

District Level Household Survey-3
Under
Reproductive & Child Health Project

2007-08

INTERVIEWER'S MANUAL



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I. INTRODUCTION

The Reproductive and Child Health (RCH) programme that has been launched by the Government of India (GoI) is expected to provide quality services and achieve multiple objectives. It ushered a positive paradigm shift from the method-oriented, target-based approach to providing client-centered and demand-driven quality services. Also, efforts are being made to reorient provider's attitude and to strengthen the services at outreach levels.

The new approach requires decentralization of planning, monitoring and evaluation of the services. The district being the basic nucleus of planning and implementation of the RCH programme, Government of India has been interested in generating district level data on utilization of the services provided by government health facilities, other than service statistics. It is also of interest to assess people's perceptions on quality of services. Therefore, it was decided to undertake the District Level Household Survey (DLHS) under the RCH programme in the country.

The Round I of the RCH survey was conducted during the year 1998-99 in two phases (each phase covered half of the districts from all states/union territories) in 504 districts, for which the International Institute for Population Sciences (IIPS), Mumbai was the nodal agency. In Round II, survey was conducted during 2002-04 in 593 districts as per the 2001 Census. The DLHS-3 will cover all the districts of the country during 2007-08.

The District Level Household Survey under Reproductive and Child Health Project has been designed to provide information on Population, Reproductive and Child Health, Immunization and Child Health, Family Planning, Reproductive Tract Infection/ Sexually Transmitted Infections, Human Immunodeficiency Virus/ Acquired Immuno Deficiency Syndrome and Women's Health Status in India. DLHS-3 will involve interviewing a randomly selected group of ever-married women who are between 15 and 49 years of age and unmarried women who are between 15 and 24 years of age. IIPS is the nodal agency to design and co-ordinate this large-scale demographic and health survey. For each state, Regional Agencies are selected for conducting the survey, which include mapping and house listing of selected areas, administering the questionnaires and gathering information from government health facilities and villages.

A. SURVEY OBJECTIVES

The main objectives of the District Level Household Survey (DLHS-3) are to collect data on:

- 1). Antenatal Care and Immunization Services
- 2). Extent of safe deliveries.
- 3). Contraceptive prevalence
- 4). Unmet need for family planning.
- 5). Awareness about RTI/STI and HIV/AIDS

6). Utilization of government health services and the user's satisfaction.

Along with the household survey, the survey team will also collect information about the facilities available in government health care institutions.

B. DLHS-3 SAMPLING

The objective of the sampling operation is to ensure due chances of selection of primary sampling units (PSU), households and ever married women (15-49 years) and unmarried women in the age range 15-24 years in the country. From each district, 50 PSU's including rural and urban areas are selected independently in proportion to percent urban/ rural population of the district as in 2001 Census from the sampling frame of villages and urban wards in the district by adopting Probability Proportional to Size (PPS) Systematic Sampling.

All districts as on Census 2001 are included in the third round of DLHS-RCH and newly created districts shall be augmented as well. Selection of the PSU is the responsibility of IIPS and the list of the selected PSU's will be provided to Regional Agencies. All selected PSUs with less than 50 households shall be provided corresponding link villages.

The number of PSU's to be selected from each district is predetermined as 50. The urban sample will be as per the percent of urban population according to 2001 census. For the purpose of selection of PSUs, villages and urban wards are stratified into three groups and the 50 PSUs are proportionately allocated to the three strata. Each of these strata is further stratified into two strata by percentage of ST/SC population and a final implicit stratification by female literacy levels is being imparted considering three alternating orders of female literacy. In the case of urban sampling Census Enumeration Blocks (CEB) are the PSUs. For urban sampling we made three-way stratification of urban wards as in Census 2001 following the same criteria and level of stratification as in the case of rural sampling and select wards by probability proportional to size systematic sampling. The list of selected urban wards for each district shall be furnished to the RA and selection of a CEB by (PPS) sampling shall be the responsibility of RA. RA shall also submit to IIPS subsequently number of CEBs with information on population and household sizes indicating the selected CEB.

C. DLHS-3 QUESTIONNAIRES

The DLHS-3 survey collects information on various indicators that would assist policy makers and programme managers to formulate and implement the goals set for the RCH programme. There are five different questionnaires to be used in DLHS-3: Household Questionnaire, Ever Married Woman's Questionnaire, Unmarried Woman's Questionnaire, Village Questionnaire, and Facility Survey modules. They were finalized in consultation with Ministry of Health and Family Welfare, World Bank, UNICEF, UNFPA and a Technical Advisory Committee.

