health and Family Welfare Training Centre
USAID	United States Agency for International Development

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INTRODUCTION AND BACKGROUND

Purpose of the Assignment

The purpose of this assignment, as stated in the workscope, was to:

- "assist the GOI and USAID in finalizing sample designs for each of the four components of the CNA data collection, including sample communities, leaders, health workers, and communication workers;
- to assist in orienting the trainers in project state training institutions who will train interviewers and coordinate the field data collections;
- to develop analysis plans for the various sets of data which will be generated by the CNA components including:
 - (i) short term analysis plans by which states can hand tabulate data which is required immediately for health/planning communications strategy planning; and
 - (ii) longer term, detailed computer analysis."

Itinerary

The itinerary prepared by USAID/India, which was followed, was:

<u>Dates</u>	<u>Location</u>
May 13-16	Delhi
May 17	Lv. Delhi for Aurangabad
May 18	Aurangabad
May 19	Lv. Aurangabad for Delhi
May 20	Lv. Delhi for Chandigarh
May 21	Lv. Chandigarh for Delhi
May 22-24	Delhi

On May 17 in Aurangabad, May 19 in Delhi, and May 20 in Chandigarh, only part of the day was used for travel time, and the rest was spent in project-related work. Staff from the Maharashtra Regional

Health and Family Welfare Training Centre (RHFWTC) were trained in Aurangabad. Staff from the RHFWTC for Himmashal Pradesh, Punjab, and Haryana were trained in Chandigarh.

Methodology

The methodology for the CNA has been described in the previous report to APHA on a visit made to India in December 1982. Since that time, there have been the following additional developments;

- (a) All six questionnaires to be used in the CNA have been finalized. Four of these, in their English versions, have been attached as Appendices B, C, D, and E.
- (b) Selected staff of the RHFWTCs have been trained to implement the CNA for four states: Maharashtra, Himmachal Pradesh, Punjab, and Haryana. The components of that training are presented in several appendices:

- Appendix A. The Agenda for the CNA Training Workshop in Aurangabad: May 17-18, 1983 (the ordering of topics varied somewhat in Chandigarh, but the topics were the same);
- Appendix F. Outline of a Training Curriculum;
- Appendix G. Outline of a Sampling Plan;
- Appendix H. Outline of Hand Tabulation Plans;
- Appendix I. Outline of What To Do After the Surveys; and
- Appendix J. Detailed Work Schedule for Maharashtra.

OBSERVATIONS, FINDINGS, AND RECOMMENDATIONS

The principal objectives stated in the workscope were attained during this assignment, with a few exceptions:

- (a) Staff from the Ahmendbad RHFUTC (Gujarat) did not participate in the "key trainers training" held in Aurangabad. They were trained later by Dr. Saramma Thomas-Mattai and Mr. Yadav, who also participated in training for the other four project-assisted states.
- (b) Item c (ii) of the workscope was not completed. Negotiations were initiated with the Operations Research Group (M.E. Khan, specifically) by Dr. Bhagat and Mr. Yadav of the Ministry, Dr. Saramma Thomas-Mattai, and the consultant. Dr. Bhagat and Mr. Yadav were also going to check with the Office of the Registrar General and the International Institute of Population Studies in Bombay. It is not known if contact has been made with the Office of the Registrar General. Dr. K. Srinivasan, Director of the International Institute of Population Studies in Bombay, who is currently in Honolulu working with the consultant, states that his office has not yet been contacted.
- (c) Subsequent to the consultant's return to Honolulu, the sampling plan was reviewed with Dr. Jay Soo Park, currently a Professor of Applied statistics, Dong-A University, Pusan, Korea, who is a sampling specialist. It was decided that the sampling plan could be improved. A telex was sent to Dr. Saramma Thomas-Mattai (Appendix L), in response to an answering cable from Mr. John Rogosh, a cable somewhat later (Appendix K) explaining these changes. These changes were also discussed with Dr. Saramma Thomas-Mattai in a telephone conversation. The essence of the changes is to interview a certain number of households in each sampling point instead of a certain percentage. The new design more closely approaches a self-weighting design and also has the advantage that drawing a large village as a sampling point will not overload the interviewers.

Several critical points are still to be reached in the CNA, and it is hoped that both the Ministry and USAID/India staff will provide follow-up at these critical junctures:

- (a) when the interviewers are trained (the quality of the training will greatly affect the quality of the data obtained);
- (b) when the samples are drawn (biased samples -- e.g., omitting lower status respondents -- can badly damage the quality of the information gathered); and
- (c) when the hand tabulation are carried out.

APPENDIX A

Agenda for CNA Training Workshop in Aurangabad: May 17-18, 1983

May 17 (Afternoon):

1. Correction of Questionnaires

May 18 (Morning):

1. Correction of Questionnaires (continued)
2. Outline of the Training Curriculum for the CNA

May 18 (Afternoon):

3. Sampling Plan for the CNA
4. Tabulation Plans for the CNA
5. Detailed Work Schedule for the CNA
6. Administrative Problems

VILLAGE PROFILE (Data to be collected only once for each village)

- | | | |
|---|--------|---|
| 1. Population (1981 Census) | _____ | |
| 2. Post Office | Yes/No | (If no, mention distance to the nearest Post Office) _____ km |
| 3. Railway Station | Yes/No | (If no, mention distance to the nearest railway station) _____ km |
| 4. Bus Stops | Yes/No | (If no, mention distance to the nearest bus stop) _____ km |
| 5. Wells/tube wells for drinking water | Yes/No | _____
(Mention Number) |
| 6. Pucca Roads | Yes/No | |
| 7. Electricity | Yes/No | |
| 8. Community T.V./Radio Center | Yes/No | |
| 9. Panchayat house/chowpal | Yes/No | |
| 10. School (Primary/Middle/High) | Yes/No | _____ |
| 11. Adult Literacy Center | Yes/No | |
| 12. Religious Institution
(Temple Gurdwara, Mosque) | Yes/No | _____ |
| 13. Local Fairs held | Yes/No | (If yes, how often, when) _____ |
| 14. Weekly Bazaar | Yes/No | _____ per week |
| 15. Mahila Mandals, Youth Club | Yes/No | |
| 16. Anganwadis Balwadis | Yes/No | |

17. Government Health Facilities

Yes/No

(If no, mention distance to the nearest center

Subcenter _____ km.
 Subsidiary Health Center _____ km.
 Primary Health Center _____ km.
 Dispensary (Allopathic/
 Ayurvedic/Unani/Homeopathic/
 Others (SPECIFY) _____ km.

18.

	Headquarter Yes/No	Residence Yes/No
HW(F)		
HW(M)		
HA(F)		
HA(M)		

19. Medical Practitioners

Yes/No

If Yes, Number

Allopathic _____
 Ayurvedic _____
 Unani _____
 Homeopathic _____
 Others (SPECIFY) _____

20. Traditional Dais

Yes/No

If Yes, Number

Trained Dais _____
 Untrained Dais _____

21. CHW HC

Yes/No

22. Courts

Yes/No

If No, mention distance to the nearest court) _____ km.

23. BDO's Office

Distance to the
BDO's Office.
_____ km

8'

COMMUNICATION NEEDS ASSESSMENT

1983

IRHP IEC SURVEY

HEALTH SERVICE PROVIDERS

TYPE (CIRCLE WHICH): HA(M)/HA(F)/HW(M)/HW(F)/HG/TRAINED LOCAL DAI/UNTRAINED LOCAL DAI/PRIVATE PRACTITIONER (SPECIFY TYPE) _____

STATE: _____

VILLAGE: _____

TEHSIL OR TAULK/BLOCK: _____

DISTRICT: _____

HOUSE NO. _____

NAME OF RESPONDENT: _____

INTERVIEWER'S NAME: _____

DATE OF INTERVIEW: _____

RESULT OF INTERVIEW (CIRCLE APPROPRIATE CODE):

- 1. Interview completed
- 2. Interview only partly completed
- 3. Refusal; no interview obtained
- 4. Nobody at home
- 5. Respondent not at home
- 6. Other (SPECIFY) _____

NOTE TO INTERVIEWER

PLEASE DO NOT READ OUT THE ANSWERS TO THE QUESTIONS EXCEPT WHEN EXPLICITLY INSTRUCTED TO DO SO. WHEN THE RESPONDENT ANSWERS, MARK THE APPROPRIATE BOXES.

B. SOCIO DEMOGRAPHIC PROFILE OF RESPONDENT

B-1. Age (in completed years) _____ Sex _____ Male/Female

B-2. Educational Status (Illiterate/Literate without formal education/highest level of education attained). _____

B-3. Marital Status Married/Unmarried/Divorced/Widowed

B-4. Number of living children Male Female

B-5. Type of Family Nuclear/Joint/Stem*

B-6. Religion Hindu/Muslim/Sikh/Christian/Other (SPECIFY) _____

B-7.

<u>Availability of Communication Materials</u>	<u>Family</u>	<u>ONLY IF NOT IN FAMILY</u>	
		<u>Panchayat</u>	<u>Others</u>
Newspapers			
Magazine			
Radio			
T.V.			

*Nuclear = husband, wife and children.

*Joint = two or more brothers living together with their families.

*Stem = husband, wife, and children with one or more parents of either husband or wife.

B. SOCIO DEMOGRAPHIC PROFILE OF RESPONDENT (continued)

B-8. Basic Training Course:

Type _____
Duration _____
Year of Qualifying _____

B-9. Experience in Years: _____ Years

B-10. Inservice Training:

Type _____
Duration _____
When _____ (Year)

C. FERTILITY PREFERENCES

C-1. If you could choose exactly the number of children to have in your whole life, how many children would that be?

_____ Number (ACCEPT RANGE) None (SKIP TO C-3) Don't Know (SKIP TO C-3)



C-2. Of these how many would you want to be boys, and how many girls.

_____ Boys _____ Girls _____ Does Not Matter
(GO TO C-3)

C. FERTILITY PREFERENCES (continued)

C-3. Do you think it is good to have a family with three or more children?

Yes
↓

No
↓

C-4. Why? (CHECK ALL THAT APPLY)

- 1. So that there will be more persons to help the family.
- 2. Because there should be enough boys.
- 3. To be sure that in old age there is someone to help.
- 4. To help carry the family name.
- 5. Because a large family means a strong family.
- 6. To make sure at least one child survives.
- 7. Mother-in-law/mother wants more children.
- 8. Others (SPECIFY) _____

(GO TO C-6)

C-5. Why? (CHECK ALL THAT APPLY)

- 1. Because another child will be a financial burden.
- 2. Because two children is an ideal family.
- 3. Because of the worries children cause when they are sick.
- 4. More children will mean fragmentation of land.
- 5. Not good for mother's health.
- 6. Because another child will be a lot of work and bother.
- 7. Because enough care and attention cannot be given to all children; too hard to discipline and control them.
- 8. Others (SPECIFY) _____

(GO TO C-6)

C. FERTILITY PREFERENCES (continued)

C-6. Now, let me ask you about the ideal length of time between children. If you could have your children at the times you wanted, how many years would you want between each child?

_____ Years (ACCEPT RANGE)

IF THE RESPONDENT SAYS THREE YEARS OR MORE, ASK QUESTION NO. C-7

IF THE RESPONDENT SAYS LESS THAN THREE YEARS, ASK QUESTION NO. C-8

C-7. Why? (CHECK ALL THAT APPLY)	C-8. Why? (CHECK ALL THAT APPLY)
1. Having children too close together weakens the mother. <input type="checkbox"/>	1. Having children close together means you can complete your family sooner. <input type="checkbox"/>
2. Having children too close together weakens the children. <input type="checkbox"/>	2. Having children close together means the children can share their clothes and books. <input type="checkbox"/>
3. Having children too close together makes it harder to take care of them. <input type="checkbox"/>	3. Having children close together means you will be sure to have enough children. <input type="checkbox"/>
4. Having children too close together makes them fall sick more frequently. <input type="checkbox"/>	4. Having children close together makes your husband/wife happy. <input type="checkbox"/>
5. Difficult for parents to arrange marriage/college/etc. later in life. <input type="checkbox"/>	5. Having children close together makes your mother-in-law/mother happy. <input type="checkbox"/>
6. Others (SPECIFY) _____ _____ _____ <input type="checkbox"/>	6. Others (SPECIFY) _____ _____ _____ <input type="checkbox"/>
(GO TO C-9)	(GO TO C-9)

C. FERTILITY PREFERENCES (continued)

C-9. At what age do you think a girl should get married?

_____ Years

IF RESPONDENT SAYS BELOW 18 YEARS, ASK QUESTION NO. C-10

IF RESPONDENT SAYS 18 YEARS OR ABOVE, ASK QUESTION NO. C-11

C-10. Why? (CHECK ALL THAT APPLY)

- 1. The girl is certain to get a good husband.
- 2. To please her parents.
- 3. Easier to adjust to her husband and his family.
- 4. To have children before she is too old.
- 5. To relieve social burden on parents.
- 6. Late marriage is a social stigma.
- 7. Others (SPECIFY) _____
- _____
- _____

(GO TO C-12)

C-11. Why? (CHECK ALL THAT APPLY)

- 1. The girl is physically mature.
- 2. The girl is emotionally mature.
- 3. The girl is old enough to have children safely.
- 4. A girl who marries very young is likely to have too many children.
- 5. A girl who marries very young will have a very weak first baby.
- 6. If a girl marries very young, her health may be endangered by the first birth.
- 7. A girl who marries later can get more education.
- 8. A girl who marries later can look after herself and family better.
- 9. Others (SPECIFY) _____
- _____
- _____

(GO TO C-12)

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C. FERTILITY PREFERENCES (continued)

C-12. At what age do you think it is best for a woman to have her first pregnancy?

_____ Years

IF THE RESPONDENT SAYS BELOW 20 YEARS, ASK QUESTION NO. C-13

IF THE RESPONDENT SAYS 20 YEARS OR ABOVE, ASK QUESTION NO. C-14

<p>C-13. Why? (CHECK ALL THAT APPLY)</p> <p>1. To please the husband. <input type="checkbox"/></p> <p>2. To have a complete family as soon as possible. <input type="checkbox"/></p> <p>3. To make the woman more important in her family. <input type="checkbox"/></p> <p>4. To please the mother-in-law. <input type="checkbox"/></p> <p>5. To make family life more harmonious and stable. <input type="checkbox"/></p> <p>6. To avoid criticism of being infertile. <input type="checkbox"/></p> <p>7. Others (SPECIFY) _____ <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>(GO TO C-15)</p>	<p>C-14. Why? (CHECK ALL THAT APPLY)</p> <p>1. To wait until the body and mind are more mature. <input type="checkbox"/></p> <p>2. A woman who has her first pregnancy very early will have too many children. <input type="checkbox"/></p> <p>3. To give the first baby a better chance to live. <input type="checkbox"/></p> <p>4. To keep the woman looking young longer. <input type="checkbox"/></p> <p>5. To give more help to the husband in making money. <input type="checkbox"/></p> <p>6. To complete education. <input type="checkbox"/></p> <p>7. Not yet settled financially. <input type="checkbox"/></p> <p>8. Others (SPECIFY) _____ <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>(GO TO C-15)</p>
--	--

C-15. What do you think is the best age for a woman to stop having children? (ONLY CHECK BOX IF RESPONDENT GIVES THAT ANSWER OTHERWISE WRITE THE AGE IN YEARS)

Years _____

After Completing Family

INTERVIEWER, PLEASE NOTE: DO NOT ASK QUESTIONS UNDER SECTION 'D' TO GOVERNMENT HEALTH FUNCTIONARIES, HG & TD.