(i) Household Questionnaire: The household questionnaire lists all usual residents in each sample household including visitors who stayed in the household the night before the interview. For each listed household member, the survey collect basic

information on age, sex and marital status, relationship to the head of the household, and education. Information was also collected on the main source of drinking water, type of toilet facility, type of fuel used for cooking, religion and caste of household head and ownership of other durable goods in the household. Besides, details of marriages and deaths that occurred to usual residents within reference period would be collected. Efforts are also made to collect information about maternal deaths.

(ii) Woman's Questionnaire: Woman's questionnaire is designed to collect information from eligible ever married women age 15-49 years who are usual residents of the sample household or visitors who stayed in the sample household the night before the interview. The woman's questionnaire covered the following sections:

Section I: Woman's Characteristics: In this section the information collect on age, educational status and pregnancy including still birth, induced and spontaneous abortions are included.

Section II: Antenatal, Natal and Post natal Care: In this section information is gathered from the women who had live birth, still birth, spontaneous or induced abortion during last three years preceding the survey date. The information on whether women received antenatal care, natal and postpartum care, who attended the delivery and the nature of complications during pregnancy for recent births were also collected.

Section III: Immunization and Childcare: This section gives information about feeding practices, the length of breastfeeding, immunization coverage and recent occurrence of diarrhoea, and pneumonia for young children (below age 3 years).

Section IV: Contraception: This section provides information on knowledge and use of specific family planning methods. Questions were included about reasons for non-use, intentions about future use, desire for additional child and sex preference for next child.

Section V: Reproductive Health: This section covers all reproductive health related issues like menstruation related problems, infertility, Obstetric fistula, RTI/STI infections, awareness about HIV/AIDS and Government health programmes.

(iii) Unmarried Woman's Questionnaire: This questionnaire gathers information from Unmarried Women (15-24 years) about the knowledge and source of information of RTI/STI and HIV/AIDS, Family Life Education, Marriage and Reproductive Health.

(iv) Village Questionnaire: In DLHS-3, village questionnaire collects the information regarding the availability and accessibility of various facilities in the village, especially on educational and health facilities.

The house-listing teams, interviewers and the supervisors for the main survey were given rigorous training based on the manuals developed for the purpose by the IIPS. All the questionnaires are bilingual, with questions in both the regional and English language.

(v) Facility Survey Questionnaire: Information about the facilities available in government health care institutions such as Sub-centres (SC), Primary Health Centres (PHC), Community Health Centres (CHC) and District Hospitals are collected from each district. We have prepared a separate manual for this.

D. INTERVIEWER'S ROLE

The interviewer occupies the central position in DLHS-3 because she/he collects information from respondents. Therefore, the success of the survey depends on the quality of each interviewer's work. In general, the responsibilities of an interviewer include the following:

- Locating the structures and households in the sample, and completing the Household Questionnaire
- Identifying all eligible women in those households
- Interviewing all eligible persons in the households using the relevant individual questionnaires
- Checking completed interviews to be sure that all questions were asked and the responses are neatly and legibly recorded
- Returning to households to interview respondents who could not be interviewed during the initial visit

E. SUPERVISION OF INTERVIEWERS

Your team supervisor and the field editor will play very important roles in ensuring the quality of the survey data. They will:

- Spot-check some of the addresses selected for interviewing to be sure that you interviewed the correct households and the correct women/men. Review each questionnaire to be sure it is complete and consistent
- Observe some of your interviews to ensure that you are asking the questions in the right manner and recording the answers correctly
- Meet with you on a daily basis to discuss performance and give out future work assignments
- Help you resolve any problems that you might have with finding the assigned households, understanding the questionnaire, or dealing with difficult respondents.

The survey director may terminate the service of any interviewer who is not performing at the level necessary to produce the high-quality data required to make DLHS-3 a success.

II. HOW TO CONDUCT AN INTERVIEW

Successful interviewing is an art and should not be treated as a mechanical process. Each interview is a new source of information, so make it interesting and pleasant. The art of interviewing develops with practice but there are certain basic principles, which are followed by every successful interviewer.

In this section you will find a number of general guidelines on how to build rapport with a respondent and conduct a successful interview.