D. CONTRACEPTIVE KNOWLEDGE, USE AND ACCESSIBILITY

D-1. Have you heard of any method of preventing pregnancy (contraceptive method)?

Have Heard
(GO TO D-2)

Have Not Heard (IF "Not heard any" IS CONFIRMED, THEN SKIP TO E-1. OTHERWISE, CONTINUE WITH D-2)

Question Method	D-2. What methods have you heard about? (INTERVIEWER: AFTER OBTAINING SPONTANEOUS ANSWERS, ASK METHOD BY METHOD: "Have you heard of _____"?)		D-3. IF HAS HEARD OF, ASK: Do you know how to use _____?		D-4. Have you or your husband/wife ever used it?		D-5. Are you currently using it?	
	Spontaneous	After Naming Method	Yes	No	Yes	No	Yes	No
Oral Pill								
*Jelly, cream, foam, foaming tablet								
Condom								
Vasectomy								
Female Sterilization								
*Loop or Cu-T								
Induced abortion or menstrual regulation								
Rhythm*1								
Abstinence								
Withdrawal								
Douche								
Other (SPECIFY) _____								

(*CIRCLE WHICH METHOD)

*1. Rhythm method (safe period) = A week before and a week after menses is

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D. CONTRACEPTIVE KNOWLEDGE, USE AND ACCESSIBILITY (continued)

D-6. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED OR CURRENTLY USING THE ORAL PILL, ASK): What do you think are the advantages of the pill?

- Safe
- Very reliable
- Easy to stop if you want another child
- Easy to obtain
- Easy to take
- Other (SPECIFY) _____
- Don't Know, No Response

D-7. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED OR CURRENTLY USING THE ORAL PILL, ASK): What do you think are the disadvantages of the pill?

- Nausea and vomiting
- Increase in weight
- Dangerous to health
- Hard to remember to take every day
- Other (SPECIFY) _____
- None
- Don't Know, No Response

D-8. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED (CURRENTLY USING) THE LOOP OR CU-T, ASK): What do you think are the advantages of the loop or CU-T?

- It is a one time method
- Very reliable
- Easily removed, if necessary
- Ideal for spacing
- Other (SPECIFY) _____
- Don't Know, No Response

D. CONTRACEPTIVE KNOWLEDGE, USE AND ACCESSIBILITY (continued)

D-9. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED (CURRENTLY USING) THE LOOP or CU-T, ASK): What do you think are the disadvantages of the loop or CU-T?

- Infections
- Perforation
- Backache
- Excessive Bleeding
- Spotting
- Discomfort for husband
- Hard to obtain
- White discharge
- Other (SPECIFY) _____
- None
- Don't Know, No Response

D-10. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED OR CURRENTLY USING THE CONDOM, ASK): What do you think are the advantages of the condom?

- Easy to obtain
- Simple to use
- No side effects
- Other (SPECIFY) _____
- Don't Know, No Response

D. CONTRACEPTIVE KNOWLEDGE, USE AND ACCESSIBILITY (continued)

D-11. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED OR (CURRENTLY USING) THE CONDOM ASK): What do you think are the disadvantages of the condom?

- Decreases sexual pleasure
- Hard to remember to use
- Hard to obtain
- Bursts
- Difficult to store
- Difficult to dispose of
- Unreliable
- Spreads immorality
- Other (SPECIFY) _____
- None
- Don't Know, No Response

≡ ≡ ≡

D-12. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR HAD FEMALE STERILIZATION, ASK): What do you think are the advantages of female sterilization?

- It is a permanent method
- Very reliable
- No interference with sexual pleasure
- Safe
- Other (SPECIFY) _____
- Don't Know, No Response

D. CONTRACEPTIVE KNOWLEDGE, USE AND ACCESSIBILITY (continued)

D-13. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF (HAD) FEMALE STERILIZATION, ASK): What do you think are the disadvantages of female sterilization?

- You can never have any more children if you change your mind
- Major operation
- Hospitalization - 7 days
- Cannot do domestic work for 15 days
- Other (SPECIFY) _____
- None
- Don't Know, No Response

D-14. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OR HUSBAND HAS HAD VASECTOMY, ASK): What do you think are the advantages of vasectomy?

- It is a permanent method
- No need to be admitted in the hospital
- No interference with sexual pleasure
- Safe
- Recanalization sometimes possible
- Other (SPECIFY) _____
- Don't Know, No Response

D-15. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OR HUSBAND HAD VASECTOMY, ASK): What do you think are the disadvantages of vasectomy?

- You can never bear more children if you change your mind
- Virility is lost
- Cannot do work for 7 days
- Failure of vasectomy
- Other (SPECIFY) _____
- None
- Don't Know, No Response

E. CONTRACEPTIVE ATTITUDES

Now, let me read you a list of statements about attitudes towards contraception. Please just tell me whether you agree or disagree with each statement. First:

	<u>Agree</u>	<u>Disagree</u>	<u>Both Equally</u>
E-1. It is primarily the woman's responsibility to take contraceptive precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-2. It is primarily the man's responsibility to take contraceptive precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-3. You approve of using contraception to postpone having the first child.	<input type="checkbox"/>	<input type="checkbox"/>	
E-4. You would prefer a contraceptive method which is used by the man.	<input type="checkbox"/>	<input type="checkbox"/>	
E-5. The most important thing about contraception is that it makes sex worry-free and enjoyable.	<input type="checkbox"/>	<input type="checkbox"/>	
E-6. If a woman uses contraception, it decreases her husband's love for her.	<input type="checkbox"/>	<input type="checkbox"/>	
E-7. You approve of using contraceptives to space births.	<input type="checkbox"/>	<input type="checkbox"/>	
E-8. The whole idea of contraception is unpleasant to you.	<input type="checkbox"/>	<input type="checkbox"/>	
E-9. You would avoid using a contraceptive method which requires an examination by a doctor.	<input type="checkbox"/>	<input type="checkbox"/>	
E-10. Even when contraceptives are not available it is sometimes difficult to avoid having sex.	<input type="checkbox"/>	<input type="checkbox"/>	
E-11. Contraceptives should be used when breast-feeding the baby to avoid pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	
D-12. Contraception helps to improve the health of the mother.	<input type="checkbox"/>	<input type="checkbox"/>	
D-13. Contraception sometimes spoils the health of the mother.	<input type="checkbox"/>	<input type="checkbox"/>	

F. SOCIAL CLIMATE AND CONTRACEPTIVE PERSUASION

	<u>Yes</u>	<u>No</u>
F-1. Have you ever advised young couples to have two or three children?	<input type="checkbox"/>	<input type="checkbox"/>
F-2. Do the people in your village/area envy a family with more than three children?	<input type="checkbox"/>	<input type="checkbox"/>
F-3. Do the people in your village/area look down upon people who have no sons?	<input type="checkbox"/>	<input type="checkbox"/>
F-4. Do you feel comfortable talking about contraception to women?	<input type="checkbox"/>	<input type="checkbox"/>
F-5. Do you feel comfortable talking about contraception to men?	<input type="checkbox"/>	<input type="checkbox"/>
F-6. Are you satisfied with your job?	<input type="checkbox"/>	<input type="checkbox"/>
F-7. Would you recommend to your friends to become a health worker?	<input type="checkbox"/>	<input type="checkbox"/>

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE

G-1. Now, I would like to ask you some questions about young children and health. If a woman has a child 0 - 36 months of age, should she contact any Government or Private health personnel?

Yes
↓

No (SKIP TO G-3)

G-2. For what? (CHECK ALL THAT APPLY)	
Illness care	<input type="checkbox"/>
Immunization	<input type="checkbox"/>
Well baby check	<input type="checkbox"/>
Other	<input type="checkbox"/>
(GO TO G-3)	

G-3. Suppose a child has an attack of fever with rash (measles); is it all right to feed the child or not?

All Right
(SKIP TO G-5)

Not All Right
↓

G-4. Why? (CHECK ALL THAT APPLY)	
Child refused	<input type="checkbox"/>
Because of fever	<input type="checkbox"/>
Sick children should not be given food	<input type="checkbox"/>
Child had diarrhoea	<input type="checkbox"/>
Any other (SPECIFY) _____	<input type="checkbox"/>
(GO TO G-5)	

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-5. Suppose a child has diarrhoea; is it all right to feed the child during diarrhoea or not?

All Right
(SKIP TO G-7)

Not All Right
↓

G-6. Why? (CHECK ALL THAT APPLY)	
Food worsens diarrhoea	<input type="checkbox"/>
All food given during diarrhoea is lost in the stools	<input type="checkbox"/>
Child often refuses	<input type="checkbox"/>
Child vomits	<input type="checkbox"/>
Any other (SPECIFY) _____	<input type="checkbox"/>
(GO TO G-7)	

G-7. Do you think water should be given during diarrhoea or not?

Yes
↓

No
↓

<p>G-8. Why? (CHECK ALL THAT APPLY)</p> <p>It replaces the water lost in the stools <input type="checkbox"/></p> <p>Doctor/health workers suggest <input type="checkbox"/></p> <p>Friend/relative/neighbor suggest <input type="checkbox"/></p> <p>Child often asks <input type="checkbox"/></p> <p>Any other <input type="checkbox"/></p> <p>(SPECIFY) _____</p> <p>(GO TO G-10)</p>	<p>G-9. Why? (CHECK ALL THAT APPLY)</p> <p>It worsens diarrhoea <input type="checkbox"/></p> <p>Child vomits <input type="checkbox"/></p> <p>Child often refuses <input type="checkbox"/></p> <p>Any other <input type="checkbox"/></p> <p>(SPECIFY) _____</p> <p>(GO TO G-10)</p>
---	--

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-10. Do you know how to make diarrhoea mixture or oral rehydration solution?

Yes

No (SKIP TO G-12)



G-11. How is the diarrhoea mixture or oral rehydration solution made?

	<u>Tick If They Mention</u>	<u>Quantity</u>
Water	<input type="checkbox"/>	<input type="checkbox"/>
Sugar	<input type="checkbox"/>	<input type="checkbox"/>
Common salt	<input type="checkbox"/>	<input type="checkbox"/>
Baking soda	<input type="checkbox"/>	<input type="checkbox"/>
Lime	<input type="checkbox"/>	<input type="checkbox"/>
Any other (SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>

(GO TO G-12)

G-12. Have you ever used the diarrhoea mixture or oral rehydration solution?

Yes

No (SKIP TO G-14)



G-13. How often was it given?

- After each loose stool
- Very frequently (every 15 minutes)
- Every one hour
- Every two hours
- Every four hours
- Every six hours
- Whenever the child asked
- Other (SPECIFY) _____

(GO TO G-14)

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G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-14. Some children have shrunken appearance (Marasmus) or have swelling of the feet and face (Kwashiorkor). What do you think are the reasons? (CHECK ALL THAT ARE APPROPRIATE)

- Somebody cast an evil eye
- Because of worms
- Because of recurrent illness
- Change in food
- Lack of food
- Lack of solid food
- Stopped breast feeding
- Any other reason (SPECIFY) _____
- Don't Know

G-15. How long do you think a child should be kept on breast milk only?

- 0 - 3 months
- 4 - 6 months
- 7 - 9 months
- 10 - 12 months
- 13 - 18 months
- 19 - 24 months
- More than 24 months

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-16. When do you think one should start giving semi solid food to the child? (GIVE EXAMPLE OF A SEMI SOLID FOOD)

- | | |
|----------------------------|--------------------------|
| Below four months of age | <input type="checkbox"/> |
| During fourth month of age | <input type="checkbox"/> |
| During fifth month of age | <input type="checkbox"/> |
| During sixth month of age | <input type="checkbox"/> |
| During 7 - 9 months | <input type="checkbox"/> |
| During 10 - 12 months | <input type="checkbox"/> |
| During 13 - 18 months | <input type="checkbox"/> |
| During 19 - 24 months | <input type="checkbox"/> |
| 24 months | <input type="checkbox"/> |
| Not giving | <input type="checkbox"/> |

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

(INTERVIEWER, PLEASE NOTE: PLEASE DO NOT ASK QUESTIONS G-17 TO G-30 TO GOVERNMENT HEALTH WORKERS: BEGIN AGAIN AT G-31 FOR THEM)

G-17. Do you think a woman should go for prenatal care?

Yes
↓

No (SKIP TO G-21)

G-18. Who should she go to? (CHECK ALL THAT APPLY)

PHC Doctor

LHV (HAF)

ANM (HWF)

Trained local Dai

Untrained local Dai

Relative

Others

(SPECIFY) _____

G-19. What kind of care should a woman get during prenatal care. (CHECK ALL THAT APPLY)

Advice on diet

Injections

Tablets for strength

Abdominal examination

Vaginal examination

For tests

Illness care

Other care (SPECIFY) _____

(GO TO G-20)

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-20. Should a woman be examined in the clinic during pregnancy?

Yes

No

G-21. Should a woman go to a Government clinic during pregnancy?

Yes

No



<p>G-22. Why? (CHECK ALL THAT APPLY)</p> <p>For blood test <input type="checkbox"/></p> <p>For urine test <input type="checkbox"/></p> <p>For tablets for strength <input type="checkbox"/></p> <p>For taking weight <input type="checkbox"/></p> <p>For injections <input type="checkbox"/></p> <p>To see that the baby is growing well <input type="checkbox"/></p> <p>For early detection of any problem to the mother/baby <input type="checkbox"/></p> <p>Others (SPECIFY) _____ <input type="checkbox"/></p> <p>_____</p> <p>(GO TO G-24)</p>	<p>G-23. Why? (CHECK ALL THAT APPLY)</p> <p>Not required <input type="checkbox"/></p> <p>Have to wait too long <input type="checkbox"/></p> <p>Not enough attention paid <input type="checkbox"/></p> <p>Dai gives care at home <input type="checkbox"/></p> <p>Clinic too far <input type="checkbox"/></p> <p>Medicines not available <input type="checkbox"/></p> <p>Others (SPECIFY) _____ <input type="checkbox"/></p> <p>_____</p> <p>(GO TO G-24)</p>
---	---

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-24. Should a woman receive injections during pregnancy?