A. BUILDING RAPPORT WITH THE RESPONDENT

The interviewer and the respondent are strangers to each other and one of the main tasks of an interviewer is to establish rapport. The respondent's first impression of you will influence him/ her willingness to co-operate with the survey. Be sure that your appearance is neat and you show friendly manner as you introduce yourself. Of course, before you start to work in an area, your supervisor should have informed the local leaders, who will in turn, inform the people in the area that you will be coming to interview them. You will also be given a letter (identification card) that states that you are working with the respective Regional Agency (RA).

i). Make a good impression

When first approaching the respondent, do your best to make him/ her feel at ease. With a few well-chosen words you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and salutation such as "Namaste" and then proceed with your introduction.

A good introduction might be:

"My name is _____. I am a representative of (Name of organization). We are conducting a survey about reproductive and child health and we are interviewing men and women throughout the country. I would like to talk to you and ask you some questions."

ii). Always have positive approaches

Never adopt an apologetic manner, and do not use words such as "Are you too busy?" "Would you spare a few minutes?" or "Would you mind answering some questions?" Such questions invite refusal before you start. Rather, tell the respondent, "I would like to ask you a few questions" or "I would like to talk with you for a few moments."

iii). Stress confidentiality of responses when necessary

If the respondent is hesitant about responding to the interview or asks what the data will be used for, explain that the information you collect will remain confidential, no individual names will be used for any purpose and that all information will be pooled to write a report. Also, you should never mention other interviews or show completed questionnaires to other interviewers or supervisors in front of a respondent or any other person.

iv). Answer any questions from the respondent frankly

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how he/she has been selected to be interviewed. Be direct and pleasant when you answer. However if the respondent asks questions about family planning methods or medicines, or any other information that we are trying to gather from him/her or tell him/ her that you will try to answer the questions after you have finished the interview.

The respondent may also be concerned about the length of the interview. If eligible woman asks, tell her that the interview usually takes about 30-35 minutes. For the Household Questionnaire and Unmarried Woman's Questionnaire say to the respondent that interview usually takes 20-25 minutes each.

v). Interview the respondent alone

The presence of a third person during an interview can keep you far from getting frank, honest answers from a respondent. It is therefore very important that the individual interview be conducted privately and that all questions are answered by the respondent himself/herself.

If other people are present as you begin an interview, explain to the respondent that some of the questions are private and ask where is the best place you can talk with her alone. If the others do not "take a hint" and leave you and the respondent alone, you have to use tact and ingenuity to "get rid" of them.

If it is impossible to get privacy, you may have to carry out the interview with the other people present. However, try to separate yourself and the respondent from the others as much as possible. Make an extra effort to gain privacy if the other person is a man, particularly the husband. If there is more than one eligible woman in the household, you must not interview one in the presence of the other.

B. TIPS FOR CONDUCTING THE INTERVIEW

i). Be neutral throughout the interview

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that she has given the "right" or "wrong" answer to the question. Never appear to approve or disapprove of any of the respondent's replies.

A respondent may ask you questions during the interview, for example, about certain contraceptive methods or treatment for diseases or she may ask you whether you use family planning or how HIV/AIDS is transmitted. Tell him/her that we are interested in their opinions and that you cannot answer their questions, which otherwise would slow down the pace of the work.

If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as:

"Can you explain a little more?"

"I did not quite hear you, Could you please tell me again?"

"There is no hurry. Take a moment to think about it."

ii). Never suggest answers to the respondent

If a respondent's answer is not relevant to a question, do not prompt him/her by saying something like "I suppose you mean that... Is that right?" In many cases, he/she will agree with your interpretation of the answer, even when that is not what he/she meant. Rather, you should probe in such a manner that the respondent himself/herself comes up with the relevant answer. You should never read out the list of coded answers to the respondent, even if he/she has trouble in answering.

iii). Do not change the wording or sequence of questions

The wording of the questions and their sequence in the questionnaire must be maintained. If the respondent has misunderstood the question, you should repeat the question slowly and clearly. If he/she still does not understand, you may reword the question, being careful not to alter the meaning of the original question. Provide only the minimum information required to get an appropriate response.

iv). Handle hesitant respondents tactfully

There will be situations where the respondent simply says "I don't know", gives an irrelevant answer, acts very bored or detached, contradicts something he/ she has already said, or refuses to answer the question. In these cases you must try to re-interest him/ her in the conversation. For example, if you sense that he/ she is shy or afraid, try to remove shyness or fear before asking the next question. Spend a few moments talking about things unrelated to the interview (for example, the town or village, the weather, daily activities, etc.).

If the respondent is giving irrelevant or elaborate answers, do not stop him/ her abruptly or rudely, but listen to what he/ she has to say. Then try to steer him/ her gently back to the original question. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondent sees the interviewer as a friendly, sympathetic and responsive person who does not intimidate her, and to whom she can say anything without feeling shy or embarrassed. As indicated earlier, the major problem in controlling the interview may be one of privacy. This problem can be prevented if you are able to obtain a private area in which to conduct the interview.