Yes
↓

No (SKIP TO G-26)

G-25. Do you know why injections are given during pregnancy?
(CHECK ALL THAT APPLY)

- Don't know
- To prevent tetanus in newborn
- To prevent tetanus in mother
- To give strength to mother and baby
- Other (SPECIFY) _____

(GO TO G-26)

G-26. Do you think a woman should eat more during pregnancy?

Yes

No

G-27. Why are tablets given during pregnancy? (CHECK ALL THAT APPLY)

- Don't know
- Doctor advised
- Health workers advised
- For strength
- To make the baby healthy
- Other (SPECIFY) _____

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-28. If a woman has the following problems during pregnancy, who should she go to?

(PLEASE READ OUT THE LIST)

PROBLEM	PERSON TO BE CONTACTED
Swelling of feet	
Headache/giddiness	
Bleeding from the womb	
Discharge from the womb	
Frequent vomiting	
Baby stopped moving inside	

*PLEASE PUT THE APPROPRIATE NUMBER SHOWN IN THE KEY:

1. PHC Doctor
2. LHV (HA(F))
3. ANM (HW(F))
4. Hakim/Ayurved (allopathic) (Government)
5. Trained local Dai
6. Untrained local Dai
7. HG
8. Private Doctor (allopathic)
9. Private Doctor (unspecified type)
10. Neighbor/Relative/Friend
11. None

G-29. Should the woman have a special room ready for delivery?

Yes

No

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-30. Should the floor of the room be plastered with fresh cowdung?

Yes

No

G-31. What should be given to the baby in the first 2 hours after birth?

Breast milk

Sweet water

Honey

Nothing

Janam Ghutti

Other (SPECIFY) _____

G-32. When should the first breast feed be given?

0 - 2 hours after birth

2 - 6 hours after birth

6 - 8 hours after birth

9 - 16 hours after birth

17 - 24 hours after birth

More than 24 hours

G-33. What should be applied on the cord?

Ghee

Ash

Medicines

Turmeric

Nothing

Other (SPECIFY) _____

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-34. Should the baby be given a bath immediately after birth?

Yes

No

G-35. How should a baby be laid after feeding?

On its back

On its side

Burp the baby first,
then put him/her on
his/her back

G-36. Should a newborn be weighed in the first week of life?

Yes

No (SKIP TO G-38)



G-37. Why?

1. To see whether the baby is weak

2. Don't Know :: :: ::

3. Any other (SPECIFY) _____

(GO TO G-38)

G-38. Should the baby be weighed subsequently?

Yes

No (SKIP TO G-40)



G-39. Why?

1. To see if the baby is growing all right

2. Don't Know

3. Any other (SPECIFY) _____

(GO TO G-40)

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-40. Who should a woman contact if a baby 0 - 1 month of age has any of the following problems? (PLEASE READ OUT LIST)

PROBLEM	PERSON TO BE CONTACTED
Didn't cry at birth	
Became blue	
Had difficulty in breathing	
Fever	
Infected umbilicus	
Convulsions	
Very small/weak baby	
Yellow skin	
Difficulty in sucking	

KEY

1. PHC Doctor
2. LHV (HA/F)
3. ANM (HW/F)
4. HW (M)
5. CHV/HG
6. Trained local Dai
7. Untrained local Dai
8. Private Doctor (allopathic)
9. Ayurvedic Doctor (Government)
10. Hakim (Government)
11. Priest
12. Others (mention who)
13. Self medication
14. Household remedies
15. Pharmacist (private)
16. Private Doctor (unspecified type)

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G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

INTERVIEWER, PLEASE NOTE: DO NOT ASK QUESTIONS G-41 AND G-42 TO GOVERNMENT HEALTH WORKERS.

G-41. What childhood disease can be prevented by immunizations?

- Don't Know
- Diphtheria
- Whooping Cough
- Tetanus
- Polio
- Tuberculosis

G-42. Should you get your blood checked if you have fever?

Yes

No

I. RUMOURS

I-1. Have you heard any bad things (rumours/misconceptions) about immunizations?

Yes
↓

No (SKIP TO I-4)

I-2. What did you hear? (RECORD IN DETAIL)

I-3. What did you do about it? (RECORD IN DETAIL)

(GO TO I-4)

I. RLMOURS (continued)

I-4. Have you heard any bad things (rumours/misconceptions) about contraception?

Yes
↓

No (SKIP TO J-1)

I-5. What did you hear? (RECORD IN DETAIL BY NAME OF METHOD)

I-6. What did you do about it? (RECORD IN DETAIL BY NAME OF METHOD)

(GO TO J-1)

COMMUNICATION NEEDS ASSESSMENT

1983

IRHP IEC SURVEY

MARRIED MEN, COMMUNITY LEADERS AND DEVELOPMENT FUNCTIONARIES*

STATE: _____

VILLAGE: _____

TEHSIL OR TALUK, BLOCK: _____

DISTRICT: _____

HOUSE NO: _____

NAME OF RESPONDENT: _____

INTERVIEWER'S NAME: _____

DATE OF INTERVIEW: _____

SAMPLE OF (CIRCLE WHICH): MARRIED MEN/COMMUNITY LEADERS/DEVELOPMENT FUNCTIONARIES

RESULT OF INTERVIEW (CIRCLE APPROPRIATE CODE):

- 1. Interview completed
- 2. Interview only partly completed
- 3. Refusal: no interview obtained
- 4. Nobody at home
- 5. Respondent not at home
- 6. Other (SPECIFY) _____

NOTE TO INTERVIEWER

PLEASE DO NOT READ OUT THE ANSWERS TO THE QUESTIONS EXCEPT WHEN EXPLICITLY INSTRUCTED TO DO SO. WHEN THE RESPONDENT ANSWERS, MARK THE APPROPRIATE BOXES.

*Developmental functionaries include village level worker, agriculture extension officers, Panchayat secretary, cooperative worker, Anganwadi worker, school teacher, etc.

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B. SCCIC DEMOGRAPHIC PROFILE OF RESPONDENT

B-1. Age (in completed years) _____ Sex _____ Male/Female

B-2. Educational Status (Illiterate/Literate without formal education/highest level of education attained). _____

B-3. Marital Status _____ Single/Married/Divorced/Widowed

B-4. Number of living children Total: _____ Male _____ Female

B-5. Type of Family _____ Nuclear/Joint/Stem*

B-6. Religion _____ Hindu/Muslim/Sikh/Christian/Other (SPECIFY) _____

B-7. Caste (IF ONLY HINDU OR A SIKH) _____ SC/ST/Others (SPECIFY) _____

B-8. Occupation _____

B-9.

<u>Availability of Communication Materials</u>	<u>Family</u>	<u>ONLY IF NOT IN FAMILY</u>	
		<u>Panchayat</u>	<u>Others</u>
Newspapers			
Magazine			
Radio			
T.V.			

*Nuclear = husband, wife, children.

*Joint = two or more brothers and their families living together.

*Stem = husband, wife, and children with one or more parents of either husband or wife.

C. FERTILITY PREFERENCES

C-1. If you could choose exactly the number of children to have in your whole life, how many children would that be?

_____ Number (ACCEPT RANGE)

None
(SKIP TO C-3)

Don't Know
(SKIP TO C-3)



C-2. Of these how many would you want to be boys, and how many girls?

_____ Boys

_____ Girls

_____ Does Not Matter

(GO TO C-3)

C. FERTILITY PREFERENCES (continued)

C-3. Do you think it is good to have a family with three or more children?

Yes
↓

No
↓

C-4. Why? (CHECK ALL THAT APPLY)

- 1. So that there will be more persons to help the family.
- 2. Because you want to have enough boys.
- 3. To be sure that in your old age you will have someone to help you.
- 4. To help you carry your family name.
- 5. Because a large family means a strong family.
- 6. To make sure at least one child survives.
- 7. Mother-in-law/your mother wants more children.
- 8. Others (SPECIFY) _____

GO TO C-5

C-5. Why? (CHECK ALL THAT APPLY)

- 1. Because another child will be a financial burden.
- 2. Because two children is an ideal family.
- 3. Because of the worries children cause when they are sick.
- 4. More children will mean fragmentation of land.
- 5. Not good for mother's health.
- 6. Because another child will be a lot of work and bother for you.
- 7. Because your husband/your wife and you are too old for another child.
- 8. Because you would not be able to give enough care and attention to all children; too hard to discipline and control them.
- 9. Others (SPECIFY) _____

GO TO C-6

C. FERTILITY PREFERENCES (continued)

C-6. Now, let me ask you about the ideal length of time between children. If you could have your children at the times you wanted, how many years would you want between each child?

_____ Years (ACCEPT RANGE)

IF THE RESPONDENT SAYS THREE YEARS OR MORE, ASK QUESTION NO. C-7

IF THE RESPONDENT SAYS LESS THAN THREE YEARS, ASK QUESTION NO. C-8

<p>C-7. Why? (CHECK ALL THAT APPLY)</p> <p>1. Having children too close together weakens the mother. <input type="checkbox"/></p> <p>2. Having children too close together weakens the children. <input type="checkbox"/></p> <p>3. Having children too close together makes it harder to take care of them. <input type="checkbox"/></p> <p>4. Having children too close together makes them fall sick more frequently. <input type="checkbox"/></p> <p>5. Difficult for parents to arrange marriage college etc. later in life. <input type="checkbox"/></p> <p>6. Others (SPECIFY) _____ _____ _____</p> <p>GO TO C-9</p>	<p>C-8. Why? (CHECK ALL THAT APPLY)</p> <p>1. Having children close together means you can complete your family sooner. <input type="checkbox"/></p> <p>2. Having children close together means the children can share their clothes and books. <input type="checkbox"/></p> <p>3. Having children close together means you will be sure to have enough children. <input type="checkbox"/></p> <p>4. Having children close together makes your husband/your wife happy. <input type="checkbox"/></p> <p>5. Having children close together makes your mother-in-law mother happy. <input type="checkbox"/></p> <p>6. Others (SPECIFY) _____ _____ _____</p> <p>GO TO C-9</p>
--	---

C. FERTILITY PREFERENCES (continued)

C-9. At what age do you think a girl should get married?

_____ Years

IF RESPONDENT SAYS BELOW 18 YEARS, ASK QUESTION NO. C-10

IF RESPONDENT SAYS 18 YEARS OR ABOVE, ASK QUESTION NO. C-11

C-10. Why? (CHECK ALL THAT APPLY)	C-11. Why? (CHECK ALL THAT APPLY)
1. The girl is certain to get a good husband. <input type="checkbox"/>	1. The girl is physically mature. <input type="checkbox"/>
2. To please her parents. <input type="checkbox"/>	2. The girl is emotionally mature. <input type="checkbox"/>
3. Easier to adjust to her husband and his family. <input type="checkbox"/>	3. The girl is old enough to have children safely. <input type="checkbox"/>
4. To have children before she is too old. <input type="checkbox"/>	4. A girl who marries very young is likely to have too many children. <input type="checkbox"/>
5. To relieve social burden on parents. <input type="checkbox"/>	5. A girl who marries very young will have a weak first baby. <input type="checkbox"/>
6. Late marriage is a social stigma. <input type="checkbox"/>	6. If a girl marries very young, her health may be endangered by the first birth. <input type="checkbox"/>
7. Others (SPECIFY) _____ _____ _____	7. A girl who marries later can get more education. <input type="checkbox"/>
	8. A girl who marries later can look after herself and family better. <input type="checkbox"/>
	9. Others (SPECIFY) _____ _____ _____

Best Available Document

C. FERTILITY PREFERENCES (continued)

C-12. At what age do you think it is best for a woman to have her first pregnancy?

_____ Years

IF RESPONDENT SAYS BELOW 20 YEARS, ASK QUESTION NO. C-13

IF RESPONDENT SAYS 20 YEARS OR ABOVE, ASK QUESTION NO. C-14

C-13. Why? (CHECK ALL THAT APPLY)

- 1. To please the husband.
- 2. To have a complete family as soon as possible.
- 3. To make the woman more important in her family.
- 4. To please the mother-in-law.
- 5. To make family life more harmonious and stable.
- 6. To avoid criticism of being infertile.
- 7. Others (SPECIFY) _____

GO TO C-15

C-14. Why? (CHECK ALL THAT APPLY)

- 1. To wait until the body and mind are more mature.
- 2. A woman who has her first pregnancy very early will have too many children.
- 3. To give the first baby a better chance to live.
- 4. To keep the woman looking younger longer.
- 5. To give more help to the husband in making money.
- 6. To complete education.
- 7. Allows time to settle financially.
- 8. Others (SPECIFY) _____

GO TO C-15

C-15. What do you think is the best age for a woman to stop having children? ONLY CHECK BOX IF RESPONDENT GAVE THAT ANSWER OTHERWISE WRITE THE AGE IN YEARS.

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D. CONTRACEPTIVE KNOWLEDGE, USE AND ACCESSIBILITY

D-1. Have you heard of any method of preventing pregnancy (contraceptive method)?

Have Heard
(GO TO D-2)

Have Not Heard (IF 'Not heard any' IS CONFIRMED, THEN SKIP TO E-1. OTHERWISE, CONTINUE WITH D-2)

Question Method	D-2. What methods have you heard about? (INTERVIEWER: AFTER OBTAINING SPONTANEOUS ANSWERS, ASK METHOD BY METHOD: 'Have you heard of _____?')		D-3. IF HAS HEARD OF, ASK: Do you know how to use _____?		D-4. Have you or your husband/wife ever used it?		D-5. Are you currently using it?	
	Spontaneous	After Naming Method	Yes	No	Yes	No	Yes	No
Oral Pill								
* Jelly, cream, foam, foaming tablet								
Condom								
Vasectomy								
Female Sterilization								
* Loop or CU-T								
Induced abortion or menstrual regulation								
Rhythm*								
Abstinence								
Withdrawal								
Douche								
Other (SPECIFY)								

*CIRCLE WHICH METHOD)

*1. Rhythm method (safe period) = A week before and a week after menses is called Safe Period

D. CONTRACEPTIVE KNOWLEDGE, USE AND ACCESSIBILITY

D-6. REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED OR CURRENTLY USING THE ORAL PILL, ASK): What do you think are the advantages of the pill?

- Safe
- Very reliable
- Easy to stop if you want another child
- Easy to obtain
- Easy to take
- Other (SPECIFY) _____
- Don't Know, No Response

D-7. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED OR CURRENTLY USING THE ORAL PILL, ASK): What do you think are the disadvantages of the pill?

- Nausea and vomiting
- Increase in weight
- Dangerous to health
- Hard to remember to take every day
- Other (SPECIFY) _____
- None
- Don't Know, No Response

D-8. REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED CURRENTLY USING THE LOOP OR CU-T, ASK): What do you think are the advantages of the loop or CU-T?

- It is a one time method
- Very reliable
- Easily removed, if necessary
- Ideal for spacing
- Other SPECIFY _____
- Don't Know, No Response

D. CONTRACEPTIVE KNOWLEDGE, USE AND ACCESSIBILITY

D-9. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED (CURRENTLY USING) THE LOOP OR CU-T, ASK): What do you think are the disadvantages of the loop or CU-T?