Remember, the respondent cannot be forced to give an answer.

v). Do not have expectations

You must not form expectations of the ability and knowledge of the respondent. Do not assume people from rural areas or those who are less educated or illiterate are unaware about family planning or various family planning methods.

On the other hand, remember that differences between you and the respondent can influence the interview. The respondent, believing that you are different from him/her, may be afraid or mistrustful. You should always behave and speak in such a way that he/she is put at ease and is comfortable talking to you.

vi). Do not hurry the interview

Ask the questions slowly to ensure the respondent understands what he/she is being asked. After you have asked a question, pause and give him/her time to think. If the respondent feels hurried or is not allowed to formulate her own opinion he/she may respond with "I don't know" or give an inaccurate answer. If you feel the respondent is answering without thinking, just to speed up the interview, say to the respondent, "There is no hurry. Your opinion is very important, so consider your answers very carefully."

C. LANGUAGE OF THE INTERVIEW

The questionnaires for the DLHS survey have been translated into all the major languages in which interviewing will take place. However, there may be times when you will have to use an interpreter or modify the wording of the questions to fit local dialects and culture. It is very important not to change the meaning of the question when you rephrase it or interpret it into another language. We will be practising interviews in the local languages during training.

Of course, one of the first things you will do when you approach a household to do an interview is to establish the language or languages that are spoken there. We will be arranging the field teams in such a way that you will be working in an area in which your language is spoken, so there should be few cases in which respondents do not speak your language. In such cases you might be able to find another language that both of you speak and you will be able to conduct the interview in that language.

However, in some cases, it will not be possible for you to find a language, which both you and the respondent speak. In this case, try to find out if the respondent speaks a language, which another member of your team or the team supervisor speaks.

If so, tell your supervisor so that he or she can arrange for that person to conduct the interview. If the respondent does not speak a language, which any of your team members speak, you will need to rely on a third person to translate for you. Since the interview involves some sensitive topics, it is best if you can find another man/woman to act as an interpreter, depending up on whom you are interviewing. For interviewing a woman try to avoid using the respondent's husband as an interpreter. Children are also unsuitable interpreters. Remember, try to avoid using interpreters if at all possible since this not only jeopardizes the quality of the interview but also will mean that the interview will take nearly twice as long to conduct.

III. FIELDWORK PROCEDURES

The fieldwork will proceed according to a time schedule, and the survey will be successful only if each member of the interviewing team understands and follows correct field procedures. In the following sections, these procedures are reviewed in detail and a number of problems, which are likely to be encountered in the field, are discussed. As an interviewer for the RCH (Project) it is important that you become familiar with RCH (Project) field procedures, and that you know how to handle various problems you may experience during the fieldwork.

A. PREPARATORY ACTIVITIES AND ASSIGNMENT SHEET

Each morning your supervisor will brief you on your day's work. When you receive your work assignment you should quickly review it and ask any questions you might have; remember that your supervisor will not always be available to answer questions once the work begins. You should be sure that:

Your Investigator's Assignment Sheet is complete and that it contains all the information you will need to identify the selected households;

You have sufficient required materials (maps, written directions, etc.) to locate your work area;

You understand any special instructions from your supervisor about contacting the households you are assigned.

1. Completing Investigator's Assignment Sheet.

The investigators assignment sheet is provided for both male investigator and female investigator. Your supervisor will explain how to locate your household. When your supervisor assigns households to you, write the identification information on your investigator's Assignment Sheet (see next page). The identifying information: household number, address, name of the head of the household, and date of assignment all should be written in Columns (1)-(5) on your sheet.

Columns (6)-(10) of the Investigator's Assignment Sheet serve as a summary of the results of your work in the field for each household; at the end of the day, you will be responsible for recording in these columns the final outcomes for all household visits and individual interviews you have conducted. Finally after completion of the interviewing in households assigned, the supervisor's signature is must on the investigator's assignment sheet.

ANNEXURE-1. DLHS-3 INVESTIGATOR'S ASSIGNMENT SHEET

State <input type="text"/>		PSU Number <input type="text"/>		District Name <input type="text"/>		City/Town/Village <input type="text"/>				Locality of HH 1. Rural <input type="checkbox"/> 2. Urban <input type="checkbox"/>		
Name of the Male investigator				No. of HH Questionnaires <input type="text"/>		No. of Eligible EM Women (EMW) Questionnaire <input type="text"/>				No. of Eligible Unmarried women (UMW) Questionnaire <input type="text"/>		
Name of the Female investigator												
					Household Interview		Eligible EM Women			Unmarried Women (UMW)		
Sl. No.	Structure Number	Sl. No. of HH	Name of the Household Head	Date of Survey	Line No. of Respondent in HH	Result Status	Total No. of EMW in HH	Line No. of Respondent in HH	Result Status of EMW	Total No. of UMW in HH	Line No. of Respondent in HH	Result Status of UMW
1	2	3	4	5	6	7	8	9	10	11	12	13
CODES FOR COLUMN (7): 1. COMPLETED 2.. PARTLY COMPLETED 3. HOUSEHOLD PRESENT BUT NO COMPETENT RESPONDENT AT HOME 4. HOUSEHOLD ABSENT 5. REFUSED, 6. DWELLING VACANT/ ADDRESS NOT A DWELLING 7. DWELLING DESTROYED 8. DWELLING NOT FOUND 9. OTHER												
CODES FOR COLUMN (10 & 13): 1. COMPLETED 2. NOT AT HOME 3. REFUSED 4. PARTLY COMPLETED 5. OTHER												
Note 1: If there are more than one eligible EMW and UMW entered in Column No. 8 and 11 respectively then write the line number of each of the eligible EMW and UMW in separate row in the column 9 and 12 and also write result status of the interview in column 10 and 13 in the respective rows. Note 2: This assignment sheet should be filled immediately after completion of interview of each household. At any point of time during the survey, the investigator should be able to submit this form on the demand of any regional or nodal agency officials. Failure in doing so, may lead to cancel either in part or entire Household. The team supervisor must sign on this form immediately after completion of the survey with in the PSU.												
(NAME AND SIGNATURE OF THE TEAM SUPERVISOR)				(SIGNATURE OF THE MALE INVESTIGATOR)				(SIGNATURE OF THE FEMALE INVESTIGATOR)				

The following are some examples of how to enter result codes on the Interviewer's Assignment Sheet:

Household present but no competent respondent at home: You must talk with a competent household member to complete the Household Questionnaire. If the household is occupied but there is no adult present at the time you visit, enter Code '3' (HOUSEHOLD PRESENT BUT NO COMPETENT RESPONDENT AT HOME) as the result of the visit. Try to find out from a neighbour or from the children when an adult will be present and include this information in the visit record.

Household absent: If you locate the structure but no one is at home, ask neighbours if anyone lives there. In cases where someone does live in the dwelling but everyone is away temporarily, enter Code '4' (HOUSEHOLD ABSENT) as the result of that visit and try to determine when the inhabitants will return. If they will return on the same day, you should return to the house and canvass the schedule.

Refusal: The impression you make during your initial contacts with members of a household is very important. Be careful to introduce yourself and explain the purpose of the survey. Stress that the interview takes only a short amount of time and that the information will be confidential. If the individual with whom you first talk is unwilling to cooperate, ask to speak with another member of the household, (e.g., the household head). Suggest that you can return at another time or the same day if it would be more convenient. If the individual still refuses to cooperate, enter Code '5' (REFUSED) and report the problem to your supervisor.

Dwelling vacant or Address not a dwelling: In some cases you may find that a structure number assigned to you is not a residential unit. It is a shop, church, school, workshop, or some other type of facility, which is not used as a living area. After making sure there are no residential units in back of or above the premises, enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING) as the result for the visit. Be sure to report the situation to your supervisor.

Dwelling destroyed: If the dwelling burned down or was destroyed in some other manner, enter Code '7' (DWELLING DESTROYED).

Dwelling not found: You should make a thorough search, asking people in the area if they are familiar with the address or the name of the household head. If you are still unable to locate the structure, you should enter Code '8' (DWELLING NOT FOUND) as the result for the visit to that household.

2. Obtaining supplies required for fieldwork.

Before leaving for the field, you should make sure you have adequate supplies for the day's work. These supplies include:

- A sufficient supply of questionnaires
- Interviewer's Assignment Sheets
- Your copy of the Interviewer's Manual
- Your identification documents

A clipboard

Blue ballpoint pens

A briefcase or bag to carry the questionnaires

Any personal items which will be required for you to be comfortable, given the circumstances and the area in which you are working.

B. CONTACT PROCEDURES

i). Locating sample households

Recently, teams visited each of the selected sample areas (PSUs) and 1) prepared up-to-date maps of the area, 2) assigned numbers to structures, 3) recorded addresses of these structures, 4) identified the structures which are residential, and 5) made a list of the names of the heads of all the households living in these structures.