- Infections
- Perforation
- Backache
- Excessive bleeding
- Spotting
- Discomfort for husband
- Hard to obtain
- White discharge
- Other (SPECIFY) _____
- None
- Don't Know, No Response

D-10. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED OR CURRENTLY USING THE CONDOM, ASK): What do you think are the advantages of the condom?

- Easy to obtain
- Simple to use
- No side effects
- Other SPECIFY: _____
- Don't Know, No Response

D. CONTRACEPTIVE KNOWLEDGE, USE AND ACCESSIBILITY (continued)

D-11. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED OR CURRENTLY USING THE CONDOM ASK): What do you think are the disadvantages of the condom?

- Decreases sexual pleasure
- Hard to remember to use
- Hard to obtain
- Bursts
- Difficult to store
- Difficult to dispose of
- Unreliable
- Spreads immorality
- Other (SPECIFY) _____
- None
- Don't Know, No Response

D-12. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR HAD FEMALE STERILIZATION. ASK): What do you think are the advantages of female sterilization?

- It is a permanent method
- Very reliable
- No interference with sexual pleasure
- Safe
- Other (SPECIFY) _____

D. CONTRACEPTIVE KNOWLEDGE, USE AND ACCESSIBILITY (continued)

D-13. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF (HAD) FEMALE STERILIZATION, ASK): What do you think are the disadvantages of female sterilization?

- You can never have any more children if you change your mind
- Major operation
- Hospitalization - 7 days
- Cannot do domestic work for 15 days
- Other (SPECIFY) _____
- None
- Don't Know, No Response

D-14. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OR HUSBAND HAD VASECTOMY, ASK): What do you think are the advantages of a vasectomy?

- It is a permanent method
- No need to be admitted in the hospital
- No interference with sexual pleasure
- Safe
- Recanalization sometimes possible
- Other (SPECIFY) _____
- Don't Know, No Response

D-15. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OR HUSBAND HAD VASECTOMY, ASK): What do you think are the disadvantages of a vasectomy?

- You can never bear more children if you change your mind
- Virility is lost
- Cannot do work for 7 days
- Failure of vasectomy
- Other (SPECIFY) _____
- None

E. CONTRACEPTIVE ATTITUDES

Now, let me read you a list of statements about attitudes towards contraception. Please just tell me whether you agree or disagree with each statement. First:

	<u>Agree</u>	<u>Disagree</u>	<u>Both</u> <u>Equall</u>
E-1. It is primarily the woman's responsibility to take contraceptive precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-2. It is primarily the man's responsibility to take contraceptive precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-3. You approve of using contraception to postpone having the first child.	<input type="checkbox"/>	<input type="checkbox"/>	
E-4. You would prefer a contraceptive method which is used by the man.	<input type="checkbox"/>	<input type="checkbox"/>	
E-5. The most important thing about contraception is that it makes sex worry-free and enjoyable.	<input type="checkbox"/>	<input type="checkbox"/>	
E-6. If a woman uses contraception, it decreases her husband's love for her.	<input type="checkbox"/>	<input type="checkbox"/>	
E-7. You approve of using contraceptives to space births.	<input type="checkbox"/>	<input type="checkbox"/>	
E-8. The whole idea of contraception is unpleasant to you.	<input type="checkbox"/>	<input type="checkbox"/>	
E-9. You would avoid using a contraceptive method which requires an examination by a doctor.	<input type="checkbox"/>	<input type="checkbox"/>	
E-10. Even when contraceptives are not available, it is sometimes difficult to avoid having sex.	<input type="checkbox"/>	<input type="checkbox"/>	
E-11. Contraceptives should be used when breast-feeding the baby to avoid pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	
E-12. Contraceptives help to improve the health of the mother.	<input type="checkbox"/>	<input type="checkbox"/>	
E-13. Contraception sometimes spoils the health of the mother.	<input type="checkbox"/>	<input type="checkbox"/>	

F. SOCIAL CLIMATE AND CONTRACEPTIVE PERSUASION

F-1. What would you think of yourself holding a conversation about contraception. (READ LIST TO RESPONDENT)

- You could talk about it with anyone.
- You could talk about it a bit with almost anyone.
- You could talk about it only with relatives
- You could talk about it only with female relatives or close friends.
- You could talk about it freely only with your husband/wife.
- You are too embarrassed to talk about it with your husband/your wife.
- You are too embarrassed to talk about it with anyone.
- Other (SPECIFY) _____
- Don't Know, No Response

		<u>Yes</u>	<u>No</u>
F-2.	Have you ever advised a young couple to have two or three children?	<input type="checkbox"/>	<input type="checkbox"/>
F-3.	Do the people in your village envy a family with more than three children?	<input type="checkbox"/>	<input type="checkbox"/>
F-4.	Do the people in your village look down upon people who have no sons?	<input type="checkbox"/>	<input type="checkbox"/>

3. HEALTH ATTITUDES AND KNOWLEDGE

G-1. Now I would like to ask you some questions about young children and health. If a woman has a child 0 - 36 months of age, should she contact any Government or Private health personnel?

Yes
↓

No (SKIP TO G-3)

G-2. For what? (CHECK ALL THAT APPLY)

Illness care	<input type="checkbox"/>
Immunization	<input type="checkbox"/>
Well baby check	<input type="checkbox"/>
Other care	<input type="checkbox"/>

(GO TO G-3)

G-3. Suppose a child has an attack of fever with rash (measles): is it all right to feed the child or not?

All Right
(SKIP TO G-5)

Not All Right
↓

G-4. Why? (CHECK ALL THAT APPLY)

Child refused	<input type="checkbox"/>
Because of fever	<input type="checkbox"/>
Sick children should not be given food	<input type="checkbox"/>
Child had diarrhoea	<input type="checkbox"/>
Any other SPECIFY: _____	<input type="checkbox"/>

GO TO G-5

G. HEALTH ATTITUDES AND KNOWLEDGE (continued)

G-5. Suppose a child has diarrhoea, is it all right to feed the child during diarrhoea or not?

All Right
(SKIP TO G-7)

Not All Right
↓

G-6. Why? (CHECK ALL THAT APPLY)	
Food worsens diarrhoea	<input type="checkbox"/>
All food given during diarrhoea is lost in the stools	<input type="checkbox"/>
Child refused	<input type="checkbox"/>
Child was vomiting	<input type="checkbox"/>
Any other (SPECIFY) _____	<input type="checkbox"/>
(GO TO G-7)	

G-7. Do you think water should be given during diarrhoea or not?

Yes
↓

No
↓

G-8. Why? (CHECK ALL THAT APPLY)	
It replaces the water lost in the stools	<input type="checkbox"/>
Doctor health workers suggested	<input type="checkbox"/>
Friend, relative neighbor suggested	<input type="checkbox"/>
Child asked	<input type="checkbox"/>
Any other	<input type="checkbox"/>
SPECIFY _____	
GO TO G-10	

G-9. Why? (CHECK ALL THAT APPLY)	
It worsens diarrhoea	<input type="checkbox"/>
Child was vomiting	<input type="checkbox"/>
Child refused	<input type="checkbox"/>
Any other	<input type="checkbox"/>
SPECIFY _____	
GO TO G-10	

G. HEALTH ATTITUDES AND KNOWLEDGE (continued)

G-10. Have you heard of diarrhoea mixture (ORS)?

Yes
↓

No (SKIP TO G-15)

G-11. From whom? (CHECK ALL THAT APPLY)

PHC Doctor	<input type="checkbox"/>
ANM	<input type="checkbox"/>
Untrained local Dai	<input type="checkbox"/>
Trained local Dai	<input type="checkbox"/>
CHV/HG	<input type="checkbox"/>
Private Practitioner	<input type="checkbox"/>
Neighbor	<input type="checkbox"/>
Others	<input type="checkbox"/>

(SPECIFY) _____
(GO TO G-12)

G-12. Do you know how to make diarrhoea mixture or oral rehydration solution?

Yes
↓

No (SKIP TO G-14)

G-13. How is the diarrhoea mixture or oral rehydration solution made?

	<u>Tick If They Mention</u>	<u>Quantity</u>
Water	— —	— —
Sugar	— —	— —
Common salt	— —	— —
Baking soda	— —	— —
Lime	— —	— —
Any other (SPECIFY) _____	— —	— —

G. HEALTH ATTITUDES AND KNOWLEDGE (continued)

G-14. How often should the diarrhoea mixture be given?

- Don't know
- After each loose stool
- Very frequently (every 15 minutes)
- Every one hour
- Every two hours
- Every four hours
- Every six hours
- Whenever the child asked
- Other (SPECIFY) _____

G-15. Some children have shrunken appearance (Marasmus) or have swelling of the feet and face (Kwashiorkor). What do you think are the reasons? (CHECK ALL THAT ARE APPROPRIATE)

- Somebody cast an evil eye
- Because of worms
- Because of recurrent illness
- Change in food
- Lack of food
- Lack of solid food
- Stopped breast feeding
- Any other reason (SPECIFY) _____
- Don't know

G. HEALTH ATTITUDES AND KNOWLEDGE (continued)

G-16. How long do you think a child should be kept on breast milk only?

Don't Know	<input type="checkbox"/>	
	<u>Male</u>	<u>Female</u>
0 - 3 months	<input type="checkbox"/>	<input type="checkbox"/>
4 - 6 months	<input type="checkbox"/>	<input type="checkbox"/>
7 - 9 months	<input type="checkbox"/>	<input type="checkbox"/>
10 - 12 months	<input type="checkbox"/>	<input type="checkbox"/>
13 - 18 months	<input type="checkbox"/>	<input type="checkbox"/>
19 - 24 months	<input type="checkbox"/>	<input type="checkbox"/>
More than 24 months	<input type="checkbox"/>	<input type="checkbox"/>

G-17. When do you think one should start giving semi solid food to the child? (GIVE EXAMPLE OF A SEMI SOLID FOOD)

Below four months	<input type="checkbox"/>
During fourth month of age	<input type="checkbox"/>
During fifth month of age	<input type="checkbox"/>
During sixth month of age	<input type="checkbox"/>
During 7 - 9 months	<input type="checkbox"/>
During 10 - 12 months	<input type="checkbox"/>
During 13 - 18 months	<input type="checkbox"/>
During 19 - 24 months	<input type="checkbox"/>
More than 24 months	<input type="checkbox"/>
Not giving	<input type="checkbox"/>

G. HEALTH ATTITUDES AND KNOWLEDGE (continued)

G-18. Do you think a pregnant woman should go for prenatal care?

Yes
↓

No (SKIP TO G-21)

G-19. Who should she go to? (CHECK ALL THAT APPLY)

PHC Doctor

LHV (HAF)

ANM (HWF)

Trained local Dai

Untrained local Dai

Relative

Others

(SPECIFY) _____

G-20. What kind of care should she get during prenatal period? (CHECK ALL THAT APPLY)

Advice on diet

Injections

Tablets for strength

Abdominal examination

Vaginal examination

For tests

Illness care

Other care SPECIFY: _____

GO TO G-21.

G. HEALTH ATTITUDES AND KNOWLEDGE (continued)

G-21. Should a woman receive injections during pregnancy?

Yes
↓

No (SKIP TO G-23)

G-22. Do you know why injections are given during pregnancy? (CHECK ALL THAT APPLY)	
Don't know	<input type="checkbox"/>
To prevent tetanus in newborn	<input type="checkbox"/>
To prevent tetanus in mother	<input type="checkbox"/>
To give strength to mother and baby	<input type="checkbox"/>
Other (SPECIFY) _____	<input type="checkbox"/>
(GO TO G-23)	

G-23. Do you think a woman should eat more during pregnancy?

Yes

No

G-24. Who should attend the delivery of babies in your village?

- Trained local Dai
- Trained person (unspecified type)*
- Untrained local Dai
- Friend, Neighbor, Relative
- ANM (HW(F))
- LHV (HA(F))
- PHC Doctor
- Private Doctor (allopathic)
- Private Doctor (unspecified type)
- Others SPECIFY _____

G. HEALTH ATTITUDES AND KNOWLEDGE (continued)

G-25. Should a newborn baby be weighed in the first week of life?

Yes
(SKIP TO G-27)

No
↓

G-26. Why?	
No arrangements	<input type="checkbox"/>
Not necessary	<input type="checkbox"/>
someone will cast an evil eye	<input type="checkbox"/>
Mother-in-law objected	<input type="checkbox"/>
Other reasons	<input type="checkbox"/>
(SPECIFY) _____	
(GO TO G-27)	

G. HEALTH ATTITUDES AND KNOWLEDGE (continued)

G-27. What childhood diseases can be prevented by immunizations?
(CHECK ALL THAT APPLY)

Don't Know

- Diphtheria)
- Whooping Cough)
- Tetanus)
- Polio)
- Tuberculosis)

INTERVIEWER: PLEASE GO TO QUESTION G-28 IF THE ANSWER IS WITHIN THE BRACKETS.

G-28. Would you advise families in your village to take their children for immunizations?

Yes (GO TO G-30)

No



G-29. Why?	
Not effective	<input type="checkbox"/>
Causes fever	<input type="checkbox"/>
Causes swelling	<input type="checkbox"/>
Others (SPECIFY) _____	<input type="checkbox"/>
(GO TO G-30)	

G-30. Should a person get blood checked if she he has fever?

Yes

No SKIP TO H-11



G-31. Why?	
To find out if the person has malaria	<input type="checkbox"/>
To find out the cause of fever	<input type="checkbox"/>
Others SPECIFY _____	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

GO TO H-11

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H. MEDIA AND PERSONAL CONTACTS

H-1. Now could you tell me whether any of the following have talked with you since this time last year: (READ OUT THE LIST)

	<u>Yes</u>	<u>No</u>
1.-- The community health volunteer (health guide)	<input type="checkbox"/>	<input type="checkbox"/>
2. The Anganwadi Worker (where available)	<input type="checkbox"/>	<input type="checkbox"/>
3. The school teacher	<input type="checkbox"/>	<input type="checkbox"/>
4. The Female Health Worker	<input type="checkbox"/>	<input type="checkbox"/>
5. The Male Health Worker	<input type="checkbox"/>	<input type="checkbox"/>
6. The agricultural extension worker	<input type="checkbox"/>	<input type="checkbox"/>
7. A homeopathic physician	<input type="checkbox"/>	<input type="checkbox"/>
8. An allopathic physician	<input type="checkbox"/>	<input type="checkbox"/>
9. A hakim	<input type="checkbox"/>	<input type="checkbox"/>
10. An ayurvedic physician	<input type="checkbox"/>	<input type="checkbox"/>
11. A Dai	<input type="checkbox"/>	<input type="checkbox"/>
12. A health assistant (M)	<input type="checkbox"/>	<input type="checkbox"/>
13. A health assistant (F)	<input type="checkbox"/>	<input type="checkbox"/>
14. A block extension educator	<input type="checkbox"/>	<input type="checkbox"/>
15. A M.O.	<input type="checkbox"/>	<input type="checkbox"/>
16. A panchayat leader	<input type="checkbox"/>	<input type="checkbox"/>
17. A local leader	<input type="checkbox"/>	<input type="checkbox"/>
18. Others SPECIFY: _____	<input type="checkbox"/>	<input type="checkbox"/>

H-2. Did you, since this time last year, talk to any of them about family planning?