A structure is a free standing building that can have one or more rooms; which may be used as dwellings (residences) or establishments (such as shops, business houses, offices, factories etc.) or may be used for a combination of purposes (such as shop-cum-residence, office-cum-residence etc.). It may be an apartment building, a house, or a thatched hut, for instance. Within a structure, which is used for residential purposes, there may be one or more households living. At the time of household listing, all the households living in a residential structure are listed along with the names of heads of these households.

Specific households have been selected to be interviewed and you should not have any trouble in locating the households assigned to you if you use the Layout Sketch Map of the PSU, structure number and the name of the head of the household to guide you. Although the supervisor of your team will accompany you to the field particularly during the early stages of fieldwork, it is important that you know how to locate the structures and households in the sample.

ii). Problems in contacting a household

In some cases you will have problems in locating the households that were selected because the people may have moved, or the listing teams may have made an error. Here are examples of some problems you may find and how to solve them:

a) The selected household has moved away and the structure is vacant. If there was only one household listed in a structure and that household has moved out of the structure where it was listed and no one is living in the structure, you should consider the structure vacant and go to the next household in your list and interview it. However make a note of it in the assignment sheet.

b) The household has moved away and a new one is now living in the structure. If there was only one household listed in a structure and that household has moved away and a new one is now living in that structure, interview the new household.

c) The structure number and name of household head do not match with what you find in the field. Say, for example, that you have been assigned a household headed by R. Mishra, who is listed as living in structure number DLHS 003. But when you go to

structure DLHS 003, G. Pathak heads the household living there. Consider whichever household is living in structure number 3 as the selected household. You would interview the household headed by G. Pathak.

d) The household selected does not live in the structure that was listed. The household selected is actually living in a structure that was not selected. Say, for example, Ram Lal is listed as the household head for structure DLHS-003, but Ram Lal actually lives in DLHS-028, the household living in DLHS-003 should be interviewed. In other words, if there is a discrepancy between the structure number and the household head structure should be considered. Again, make absolutely sure that you are in the right PSU and have identified the selected dwelling.

e) The listing shows only one household in the dwelling but two or more households are living there now. In this case, interview all households, and make a note on your Interviewer's Assignment Sheet next to the household that was not on the listing. Your supervisor will assign this household a number, which you should enter on the questionnaire and the assignment sheet. However, if the listing shows two households, only one of which was selected, and you find two or more households there now, only interview the one which had been selected and ignore the new one. In either case, inform your supervisor of the situation.

f) The listing shows more than one household in the structure but the household selected has moved away. Suppose in an apartment building, 15 households are listed and the household headed by Akash is selected. At the time of your visit, if the household headed by Akash has moved away, ask if any other household has moved into the apartment (dwelling unit) where Akash's household used to live. If so, interview that household.

If no one has come to replace Akash's household and that dwelling unit within that structure is vacant, enter code '6' in the appropriate column of the interviewer's Assignment Sheet and interview the immediate next household listed in the structure even if it was not assigned to you.

g) The head of the household has changed. In some cases, the person who is listed as the household head may have moved away or died since the listing. Interview the household that is living there.

h) The house is all closed up and the neighbours say the people are on the farm (or away visiting, etc.) and will be back in several days or weeks. Enter Code '4' (HOUSEHOLD ABSENT).

i) The house is all closed up and the neighbours say that no one lives there; the household has moved away permanently. Enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).

j) A structure assigned to you is actually a shop and no one lives there. Check very carefully to see if anyone is living there. If not, enter Code '6' (DWELLING VACANT OR ADDRESS NOT A DWELLING).

k) A selected structure is not found in the cluster, and residents tell you it was destroyed in a recent fire. Enter Code '7' (DWELLING DESTROYED).

l) No one is at home and neighbours tell you the family has gone to the market. Enter Code '4' (HOUSEHOLD ABSENT).

C. CHECKING COMPLETED QUESTIONNAIRES

It is the responsibility of the interviewer to review each questionnaire when the interview is finished. This review should be done before you leave the household so that you can be sure every appropriate question was asked, that all answers are clear and reasonable, and that your handwriting is legible.

Also check that you have followed the skip instructions correctly. You can make minor corrections, which are obvious mis-recordings of the response, but any serious error should be clarified from the respondent. Apologize, explain that you made an error and ask the question again.