Yes

No SKIP TO H-3



<p>INTERVIEWER: READ LIST ABOVE AND CIRCLE THOSE WITH WHOM DISCUSSED FAMILY PLANNING</p>
--

H. MEDIA AND PERSONAL CONTACTS (continued)

H-3. Do you listen to the radio?

Yes
↓

No (SKIP TO H-7)

H-4. How often?

At what hour?

(GO TO H-5)

H-5. Do you listen to any special 'audience programmes'?

Yes
↓

No (SKIP TO H-7)

H-6. Which programmes?

Vivid Bharati _____

Kisan's programme _____

Rural audience programme _____

Mother's Women's programme _____

Industrial workers programme _____

Kamgra's programme _____

Children's programme _____

Tuavavi programme _____

Health programme _____

Any other SPECIFY _____

GO TO H-7

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H. MEDIA AND PERSONAL CONTACTS (continued)

H-7. Do you watch television?

Yes
↓

No (SKIP TO H-9)

H-8. How often?

At what hours?

(GO TO H-9)

H-9. Do you read magazines or newspapers?

Yes
↓

No (SKIP TO H-11)

H-10. Which ones?

(GO TO H-11)

H-11. Have you, since this time last year, heard or seen anything about family planning on the radio or television or in a magazine or newspaper?

Yes
↓

No SKIP TO H-13)

H-12. Where? PLEASE READ OUT LIST)	H-12a. How often?
Radio _____	_____
Television _____	_____
Magazine _____	_____
Newspaper _____	_____ 68

H. MEDIA AND PERSONAL CONTACTS (continued)

H-13. Have you seen any family planning posters or hoardings since this time last year?

Yes

No

H-14. Have you seen any movies since this time last year in a theater (not on T.V.)?

Yes

No (SKIP TO H-15a)



H-15. Was there anything about family planning connected with those movies?

Yes

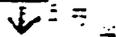
No

(GO TO H-15a)

H-15a. Have you seen any movies since this time last year in the village (not on T.V.)?

Yes

No (SKIP TO H-16)



H-15b. Was there anything about family planning connected with those movies?

Yes

No

(GO TO H-16)

H-16. Since this time last year, have you talked about family planning with any of your friends, relatives, and neighbors?

Yes

No

H-17. Have you seen a family planning pamphlet or leaflet since this time last year?

Yes

No

H. MEDIA AND PERSONAL CONTACTS (continued)

H-18. Have you been to an "Orientation Training Camp" in family planning?

Yes
↓

No (SKIP TO H-20a)

H-19. Was this in the last one year?
 Yes No
(GO TO H-20a)

H-20a. Since this time last year, have you seen a song and drama (Jathra/Harikatha/puppet show) about family planning?

Yes

No

H-20b. How about an exhibition?

Yes

No

H-21. Through which particular media of communication do you think people in your village would like to get information on family planning? (PLEASE READ LIST)

	<u>Yes</u>	<u>No</u>
Radio	_____	_____
Television	_____	_____
Performing media like song, drama, etc.	_____	_____
Posters, hoarding	_____	_____
Exhibition	_____	_____
Pamphlets	_____	_____
Newspaper	_____	_____
Word of mouth Interpersonal communication	_____	_____
Films movies	_____	_____

I. RUMOURS

I-1. Have you heard any bad things (rumours/misconceptions) about immunizations?

Yes
↓

No (SKIP TO I-3)

I-2. What did you hear? (RECORD IN DETAIL)

(GO TO I-3)

I-3. Have you heard any bad things (rumours/misconceptions) about contraception?

Yes
↓

No (SKIP TO J-1)

I-4. What did you hear? (RECORD IN DETAIL BY NAME OF METHOD)

(GO TO J-1)

COMMUNICATIONS NEEDS ASSESSMENT

1983

IRHP IEC SURVEY

CURRENTLY MARRIED WOMEN UNDER

45 YEARS OF AGE

STATE: _____

VILLAGE: _____

TEHSIL OR TALUK/BLOCK: _____

DISTRICT: _____

HOUSE NO: _____

NAME OF HEAD OF HOUSEHOLD: _____

NAME OF RESPONDENT: _____

INTERVIEWER'S NAME: _____

DATE OF INTERVIEW: _____

RESULT OF INTERVIEW (CIRCLE APPROPRIATE CODE):

1. Interview completed
2. Interview only partly completed
3. Refusal: no interview obtained
4. Nobody at home
5. Respondent not at home
6. Other (SPECIFY): _____

NOTE TO INTERVIEWER

PLEASE DO NOT READ OUT THE ANSWERS TO THE QUESTIONS EXCEPT WHEN EXPLICITLY INSTRUCTED TO DO SO. WHEN THE RESPONDENT ANSWERS, MARK THE APPROPRIATE BOXES.

C. FERTILITY PREFERENCES

C-1. At what age did you get married? _____ years.

C-1a. At what age did your marriage consummate? _____ years.

C-2. May I know about the children you have borne so far? How many of those children are living with you in this house?

_____ Total _____ Male _____ Female

C-3. How many of your children are no longer living with you?

_____ Total _____ Male _____ Female

C-4. Have you had any children who were born alive but later died?

No
(SKIP to C-5)

Yes
↓

C-4a. How many?	
_____	Total
_____	Male
_____	Female
(GO TO C-5)	

IF RESPONDENT HAS NOT BORNE ANY CHILD, SKIP TO C7.

C-5. At what age did you have your first pregnancy? _____ years

C-5a. How many years after consummation of marriage was your first pregnancy? _____ years

C-6. In general, what has been the number of years between your children? _____ years

C. FERTILITY PREFERENCES (continued)

C-7. Do you want any more children?

(IF RESPONDENT HAS HAD NO CHILD, ASK: Do you want any children?)

Yes

Not Sure

No

C-8. If you could choose exactly the number of children to have in your whole life, how many children would that be?

Number (ACCEPT RANGE)

None
(SKIP TO C-10)

Don't Know
(SKIP TO C-10)



C-9. Of these how many would you want to be boys, and how many girls?

_____ Boys _____ Girls _____ does not matter

(GO TO C-10)

C. FERTILITY PREFERENCES (continued)

C-10. Do you think it is good to have a large family?

Yes
↓

No
↓

C-11. Why? (CHECK ALL THAT APPLY)	C-12. Why? (CHECK ALL THAT APPLY)
1. So that there will be more persons to help the family. <input type="checkbox"/>	1. Because another child will be a financial burden. <input type="checkbox"/>
2. Because you want to have enough boys. <input type="checkbox"/>	2. Because two children is an ideal family. <input type="checkbox"/>
3. To be sure that in your old age you will have someone to help you. <input type="checkbox"/>	3. Because of the worries children cause when they are sick. <input type="checkbox"/>
4. To help you carry your family name. <input type="checkbox"/>	4. More children will mean fragmentation of land. <input type="checkbox"/>
5. Because a large family means a strong family. <input type="checkbox"/>	5. Not good for mother's health. <input type="checkbox"/>
6. To make sure at least one child survives. <input type="checkbox"/>	6. Because another child will be a lot of work and bother for you. <input type="checkbox"/>
7. Mother-in-law wants more children. <input type="checkbox"/>	7. Because your husband and you are too old for another child. <input type="checkbox"/>
8. Others (SPECIFY) _____ _____ _____	8. Because you would not be able to give enough care and attention to all children too hard to discipline and control them. <input type="checkbox"/>
	9. Others (SPECIFY) _____ _____ _____
GO TO C-13	GO TO C-13

C. FERTILITY PREFERENCES (continued)

C-13. Now let me ask you about the ideal length of time between children. If you could have your children at the times you wanted, how many years would you want between each child?

_____ Years (ACCEPT RANGE)

IF THE RESPONDENT SAYS THREE YEARS OR MORE, ASK QUESTION NO. C-14

IF THE RESPONDENT SAYS LESS THAN THREE YEARS, ASK QUESTION NO. C-15

C-14. Why? (CHECK ALL THAT APPLY)	C-15. Why? (CHECK ALL THAT APPLY)
1. Having children too close together weakens the mother. <input type="checkbox"/>	1. Having children close together means you can complete your family sooner. <input type="checkbox"/>
2. Having children too close together weakens the children. <input type="checkbox"/>	2. Having children close together means the children can share their clothes and books. <input type="checkbox"/>
3. Having children too close together makes it harder to take care of them. <input type="checkbox"/>	3. Having children close together means you will be sure to have enough children. <input type="checkbox"/>
4. Having children too close together makes them fall sick more frequently. <input type="checkbox"/>	4. Having children close together makes your husband happy. <input type="checkbox"/>
5. Difficult for parents to arrange marriage/college etc. later in life <input type="checkbox"/>	5. Having children close together makes your mother-in-law happy. <input type="checkbox"/>
6. Others (SPECIFY) _____ _____ _____	6. Others (SPECIFY) _____ _____ _____
GO TO C-16)	GO TO C-16)

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C. FERTILITY PREFERENCES (continued)

C-16. At what age do you think a girl should get married?

_____ Years

IF RESPONDENT SAYS BELOW 20 YEARS, ASK NO. C-17

IF RESPONDENT SAYS 20 YEARS OR ABOVE, ASK NO. C-18

C-17. Why? (CHECK ALL THAT APPLY)

- 1. The girl is certain to get a good husband.
- 2. To please her parents.
- 3. Easier to adjust to her husband and his family.
- 4. To have children before she is too old.
- 5. To relieve social burden on parents.
- 6. Late marriage is a social stigma.
- 7. Others (SPECIFY) _____

C-18. Why? (CHECK ALL THAT APPLY)

- 1. The girl is physically mature
- 2. The girl is emotionally mature.
- 3. The girl is old enough to have children safely.
- 4. A girl who marries very young is likely to have too many children.
- 5. A girl who marries very young will have a very weak first baby.
- 6. If a girl marries very young, her health may be endangered by the first birth.
- 7. A girl who marries later can get more education.
- 8. A girl who marries later can look after herself and family better.
- 9. Others (SPECIFY) _____

(GO TO C-19)

(GO TO C-19)

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C. FERTILITY PREFERENCES (continued)

C-19. How long after consummation of marriage do you think a woman should have her first pregnancy?

- Less than 1 year
- 1 - 2 years
- More than 2 years

C-20. At what age do you think it is best for a woman to have her first pregnancy?

_____ Years

IF THE RESPONDENT SAYS BELOW 18 YEARS, ASK NO. C-21

IF THE RESPONDENT SAYS 18 YEARS OR ABOVE, ASK NO. C-22

C-21. Why? (CHECK ALL THAT APPLY)	C-22. Why? (CHECK ALL THAT APPLY)
1. To please your husband. <input type="checkbox"/>	1. To wait until your body and mind are more mature. <input type="checkbox"/>
2. To have a complete family as soon as possible. <input type="checkbox"/>	2. A woman who has her first pregnancy very early will have too many children. <input type="checkbox"/>
3. To make a woman of you instead of a girl. <input type="checkbox"/>	3. To give the first baby a better chance to live. <input type="checkbox"/>
4. To make you more important in your family. <input type="checkbox"/>	4. To keep you looking young longer. <input type="checkbox"/>
5. To please your mother-in-law. <input type="checkbox"/>	5. To give more help to your husband in making money. <input type="checkbox"/>
6. To make family life harmonious and stable. <input type="checkbox"/>	6. To complete education. <input type="checkbox"/>
7. To avoid criticism of being infertile. <input type="checkbox"/>	7. Not yet settled financially. <input type="checkbox"/>
8. Others <input type="checkbox"/> SPECIFY: _____	8. Others <input type="checkbox"/> SPECIFY: _____
GO TO C-23	GO TO C-23

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C. FERTILITY PREFERENCES (continued)

C-23. What do you think is the best age for a woman to stop having children? (ONLY CHECK BOX IF RESPONDENT GIVES THAT ANSWER, OTHERWISE WRITE THE AGE IN YEARS)

Age in Years _____ After Completing Family

D. CONTRACEPTIVE KNOWLEDGE, USE AND ACCESSIBILITY

D-1. Have you heard of any method of preventing pregnancy (contraceptive method)?

Have Heard
(GO TO D-2)

Have Not Heard (IF "Not heard any" IS CONFIRMED, THEN SKIP TO E-1. OTHERWISE, CONTINUE WITH D-2)

Question Method	D-2. What methods have you heard about? (INTERVIEWER: AFTER OBTAINING SPONTANEOUS ANSWERS, ASK METHOD BY METHOD: "Have you heard of _____")		D-3. IF HAS HEARD OF, ASK: Do you know how to use _____?		D-4. Have you or your husband ever used it?		D-5. Are you currently using it?	
	Spontaneous	After Naming Method	Yes	No	Yes	No	Yes	No
Oral Pill								
*Jelly, cream, foam, foaming tablet								
Condom								
Vasectomy	⊖ ⊖ ⊖ ⊖							
Female Sterilization								
*Loop or Cu-T								
Induced abortion or menstrual regulation								
Rhythm*1								
Abstinence								
Withdrawal								
Douche								
Other (SPECIFY) _____								

*CIRCLE WHICH METHOD)

*1. Rhythm method (safe period) = A week before and a week after mensus is called Safe Period.

D. CONTRACEPTIVE KNOWLEDGE, USE AND ACCESSIBILITY (continued)

D-6. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED OR CURRENTLY USING THE ORAL PILL. ASK): You say you have heard of (used) (currently using) the oral pill. What are the advantages of the pill?

- Safe
- Very reliable
- Easy to stop if you want another child
- Easy to obtain
- Easy to take
- Other (SPECIFY) _____
- Don't Know, No Response

D-7. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED OR CURRENTLY USING THE ORAL PILL, ASK): You say you have heard of (used) (currently using) the oral pill. What are the disadvantages of the pill?

- Nausea and vomiting
- Increase in weight
- Dangerous to health
- Hard to remember to take every day
- Other (SPECIFY) _____
- None
- Don't Know, No Response

D-8. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED (CURRENTLY USING) THE LOOP OR CU-T, ASK): You say you have heard of (used) (currently using) the Loop or CU-T. What are the advantages of the Loop or CU-T?

- It is a one time method
- Very reliable
- Easily removed, if necessary
- Ideal for spacing
- Other (SPECIFY) _____

D. CONTRACEPTIVE KNOWLEDGE, USE AND ACCESSIBILITY (continued)

D-9. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED (CURRENTLY USING) THE LOOP OR CU-T, ASK): What are the disadvantages of the loop or CU-T?

- Infections
- Perforation
- Backache
- Excessive Bleeding
- Spotting
- Discomfort for husband
- Hard to obtain
- White discharge
- Other (SPECIFY) _____
- None
- Don't Know, No Response

D-10. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED OR CURRENTLY USING THE CONDOM, ASK): You say you have heard of (used) or currently using the condom. What are the advantages of the condom?

- Easy to obtain
- Simple to use
- No side effects
- Other (SPECIFY) _____
- Don't Know, No Response

D. CONTRACEPTIVE KNOWLEDGE, USE AND ACCESSIBILITY (continued)

D-11. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR USED OR (CURRENTLY USING) THE CONDOM ASK): What are the disadvantages of the condom?

- Decreases sexual pleasure
- Hard to remember to use
- Hard to obtain
- Bursts
- Difficult to store
- Difficult to dispose of
- Unreliable
- Spreads immorality
- Other (SPECIFY) _____
- None
- Don't Know, No Response

D-12. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OF OR HAD FEMALE STERILIZATION, ASK): You say you have heard of (had) female sterilization. What are the advantages of female sterilization?

- It is a permanent method
- Very reliable
- No interference with sexual pleasure
- Safe
- Other (SPECIFY) _____
- Don't Know, No Response

D. CONTRACEPTIVE KNOWLEDGE, USE AND ACCESSIBILITY (continued)

D-13. (REFER TO D-2, D-3, D-4 and D-5. IF HAS HEARD OF (HAD) FEMALE STERILIZATION, ASK): What are the disadvantages of female sterilization?

- You can never have any more children
- Major operation
- Hospitalization - 7 days
- Cannot do domestic work for 15 days
- Other (SPECIFY) _____
- None
- Don't Know, No Response

D-14. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OR HUSBAND HAS HAD VASECTOMY, ASK): You say you have heard (husband had vasectomy). What are the advantages of vasectomy?

- It is a permanent method
- No need to be admitted in the hospital
- No interference with sexual pleasure
- Safe
- Recanalization sometimes possible
- Other (SPECIFY) _____
- Don't Know, No Response

D-15. (REFER TO D-2, D-3, D-4 AND D-5. IF HAS HEARD OR HUSBAND HAD VASECTOMY, ASK): You say you have heard of (husband had vasectomy). What are the disadvantages of vasectomy?

- You can never bear more children if you change your mind
- Failure of vasectomy
- Virility is lost
- Cannot do work for 7 days
- Other (SPECIFY) _____
- None

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E. CONTRACEPTIVE ATTITUDES

Now, let me read you a list of statements about attitudes towards contraception. Please just tell me whether you agree or disagree with each statement. First:

	<u>Agree</u>	<u>Disagree</u>	<u>Both Equally</u>
E-1. It is primarily the woman's responsibility to take contraceptive precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-2. It is primarily the man's responsibility to take contraceptive precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-3. You approve of using contraception to postpone having the first child.	<input type="checkbox"/>	<input type="checkbox"/>	
E-4. Your husband approves of using contraception to postpone having the first child.	<input type="checkbox"/>	<input type="checkbox"/>	
E-5. You would prefer a contraceptive method which is used by the man.	<input type="checkbox"/>	<input type="checkbox"/>	
E-6. The most important thing about contraception is that it makes sex worry-free and enjoyable.	<input type="checkbox"/>	<input type="checkbox"/>	
E-7. If a woman uses contraception, it decreases her husband's love for her.	<input type="checkbox"/>	<input type="checkbox"/>	
E-8. You approve of using contraceptives to space births.	<input type="checkbox"/>	<input type="checkbox"/>	
E-9. Your husband approves of using contraceptives to space births.	<input type="checkbox"/>	<input type="checkbox"/>	
E-10. The whole idea of contraception is unpleasant to you.	<input type="checkbox"/>	<input type="checkbox"/>	
E-11. The whole idea of contraception is unpleasant to your husband.	<input type="checkbox"/>	<input type="checkbox"/>	
E-12. You would avoid using a contraceptive method which requires an examination by a doctor.	<input type="checkbox"/>	<input type="checkbox"/>	
E-13. Even when contraceptives are not available it is sometimes difficult to avoid having sex.	<input type="checkbox"/>	<input type="checkbox"/>	
E-14. Contraceptives should be used when breast-feeding the baby to avoid pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	
E-15. Contraception helps to improve the health of the mother.	<input type="checkbox"/>	<input type="checkbox"/>	
E-16. Contraception sometimes spoils the health of the mother.	<input type="checkbox"/>	<input type="checkbox"/>	

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F. SOCIAL CLIMATE AND CONTRACEPTIVE PERSUASION

F-1. What would you think of yourself holding a conversation about contraception? (READ LIST TO RESPONDENT)

- You could talk about it with any one.
- You could talk about it a bit with almost anyone.
- You could talk about it only with relatives.
- You could talk about it freely only with female relatives or close friends.
- You could talk about it freely only with your husband.
- You are too embarrassed to talk about it with your husband.
- You are too embarrassed to talk about it with anyone.
- Other (SPECIFY) _____
- Don't Know, No Response

F-2. Is there any one who is against your use of contraceptives? Your parents-in-law, or your husband, for instance, or someone else?

- Yes
- No (SKIP TO F-4)

F-3. Who is that?

 (GO TO F-4)

F-4. Who among the following are using contraceptives?

- | | | | | |
|------------|-----|--------------------------|----|--------------------------|
| Friends | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Relatives | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Neighbors | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| None | | <input type="checkbox"/> | | <input type="checkbox"/> |
| Don't Know | | <input type="checkbox"/> | | <input type="checkbox"/> |

F. SOCIAL CLIMATE AND CONTRACEPTIVE PERSUASION (continued)

	<u>Yes</u>	<u>No</u>
F-5. Does your husband talk about matters of contraception with you?	<input type="checkbox"/>	<input type="checkbox"/>
F-6. Does your husband object if you use a contraceptive?	<input type="checkbox"/>	<input type="checkbox"/>
F-7. Have you ever advised a young couple to have two or three children?	<input type="checkbox"/>	<input type="checkbox"/>
F-8. Do your friends or neighbors envy a family with more than three children?	<input type="checkbox"/>	<input type="checkbox"/>
F-9. Do your friends and neighbors look down upon people who have no sons?	<input type="checkbox"/>	<input type="checkbox"/>

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE

Interviewer: REFER TO C-2, C-3, AND C-4. IF RESPONDENT HAS HAD NO BIRTHS, SKIP TO H-1. OTHERWISE CONTINUE WITH G-1.

G-1. Now I would like to ask you some questions about young children and health. When did you have your last delivery?

_____ months/years ago.

INTERVIEWER: IF LAST DELIVERY WAS MORE THAN 36 MONTHS (3 YEARS) AGO, SKIP TO H-1. OTHERWISE CONTINUE WITH G-2.

G-2. Did you contact any Government or Private health personnel since this time last year for your children 0 months - 36 months of age?

Yes

No (SKIP TO G-4)



G-3. For what? (CHECK ALL THAT APPLY)	
Illness care	<input type="checkbox"/>
Immunization	<input type="checkbox"/>
Well baby check	<input type="checkbox"/>
Other care	<input type="checkbox"/>
(GO TO G-4)	

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G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-4. Did any of your children * 1 month - 36 months have the following since this time last year. (ENTER ALL THAT APPLY)

1	2	3	4 5		6	7	8	9
Disease	No	Yes	Took Treatment		From whom (SEE KEY-1)	IF NOT GOVERNMENT: Why didn't you show the child to the health center staff? (SEE KEY-2)	IF NO CARE: Why didn't you show the child to anyone? (SEE KEY-2)	What happened to the child?
			No	Yes				
Cough, fever breathlessness								
Measles								
Shrunken appearance, old man's face (Marasmus) or swelling of face and feet (Kwashiorkor)								
Diarrhcea								
Malaria								

PLEASE NOTE: USE SEPARATE SHEET FOR EACH CHILD)

* INTERVIEWER: PLEASE USE THE LOCAL TERM FOR 40 DAYS.

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-5. Suppose a child has an attack of fever with rash (measles); is it alright to feed the child or not?

All Right
(SKIP TO G-7)

Not All Right
↓

G-6. Why? (CHECK ALL THAT APPLY)	
Child refused	<input type="checkbox"/>
Because of fever	<input type="checkbox"/>
Sick children should not be given food	<input type="checkbox"/>
Child had diarrhoea	<input type="checkbox"/>
Any other (SPECIFY) _____	<input type="checkbox"/>
(GO TO G-7)	

G-7. Suppose a child has diarrhoea, is it all right to feed the child during diarrhoea or not?

All Right
(SKIP TO G-9)

Not All Right
↓

G-8. Why? (CHECK ALL THAT APPLY)	
Food worsens diarrhoea	<input type="checkbox"/>
All food given during diarrhoea is lost in the stools	<input type="checkbox"/>
Child refused	<input type="checkbox"/>
Child was vomiting	<input type="checkbox"/>
Any other (SPECIFY) _____	<input type="checkbox"/>
(GO TO G-9)	

G-9. Do you think you should give water during diarrhoea or not?

Yes
GO TO G-10

No
GO TO G-11

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

<p>G-10. Why? (CHECK ALL THAT APPLY)</p> <p>It replaces the water lost in the stools <input type="checkbox"/></p> <p>Doctor/health workers suggested <input type="checkbox"/></p> <p>Friend/relative/neighbor suggested <input type="checkbox"/></p> <p>Child asked <input type="checkbox"/></p> <p>Any other <input type="checkbox"/></p> <p>(SPECIFY) _____</p> <p>(GO TO G-12)</p>	<p>G-11. Why? (CHECK ALL THAT APPLY)</p> <p>It worsens diarrhoea <input type="checkbox"/></p> <p>Child was vomiting <input type="checkbox"/></p> <p>Child refused <input type="checkbox"/></p> <p>Any other <input type="checkbox"/></p> <p>(SPECIFY) _____</p> <p>(GO TO G-12)</p>
---	---

G-12. Have you heard of diarrhoea mixture (ORS)?

Yes
↓

No
(SKIP TO G-18)

G-13. From whom? (CHECK ALL THAT APPLY)	
PHC Doctor	<input type="checkbox"/>
ANM	<input type="checkbox"/>
Untrained local Dai	<input type="checkbox"/>
Trained local Dai	<input type="checkbox"/>
CHV HG	<input type="checkbox"/>
Private Practitioner	<input type="checkbox"/>
Neighbor	<input type="checkbox"/>
Others	<input type="checkbox"/>
SPECIFY: _____	
GO TO G-14)	

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-14. Do you know how to make diarrhoea mixture or oral rehydration solution?

Yes

No (SKIP TO G-16)



G-15. How do you make diarrhoea mixture or oral rehydration solution?

	<u>Tick If They Mention</u>	<u>Quantity</u>
Water	<input type="checkbox"/>	<input type="checkbox"/>
Sugar	<input type="checkbox"/>	<input type="checkbox"/>
Common salt	<input type="checkbox"/>	<input type="checkbox"/>
Baking soda	<input type="checkbox"/>	<input type="checkbox"/>
Lime	<input type="checkbox"/>	<input type="checkbox"/>
Any other (SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>

(GO TO G-16)

G-16. Have you ever used the above?

Yes

No (SKIP TO G-18)



G-17. How often was it given?

After each loose stool	<input type="checkbox"/>
Very frequently (every 15 minutes)	<input type="checkbox"/>
Every one hour	<input type="checkbox"/>
Every two hours	<input type="checkbox"/>
Every four hours	<input type="checkbox"/>
Every six hours	<input type="checkbox"/>
Whenever the child asked	<input type="checkbox"/>
Other SPECIFY _____	<input type="checkbox"/>

(GO TO G-18)

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-18. Some children have shrunken appearance (Marasmus) or have swelling of the feet and face (Kwashiorkor). What do you think are the reasons? (CHECK ALL THAT ARE APPROPRIATE)

- Somebody cast an evil eye
- Because of worms
- Because of recurrent illness
- Change in food
- Lack of food
- Lack of solid food
- Stopped breast feeding
- Any other reason (SPECIFY) _____
- Don't Know

Best Available Document

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-22. Let me ask you now about your last delivery. Did you receive any prenatal care?

Yes
↓

No (SKIP TO G-25)

G-23. Who did you receive care from? (CHECK ALL THAT APPLY)

PHC Doctor	<input type="checkbox"/>
LHV (HAF)	<input type="checkbox"/>
ANM (HWF)	<input type="checkbox"/>
Trained local Dai	<input type="checkbox"/>
Untrained local Dai	<input type="checkbox"/>
Relative	<input type="checkbox"/>
Others	<input type="checkbox"/>
(SPECIFY) _____	<input type="checkbox"/>

G-24. What kind of care? (CHECK ALL THAT APPLY)

Gave advice on diet	<input type="checkbox"/>
Gave injections	<input type="checkbox"/>
Gave tablets for strength	<input type="checkbox"/>
Did abdominal examination	<input type="checkbox"/>
Did vaginal examination	<input type="checkbox"/>
Tests done	<input type="checkbox"/>
Illness care	<input type="checkbox"/>
Other care (SPECIFY) _____	<input type="checkbox"/>

GO TO G-25)

G-25. Do you think an examination in the clinic during pregnancy is good?

Yes

No

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-26. Did you go to a Government clinic during your last pregnancy?

Yes (GO TO G-27)



No (GO TO G-28)



<p>G-27. What was done? (CHECK ALL THAT APPLY)</p> <p>Blood test done <input type="checkbox"/></p> <p>Urine test done <input type="checkbox"/></p> <p>Tablets for strength given <input type="checkbox"/></p> <p>Weight taken <input type="checkbox"/></p> <p>Injections given <input type="checkbox"/></p> <p>To see that the baby is growing well <input type="checkbox"/></p> <p>Any problem to the mother/baby detected early <input type="checkbox"/></p> <p>Others (SPECIFY) _____ <input type="checkbox"/></p> <p>_____</p> <p>(GO TO G-29)</p>	<p>G-28. Why? (CHECK ALL THAT APPLY)</p> <p>Not required <input type="checkbox"/></p> <p>Have to wait too long <input type="checkbox"/></p> <p>Not enough attention paid <input type="checkbox"/></p> <p>No such care during the previous pregnancies <input type="checkbox"/></p> <p>Dai gives care at home <input type="checkbox"/></p> <p>Don't want injections <input type="checkbox"/></p> <p>Clinic too far <input type="checkbox"/></p> <p>Medicines not available <input type="checkbox"/></p> <p>Mother-in-law won't give permission <input type="checkbox"/></p> <p>Others (SPECIFY) _____ <input type="checkbox"/></p> <p>_____</p> <p>(GO TO G-29)</p>
--	--

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-29. Did you receive injections during pregnancy?