Do not recopy questionnaires. As long as the answers are clear and readable, it is not necessary that the questionnaire itself be neat. Every time you copy the answers to a new questionnaire, you increase the chance of an error. For this reason you are not allowed to use work sheets to collect information. Record the information on the questionnaires you have been provided. If you need to make calculations, you may write in the margins or use the back of the questionnaires. Also, we encourage you to explain anything out of the ordinary either in the margins near the relevant question, or in the comments section at the end. These comments are very helpful to the supervisor and field editor in checking questionnaires.

D. RETURNING WORK ASSIGNMENTS

For all interviews that you have completed, fill in the final result on your Interviewer's Assignment Sheet. When you have completed all the Individual interviews for a given household, give them to your supervisor and record the date in Column 5 of your Assignment Sheet.

You should inform your supervisor about any problems you experienced in locating an address/household or in completing an interview with an eligible respondent.

IV. GENERAL PROCEDURES TO COMPLETING THE QUESTIONNAIRE

To collect effectively the information needed by the DLHS-3 RCH (Project), you must understand how to ask each question, what information the question is attempting to collect and how to handle problems, which might arise during the interview. You must also know how to correctly record the answers the respondent gives and how to follow special instructions in the questionnaire. This part of the training manual is designed to familiarize you with the DLHS-3 RCH (Project) questionnaire.

A. PROCEDURE TO ASK THE QUESTIONS

It is very important that you ask each question exactly as it is written in the questionnaire. When asking a question, be sure to speak slowly and clearly so that the respondent you are interviewing will have no difficulty in hearing or understanding the question. At times you may need to repeat the question in order to be sure the respondent understands it. In those cases, do not paraphrase the question but repeat it exactly as it is written.

If, after you have repeated a question, the respondent still does not understand it, you may have to restate the question. Be very careful when you change the wording, however, that you do not alter the meaning of the original question.

In some cases, you may have to ask additional questions (we call this probing), to obtain a complete answer from a respondent. If you do this, you must be careful that your probes are "neutral" and that they do not suggest an answer to the respondent. Probing requires both tact and skill and it will be one of the most challenging aspects of your work as a RCH (Project) interviewer.

B. RECORDING THE RESPONSES

All interviewers should use pens with blue ink to complete all questionnaires. Supervisors and field editors will do all their work using pens with red ink. There are two types of questions in the DLHS-3 questionnaire: (1) questions with precoded responses and (2) questions, which do not have precoded responses, these are open-ended.

Important Note: The investigator should compulsorily record the time of commencement of interview and time at the end of interview in the space provided.

1. Questions with precoded responses

For some questions, we can predict the types of responses a respondent will give. The responses to these questions are listed in the questionnaire. To record a respondent's answer you merely circle the number/letter (code), which corresponds to her reply. Be careful that each circle surrounds only a single number.

Example:1

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q.112	Have you ever attended school?	YES.....1 NO..... 2	→ Q114

If the answer is 'NO', circle '2' as shown in the example.

In some cases, pre-coded responses will include an "other" category. The "other" code should be circled when the respondent's answer is different from any of the pre-coded

responses listed for the question. When you circle the code "other" for a particular question you must always write the respondent's answer in the space provided. If you need more space use the margins.

Example:2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q.231	Who conducted your last delivery?	<p><u>HEALTH PERSONNEL</u></p> <p>DOCTOR..... 1</p> <p>ANM/NURSE/MIDWIFE/LHV 2</p> <p>OTHER HEALTH PERSONNEL..... 3</p> <p>OTHER PERSON</p> <p>DAI..... 4</p> <p>RELATIVES/FRIENDS 5</p> <p>OTHER 6</p> <p style="text-align: center;">(SPECIFY)</p> <p>NO ONE..... 7</p>	

Example: If answer is 'others' circle '6' as shown above and specify

2. Recording responses which are not pre-coded

The answers to some questions are not pre-coded; in entering the response for these questions you must write the respondent's answer in the space provided.

Usually you will record a number or date in the boxes provided.

Example: 3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q.104	How old are you?	AGE IN COMPLETED YEARS 	

Notice that if the response has fewer digits than the number of boxes provided, you fill in leading zeroes.

Example:4

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q.113	What is the highest standard you have passed?	STANDARD..... 	

In all the questionnaires you will find that there are two types of notes with some questions and along with each of the options there are codes 1 and 2 for yes and no or Mentioned/ Not mentioned. With some questions the note says, **“Record All Mentioned”**. In case of such questions you have to just ask the questions without reading out the options. These are the questions where the respondent can give the multiple responses and in that case you have to circle all “1” for the responses mentioned and circle “2” for all the remaining options. While asking all such questions encourage respondents to give more and more responses by asking “any other?” For example, while asking the source of treatment in different occasions. If respondent reports just one source ask her whether visited any other.