Yes
↓

No (SKIP TO G-31)

G-30. What were those injections for? (CHECK ALL THAT APPLY)

Don't know	<input type="checkbox"/>
To prevent tetanus in newborn	<input type="checkbox"/>
To prevent tetanus in mother	<input type="checkbox"/>
To give strength to mother and baby	<input type="checkbox"/>
Other (SPECIFY) _____	<input type="checkbox"/>

(GO TO G-31)

G-31. Do you think a woman should eat more during pregnancy?

Yes

No

G-32. Did you take any tablets for strength during your last pregnancy?

Yes
↓

No (SKIP TO G-34)

G-33. Why did you take them? (CHECK ALL THAT APPLY)

Don't know	<input type="checkbox"/>
Doctor advised	<input type="checkbox"/>
Health workers advised	<input type="checkbox"/>
For strength	<input type="checkbox"/>
To make the baby healthy	<input type="checkbox"/>
Other (SPECIFY) _____	<input type="checkbox"/>

GO TO G-34)

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-34. Do you think doing heavy work during the last three months of pregnancy is harmful?

Yes

No

G-35. Now let me ask you about your health during your last pregnancy. Please tell me whether you had any of the following problems and who did you go to for help?

(PLEASE READ OUT THE LIST)

PROBLEM	NO	YES	IF YES, *PERSON CONTACTED
Swelling of feet			
Headache/giddines			
Bleeding from the vagina			
Discharge from the womb			
Frequent vomiting			
Baby stopped moving inside			

*PLEASE PUT THE APPROPRIATE NUMBER SHOWN IN THE KEY:

1. PHC Doctor
2. LHV (HA(F))
3. ANM (HW(F))
4. Hakim/Ayurved (allopathic) (Government)
5. Trained local Dai
6. Untrained local Dai
7. HG
8. Private Doctor
9. Private Doctor (unspecified type)
10. Neighbor/Relative/Friend
11. None

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-36. Who delivered your baby?

- Trained local Dai
- Untrained local Dai
- Friend/Neighbor/Relative
- ANM (HW(F))
- LHV (HA(F))
- PHC Doctor
- Private Doctor
- Others (SPECIFY) _____

G-37. Where was the baby delivered?

- | | | | |
|-------------------------------|--------------|--------------------------|---|
| <input type="checkbox"/> Home | Nursing home | <input type="checkbox"/> |) |
| | PHC | <input type="checkbox"/> |) |
| | Hospital | <input type="checkbox"/> |) |
| | | |) |
- SKIP TO G-40

G-38. Did you have a special room ready for delivery?

Yes No

G-39. Did you plaster the floor with fresh cowdung?

Yes No

(GO TO G-40)

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-40. What did you give the baby in the first 2 hours after birth?

- Breast milk
- Sweet water
- Honey
- Nothing
- Janam ghutti
- Other (SPECIFY) _____

G-41. When did you give the first breast feed?

- 0 - 2 hours after birth (SKIP TO G-43)
- 2 - 6 hours after birth (SKIP TO G-43)
- 6 - 8 hours after birth (SKIP TO G-43)
- 9 - 16 hours after birth)
- 17 - 24 hours after birth)
- More than 24 hours)

INTERVIEWER: PLEASE GO TO G-42 IF THE ANSWER IS WITHIN THE TIME PERIOD IN THE BRACKET.



G-42. Why did you wait until 9 hours or more to give breast milk?

- Dai suggested
- Health worker suggested
- Mother-in-law suggested
- Infant was sleeping
- Waited for sister-in-law/relative
- Waited for sunset/sunrise
- Female child
- Others (SPECIFY) _____

GO TO G-43

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-43. What was applied on the cord?

- Ghee
- Ash
- Medicines
- Nothing
- Other (SPECIFY) _____

G-44. Was the baby given a bath immediately after birth?

- Yes No

G-45. Should a baby be laid on its back or on its side after feeding?

- On its back
- On its side
- Burp the Baby first,
then put him/her on
his/her back

===

G-46. Was your newborn weighed in the first week of life?

- Yes No
- (SKIP TO G-48)



G-47. Why?	
No arrangements	_____
Not necessary	_____
Someone will cast an evil eye	_____
Mother-in-law objected	_____
Other reasons (SPECIFY) _____	_____
(GO TO G-48)	

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-48. Did you get your baby weighed subsequently?

Yes
↓

No (SKIP TO G-50)

G-49. How often?	
Once a month	<input type="checkbox"/>
Once in 2 months	<input type="checkbox"/>
Once in 3 months	<input type="checkbox"/>
Once in 4 - 6 months	<input type="checkbox"/>
Once a year	<input type="checkbox"/>
(GO TO G-50)	

G-50. Did your baby ever have any of these problems from birth until one month of age? (PLEASE READ OUT THE LIST)

PROBLEM	NO	YES	DIED	Took Treatment (SEE KEY)
Did't cry at birth				
Became blue				
Had difficulty in breathing				
Fever				
Infected umbilicus				
Convulsions				
Very small/weak baby				
Yellow skin				
Difficulty in sucking				

KEY

1. PHC Doctor
2. LHW (HA, F)
3. ANM (HW, F)
4. HW (M)
5. CHV HG
6. Trained local Dai
7. Untrained local Dai
8. Private Doctor
9. Ayurvedic Doctor (Allopathic) (Government)
10. Hakim (Government)
11. Priest
12. Others mention who _____
13. Self medication
14. Household remedies
15. Pharmacist (Private)

G. HEALTH PRACTICES, ATTITUDES AND KNOWLEDGE (continued)

G-51. What childhood diseases can be prevented by immunizations?
(CHECK ALL THAT APPLY)

- Don't know
- Diphtheria
- Whooping Cough
- Tetanus
- Polio
- Tuberculosis

G-52. Should you get your blood checked if you have fever?

- Yes No

H. MEDIA AND PERSONAL CONTACTS (continued)

H-1. Now could you tell me whether any of the following have talked with you since this time last year: (READ OUT THE LIST)

	<u>YES</u>	<u>NO</u>
1. The community health volunteer (health guide)	<input type="checkbox"/>	<input type="checkbox"/>
2. The Anganwadi Worker (where available)	<input type="checkbox"/>	<input type="checkbox"/>
3. The school teacher	<input type="checkbox"/>	<input type="checkbox"/>
4. The Female Health Worker	<input type="checkbox"/>	<input type="checkbox"/>
5. The Male Health Worker	<input type="checkbox"/>	<input type="checkbox"/>
6. A homeopathic physician	<input type="checkbox"/>	<input type="checkbox"/>
7. An allopathic physician	<input type="checkbox"/>	<input type="checkbox"/>
8. A hakim	<input type="checkbox"/>	<input type="checkbox"/>
9. An ayurvedic physician	<input type="checkbox"/>	<input type="checkbox"/>
10. A dai	<input type="checkbox"/>	<input type="checkbox"/>
11. A health assistant (M)	<input type="checkbox"/>	<input type="checkbox"/>
12. A health assistant (F)	<input type="checkbox"/>	<input type="checkbox"/>
13. A block extension educator	<input type="checkbox"/>	<input type="checkbox"/>
14. A.M.O.	<input type="checkbox"/>	<input type="checkbox"/>
15. A panchayat leader	<input type="checkbox"/>	<input type="checkbox"/>
16. A local leader	<input type="checkbox"/>	<input type="checkbox"/>
17. Others (SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>

H-2. Did you, since this time last year, talk to any of them about family planning?

Yes
↓

No SKIP TO H-3)

INTERVIEWER: READ LIST ABOVE AND CIRCLE THOSE WITH WHOM DISCUSSED FAMILY PLANNING

H. MEDIA AND PERSONAL CONTACTS (continued)

H-3. Do you listen to the radio?

Yes
↓

No (SKIP TO H-7)

H-4. How often?

At what hour?

(GO TO H-5)

H-5. Do you listen to any special 'audience programmes'?

Yes

No (SKIP TO H-7)

H-6. Which programmes?

Vivid Bharati	<input type="checkbox"/>
Kisan's programme	<input type="checkbox"/>
Rural audience programme	<input type="checkbox"/>
Mother's women's programme	<input type="checkbox"/>
Industrial workers programme (Kangar's programme)	<input type="checkbox"/>
Children's programme	<input type="checkbox"/>
Yuvavani programme	<input type="checkbox"/>
Health programme	<input type="checkbox"/>
Any other SPECIFY _____	<input type="checkbox"/>

(GO TO H-7)

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H. MEDIA AND PERSONAL CONTACTS (continued)

H-7. Do you watch television?

Yes
↓

No (SKIP TO H-9)

H-8. How often?

At what hours?

(GO TO H-9)

H-9. Do you read magazines or newspapers?

Yes
↓

No (SKIP TO H-11)

H-10. Which ones?

(GO TO H-11)

H-11. Have you, since this time last year, heard or seen anything about family planning on the radio or television or in a magazine or newspaper?

Yes
↓

No (SKIP TO H-13)

H-12. Where? PLEASE READ OUT THE LIST)	H-12a. How often?
Radio _____	_____
Television _____	_____
Magazine _____	_____
Newspaper _____	_____

(GO TO H-13)

H. MEDIA AND PERSONAL CONTACTS (continued)

H-13. Have you seen any family planning posters or hoardings since this time last year?

Yes

No

H-14. Have you seen any movies since this time last year in a theater (not on TV)?

Yes

No (SKIP TO H-15a)



H-15. Was there anything about family planning connected with those movies?

Yes

No

(GO TO H-15a)

H-15a. Have you seen any movies since this time last year in the village (not on TV)?

Yes

No (SKIP TO H-16a)



H-15b. Was there anything about family planning connected with those movies?

Yes

No

(GO TO H-16a)

H-16a. Since this time last year, have you talked about family planning with any of your friends, relatives, and neighbours?

Yes

No

H-16b. With your husband, since this time last year?

Yes

No

H-16c. How about with the person from whom you get medicines (chemist)?

Yes

No

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H. MEDIA AND PERSONAL CONTACTS (continued)

H-17. Have you seen a family planning pamphlet or leaflet since this time last year?

Yes

No

H-18. Have you been to an "Orientation Training Camp" in family planning?

Yes

No (SKIP TO H-20a)



H-19. Was this in the last one year?
 Yes No
(GO TO H-20a)

H-20a. Since this time last year, have you seen a song and drama (Jathra/Harikatha/puppet show) about family planning?

Yes

No

H-20b. How about an exhibition?

Yes

No

H-21. Through which particular media of communication do you think people in your village would like to get information on family planning? (PLEASE READ LIST)

	<u>Yes</u>	<u>No</u>
Radio	_____	_____
Television	_____	_____
Performing media like song, drama, etc.	_____	_____
Posters, hoarding	_____	_____
Exhibition	_____	_____
Pamphlets	_____	_____
Newspapers	_____	_____
Word of mouth interpersonal communication	_____	_____
Films movies	_____	_____

I. RELIGIOUS

I-1. Have you heard any bad things (rumours/misconceptions) about immunizations?

Yes
↓

No (SKIP TO I-3)

I-2. What did you hear? (RECORD IN DETAIL)

(GO TO I-3)

I-3. Have you heard any bad things (rumours/misconceptions) about contraception?

Yes
↓

No (SKIP TO J-1)

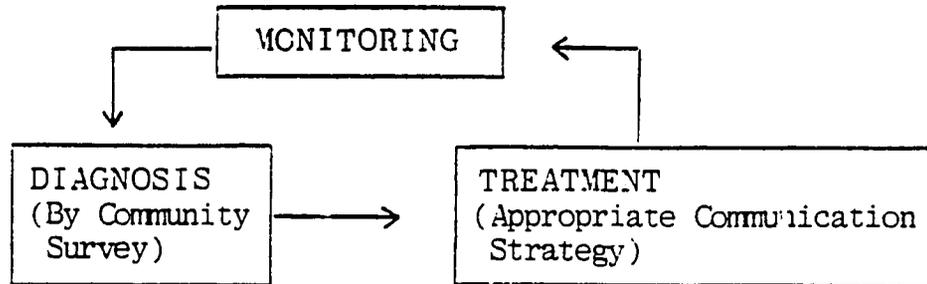
I-4. What did you hear? (RECORD IN DETAIL BY NAME OF METHOD)

GO TO J-1)

OUTLINE OF A TRAINING CURRICULUM

A. ORIENTATION TO THE STUDY

1. BASIC CONCEPT



2. REVIEW 12 KEY PROBLEMS OF FERTILITY AND CHILD MORTALITY

- Early age at first pregnancy
- Short interbirth interval
- Large family size
- Low birth weight
- Neonatal tetanus
- Birth injury, asphyxia
- Neonatal septicemia
- Diarrhoea
- Malnutrition
- Respiratory diseases
- Immunizable diseases
- Malaria

3. KAPCARSI

- Knowledge
- Attitude
- Practice
- Channels
- Accessibility
- Rumours
- Socio demographic background
- Identifying new problems

4. UNDERLYING PHILOSOPHY OF COMMUNITY SURVEY

- (a) For local area planning (bottom up instead of top down planning: District/Block level planning).
- (b) Health Workers became askers, not tellers: Listeners - don't teach mothers during survey.
- (c) Make sure the workers are told that you are not examining anyone. just gathering information.

5. Types of questionnaire (sequence in which information will be collected):

- 1) DEMO/Dy. DEMO
- 2) BEE
- 3) Village profile
- 4) Health Service Providers
- 5) Married men, community leaders, development functionaries
- 6) Currently married women less than 45 years

6. Training Schedule

- (a) Orientation (as 1-5 above)
- (b) Remarks about interviewing
- (c) Detailed review of questionnaires
- (d) Role playing
- (e) Review of role playing results
- (f) Explain sampling procedures and field procedures
- (g) Explain editing procedures
- (h) Explain analysis - key impressions
- hand tabulations
- (i) Administrative arrangements
- (j) Goodbye

B. REMARKS ABOUT INTERVIEWING

1. Collecting information, asking not telling, listening, not conversation, etc.
2. Use questionnaire exactly the same way (don't change the language).
3. Neutral, accepting (don't show any disapproval).
Neutral probes (e.g., do you think it's good or bad), use open ended questions as examples.
4. Record everything.
Write down everything they say. If it's not included in the answers (if respondent says not sure, record it. If no response, write no response). If refused, write refused.

C. DETAILED REVIEW OF QUESTIONNAIRE

1. Interviewers, themselves should do the questionnaires in a nearby area.
2. Circle response.
3. If box, tick response.
4. Do not read out answer categories unless instruction specifically says so.
5. Formatting - explain skip to, go to, etc.

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D. ROLE PLAYING

1. Demonstration of interviewing
2. Interviewer
3. Respondent
4. Discussion time taken

E. REVIEW ROLE PLAYING

F. FIELD PROCEDURES AND SAMPLING

1. Introduction -
 - (a) Name
 - (b) Study - tell them you are studying "health needs of the village"
 - (c) Sponsor - MOHFW
 - (d) Confidential - stress that the answers will be kept confidential.
2. Handling Refusals -
 - (a) Respondent asks, "why have you chosen me?" You say "you have come up in the random sample and your answers are important."
 - (b) If she says, no time or sick, make an appointment and come back later.
3. Checking. Tell them that there will be surprise checks
4. Editing - (i) Immediately after the interview check whether the questionnaire is complete.
 - (ii) HFWTC staff should do some editing to cross check and to advise the interviewers.
5. Storing in a confidential, safe place.
6. Sampling procedures relevant to the interviewer.

G. EXPLAIN EDITING

- consistency, (e.g., for woman married for 1 year has six children. One answer is bound to be wrong).

H. EXPLAIN ANALYSES

- i. Key impressions (important for all interviewers)
 - (a) make interviewer write down key impressions; next level worker should look through it and report significant things;
 - (b) Discussions of what they learned.
- ii. Hand tabulations - block level information (important for BEE/HA (M & F).
- iii. Detailed analysis will be done in Delhi.

I. ADMINISTRATIVE ARRANGEMENTS

- vehicle
- questionnaires

J. GOODBYE

Say thanks to the interviewer and ask them about any problems. Give them pep talk.

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SAMPLING PLAN

A. Sample Size

- I. 1. DEMO/)
 2. DY. DEMO)
 3. BEE) 100% Sample
 4. VILLAGE PROFILE)
 (do sample villages)
 first later non-sample)
 villagers))

- II. 1. Health Service Providers
 2. Married Men, Community Leaders, Development Functionaries
 3. Currently Married Women

Plan: 1. Select 10 sampling points for each PHC area (note NOT BLOCK)

2. Interview 100% of health service providers in each sampling point (approx. 7).

Total per PHC = $10 \times 7 = 70$

3. Make a list of community leaders and development functionaries of the 10 sampling points. Select 100 of the total.

4. Interview 10% of the currently married women in each sampling point (approx. 20).

Total per PHC = $10 \times 20 = 200$

5. Interview half of the husbands of currently married women (approx. 10)

Total per PHC = $10 \times 10 = 100$

SUMMARY

<u>Type</u>	<u>No. Per Sampling Point</u>	<u>No. Per PHC</u>
1. Community Leaders	10	100
2. Health Service Providers	7	70
<u>Assumption</u>	(it will be less in actual field situation)	
HAM - 1)		
F - 1)		
HWM - 1)		
F - 1)		
HG - 1) per		
Dai - 1) sampling		
Pat. Pract. - 1) point		
3. Married Men	10	100
4. Currently Married Women (20% of population)	20	200
TOTAL	47	470

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B. Stages of Sampling

1. Select 10 sampling points (sp).
2. Select 100 of the community leaders and development functionaries in each PHC.
3. Select 10% of currently married women in each sp.
4. Select half of the husbands of currently married women in each sp.

1. How to Select 10 Sampling Points

- a) Make a list of all the villages and total population size.

EXAMPLE

<u>Village</u>	<u>Population Size</u>	<u>Cumulative Sum By No.</u>	<u>Using Random Sample Tables</u>	<u>No. of Times Selected</u>
A	2000	1 - 2000	1038	XX
B	500	2001 - 2500	0508	XX
C	1500	2501 - 4000	2081	X
D	57	4001 - 4057	2070	
E	108	4058 - 4165	3654	
TOTAL.		165		

If any village was selected twice, then draw 10% sample for currently married women twice (for e.g., village A and B will have 20% of currently married women in the sample while village C will have 10% of currently married women as it was selected only once).

2. How to select Sample For Community Leaders and Development Functionaries

- a) List total community leaders and development functionaries.
 1. Use random sample table and draw 110 (sample size is 100. We are selecting 110 to allow for attrition, non-availability etc.)
 2. If someone's number comes twice, do not interview him twice.
 3. If total number less than 110, include all.

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3. How to Select a Sample For Married Women

- a) Use malaria household list or eligible couple list.
- b) Use whichever is complete.
- c) Use random sampling numbers.
Draw a random sample of 11% (1% to account for attrition/
refusal, no. currently married
women in the household etc.)

4. How to Select a Sample For Married Men

From the list of currently married women choose) - select husbands
even numbers (including zero)) for interview

APPENDIX H

HAND TABULATION PLANS

There are 18 groups to tabulate.

a. Divide currently married women questionnaire into 4 categories

- | | |
|----------------------------|---------|
| 1. With 0 - 3 children | SC / ST |
| 2. With 0 - 3 children | NSC |
| 3. With 4 or more children | SC / ST |
| 4. With 4 or more children | NSC |

b. Health Service providers 8 categories

1. HA (M)
2. HA (F)
3. HW (M)
4. HW (F)
5. HG
6. TD
7. Un TD
8. Private Practitioner

Married Men, Development Functionaries and Community Leaders

1. With children 0 - 3	SC / ST)	<u>MARRIED MEN</u>
2. With children 0 - 3	NSC)	4 categories
3. With children 4 and above	SC / ST)	
4. With children 4 and above	NSC)	
5. Community leaders	1 category	(
6. Development functionaries	1 category	(<u>TOTAL 18</u>

EXAMPLES OF SECTIONS WHICH PHC WORKERS

<u>QUESTION</u>	<u>CAN TABULATE</u>	<u>CANNOT TABULATE</u>
B.	Sex Literacy Type of family Communication material Basic Training Inservice Training	Age Religion
C.	3, 4	1, 2

DO THE TALLYING ON A CLEAN ENGLISH QUESTIONNAIRE.

USE ONE FOR EACH CATEGORY.

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APPENDIX I

What do do after survey?

PHC LEVEL

1. Each PHC will be sending in 18 groups of tallied questionnaires.
2. Send in all questionnaires including village profile.
3. Discuss the results at block level.
4. Discuss impressions.
5. Send in population size of PHC.

DISTRICT LEVEL

1. Add each group of the total 18 groups for the district.

STATE LEVEL

1. Add up 3 districts data for 18 groups.

APPENDIX J

DETAILED WORK SCHEDULE FOR MAHRASHTRA

<u>Order of CNA Activities</u>	<u>Interviewer</u>	<u>Respondent</u>
1.	Staff of HFWTC	DEMO, DY DEMO, BEE
2.	DEMO BEE	HA (M) HA (F)
3.	BEE HA (M)	HW (M)
4.	HA (F)	HW (F)
5	BEE, HA (M), HW (M)	Community leaders (Male), Development functionaries (Mal Married men, HG (Male) Pvt. Practitioner (Male)
6.	HA (F) HW (F)	Community Leaders (Female) Development functionaries, currently married women, TD, Untrained Dai, Private Practitioner (Female)

PLEASE NOTE

HFWTC SHOULD BE PRESENT WHEN BEE TRAINS THE OTHER CATEGORY.

TIME FRAME FOR CNA ACTIVITIES, HFWTC, AURANGABAD

<u>ACTIVITY</u>	<u>PERSON RESPONSIBLE</u>	<u>DATE</u>
1. Translation of BEE Community Survey (3 Questionnaires)	HFWTC	24/5/83
2. English copies of 3 questionnaires (120 of each)	HFWTC	25/5/83
3. Cyclostyle BEE, DEMO, DY DEMO	HFWTC	28/5/83
4. Xeroxed copies of Marathi translation for pre testing 3 community survey questionnaires (10 each)		
5. Pretesting of marathi translation of questionnaires	HFWTC	1/6/83
6. Modify for press	HFWTC	6/6/83
7. Needs assessment of DEMO. BEE done	HFWTC	24/6/83
8. Print copies of 3 questionnaires	HFWTC	21/6/83
9. Training of BEEs (including drawing of 10 sampling points for PHC)	HFWTC	30/6/83
10. Complete interviews HA M & F	BEE	5/7/83
11. Training of HA by BEE to interview HW M & F	BEE	6/7/83
12. Completion of interviews of HW males and females by HA	HA (M) AND (F)	8/7/83

<u>ACTIVITY</u>	<u>PERSON RESPONSIBLE</u>	<u>DATE</u>
13. Draw PHC level sample for community survey and train HA (M) and (F) and HW (M) and (F) to do survey	HFWTC BEE	8/7/83
14. Complete* community survey	BEE HA (M) & (F) HW (M) & (F)	31/7/83
15. Hand tabulations PHC level	BEE HA (M) & (F)	15/8/83
16. Analysis of hand tabulations at district and state level	HFWTC	30/8/83
17. Workshop in Delhi		7/9/83

* 100 man days required for completing surveys. Approximately 28 workers/PHC are available

$$100/28 = 4 \text{ days}$$

HOW WE CALCULATED 100 MAN DAYS FOR COMPLETING THE COMMUNITY SURVEYS?

1. HG, TRAINED DAI AND UNTRAINED DAI AND PRIVATE PRACTITIONER (TOTAL 4 PER SAMPLING POINT 40 PER PHC)
 1 hour/interview
 10 man days /PHC

2. COMMUNITY LEADERS, DEVELOPMENT FUNCTIONARIES, MARRIED MEN
 (Total 20 per sampling point)
 200 per PHC
 1 hour/interview
 40 man days/PHC

3. CURRENTLY MARRIED WOMEN
 (Total 20 per sampling point)
 200 per PHC
 1-1/2 hours/interview
 50 man days/PHC

TOTAL 10 + 40 + 50 = 100 man days

130

Best Available Document

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MR. JOHN ROGOSH
 USAID/HEALTH, POPULATION AND NUTRITION
 WEST BUILDING/CHANAKYAPURI
 EMBASSY OF THE UNITED STATES OF AMERICA
 NEW DELHI 110021
 INDIA

1. RECEIVED YOUR CABLE TODAY. SUGGESTED SAMPLING CHANGES VERY IMPORTANT IN TWO WAYS: FIRST, IF THE SAMPLE DRAWN BY OLD DESIGN INCLUDES ANY LARGE VILLAGES, THE INTERVIEWERS MAY BE SWAMPED WITH WORK. EXAMPLE IS SELECTION OF A VILLAGE WITH 5000 HOUSEHOLDS WHERE THEY HAVE TO INTERVIEW 500 WOMEN IN ONLY ONE SAMPLING POINT IF THE CURRENT DESIGN IS FOLLOWED. SECOND, REVISED DESIGN MEANS THAT HAND TABULATIONS AT PHC LEVEL WILL BE AS ACCURATE AS LATER DETAILED COMPUTER ANALYSIS. WITHOUT THE CHANGE ONE IS SUPPOSED TO MULTIPLY THE ANSWERS FOR EACH SAMPLING POINT BY A DIFFERENT WEIGHT. WITH THE CHANGE, THIS WEIGHTING IS NOT NEEDED. APPRECIATE DIFFICULTY OF COMMUNICATING THIS TO THE STATES BUT THINK CHANGE VERY VITAL.
2. 22 HOUSEHOLDS SHOULD BE SELECTED BUT EXPECTED RESULTING CASES IS ACTUALLY 20 HOUSEHOLDS BECAUSE OF ATTRITION RESULTING FROM NOT AT HOME ETC.
3. CABLE TO M.E. KHANWAS SUPPOSED TO BE SENT TO A.R. KHAN IN BANGKOK. PLEASE APOLOGIZE TO M.E. KHAN FOR ME.
4. NAIK PROGRAM AT EAST-WEST CENTER WOULD POSSIBLY BE FOR TWO OR THREE MONTHS. TIMING NEGOTIABLE. MIGHT BE BEST AFTER COMPLETION WORKSHOP ON DEVELOPING NEW COMMUNICATION STRATEGIES.

REGARDS, PALMORE

EWCAD 7430119

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APPENDIX L

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ATTENTION: DR. SARAHNA THOMAS-MATTAI
C/O MR. JOHN ROBOSH
USAID/HEALTH, POPULATION, AND NUTRITION

AFTER CONSULTATION HERE SUGGEST SEVERAL MAJOR CHANGES IN SAMPLING PLAN FOR TWO GROUPS: CURRENTLY MARRIED WOMEN AND COMMUNITY LEADERS/DEVELOPMENT FUNCTIONARIES. MAJOR POINT OF CHANGES IS TO MAKE THE SAMPLES CLOSER TO A SELF-WEIGHTING DESIGN AND HENCE EASIER FOR ANALYSIS. PLEASE TELEPHONE AT (808) 944-7402 IF CHANGES UNCLEAR AFTER READING THIS TELEX. HOPE YOU CAN COMMUNICATE THIS D YADAV BHAGGAT AND PROJECT STATES SOONEST. MAIN OVERALL CHANGES ARE SIMPLY STATED: IN EACH SAMPLING POINT SELECT BY SIMPLE RANDOM SAMPLING 22 HOUSEHOLDS FOR CURRENTLY MARRIED WOMEN SAMPLE AND 10 COMMUNITY LEADERS/DEVELOPMENT FUNCTIONARIES FROM A LIST MADE JUST FOR THAT SAMPLING POINT. REFERING TO YOUR NOTES, ATTACHMENT C, ON SAMPLING, THE FOLLOWING CHANGES SHOULD BE MADE. PAGE 1, UNDER PLANS, ITEM 3 CHANGE WORDING 100 OF THE TOTAL TO WORDS 10 IN EACH SAMPLING POINT. ITEM 4 IMMEDIATELY FOLLOWING, CHANGE WORDS 10 PERCENT TO WORDS 22 HOUSEHOLDS TO OBTAIN. PAGE 2, UNDER STAGES OF SAMPLING, ITEM 2 CHANGE ITEM TO READ SELECT 10 OF IN EACH SAMPLING POINT. ITEM 3 CHANGE TO READ SELECT 22 HOUSEHOLDS IN WHICH TO INTERVIEW CURRENTLY MARRIED WOMEN IN EACH SAMPLING POINT. LAST LINES ON PAGE 2 CHANGE WORDS DRAW 10 PERCENT SAMPLE TO WORDS DRAW 22 HOUSEHOLDS. IN PARENTHETICAL STATEMENT CHANGE WORDS 20 PERCENT TO WORDS 44 HOUSEHOLDS AND WORDS 10 PERCENT TO 22 HOUSEHOLDS. PAGE 3, ITEM 2.A ADD WORDS AFTER WORD FUNCTIONARIES AS FOLLOWS: FOR EACH SAMPLING POINT, ITEM 1 UNDER 4 CHANGE NUMBER 110 TO NUMBER 11. IN PARENTHETICAL STATEMENT CHANGE 100 TO 10 AND 110 TO 11 ITEM 3 NUMBER 110 TO 11. PAGE 3 ITEM 3.C CHANGE WORDS 11 PERCENT TO WORDS 22 HOUSEHOLDS ALSO CHANGE WORDS 1 PERCENT TO NUMBER 2. ALL OTHER ASPECTS SAMPLING DESIGN REMAIN THE SAME AS BEFORE.

BEST REGARDS,

PALMORE

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