The second type of note given along with some questions is **“Ask about each separately”**. In case of these questions you have to ask about each of the aspect separately. For example, in a question on pregnancy complications you have to name every complication and ask whether respondent experienced each of that. Again you have to circle “1” for all those complications respondent experienced and “2” for all those which respondent did not experience.

C. CORRECTING MISTAKES

It is very important that you record all answers neatly. For pre-coded responses, be sure that you circle the code for the correct response carefully, so there is no confusion as to what the respondent's answer is. For open-ended responses, the reply should be written legibly so that it can be easily read. If you made a mistake in entering a respondent's answer or she changes her reply, be sure that you cross out the incorrect response and enter the right answer. Do not try to erase an answer. Just put two lines through the incorrect response. Remember that if there are two responses for a particular question, it may not be possible later, when the data are being coded, to determine which is the correct answer. Here is how to correct a mistake:

Example: if answer is ‘NO’, then **circle ‘2’**. But mistakenly if the response is recorded as ‘YES’ i.e., ‘1’ instead of ‘2’ please correctly **circle** the response as shown below.

Example: 5

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q.116	Have you done any work in the last 12 months?	YES.....  NO..... 	Q118

D. FOLLOWING INSTRUCTIONS

1. Skip instructions

It is very important not to ask a respondent questions which are not relevant to her situation. For example, a woman who is pregnant should not be asked whether she is currently using contraception. In cases where a particular response makes subsequent

questions irrelevant, an instruction is written in the questionnaire directing you to skip to the next appropriate question. It is important that you follow skip instructions carefully.

Example: 6

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
Q404	Are you currently pregnant?	YES..... 1 NO..... 2 UNSURE.....3	Q 430

Here from Q405 to Q429 is not applicable to those who answer 'YES' in Q404. So skip to Q430.

E. CHECKING COMPLETED QUESTIONNAIRES

After you have completed an interview, you must review the questionnaire by carefully checking the answer to each question. It is important to check that you have followed all the appropriate skip patterns and that you have not omitted any sections. If necessary, you may correct your handwriting or clarify answers. You should review the questionnaire BEFORE you leave the household, so that if you need to question the respondent further, she will still be available. You should write any comments about the interview that you feel would clarify the answers you recorded or that would be of interest to your supervisor. If you have any doubts about how to record an answer, feel free to write a note on the questionnaire, and then check with your supervisor. She/he is there to help you.

V. HOUSEHOLD QUESTIONNAIRE

The purpose of the Household Questionnaire is to provide information on general characteristics of the population and their households. You will use the Household Schedule part of this questionnaire to identify (1) Ever married Women and (2) Unmarried Women who are eligible to be interviewed in the Woman's Questionnaire and Unmarried Woman's Questionnaire.

A. HOUSEHOLD CHARACTERISTICS

A household comprises of a person or group of persons who usually live, eat together and share a common kitchen. This is not the same as a family. A family only includes people who are related; but a household includes all people who live together, whether they are related or unrelated. For example, three unrelated men who live and cook meals together would not be considered as one family, but they would be considered as one household.

Sometimes it is not easy to know whom to include in the household and whom to leave out. Here are some examples:

- A man has two wives who live in different places and he stays with each of them. Ask where he stays most of the time and consider him as being a member of that household.
- Sometimes people eat in one household and sleep in another. Consider the person to be a member of the household where he sleeps.
- A person living alone. He/she constitutes a household.
- A servant: He/she is a member of the household if he/she usually lives in the household.
- A woman lists her husband as head of the household, but he lives somewhere else. If he does not usually live in the household you are interviewing, he should not be included in the listing.

B. IDENTIFICATION OF HOUSEHOLD ON THE COVER PAGE

Before you begin an interview, fill in the identification information in the cover page. In any large-scale survey, coding system identifies the respondent's information. Hence the identification on cover page of any questionnaire is important before recording the responses. The identification information is obtained from the sample household listing and will be given to you by your supervisor. Note that most of the lines have boxes and codes. Write the name of the State, District, and Tahsil/Taluk in which you are working, and fill in the boxes by writing the codes given for the State, District and Tahsil/Taluk. Write the name of the place in which you are working on the line marked. Also record the PSU Number assigned to the cluster in which you are working. Note down the PSU or Village population that is being surveyed. The Nodal Agency will provide the population of the selected PSU, which should be entered by the supervisor before the interview begins.

Record the number of Segments Created in VILLAGE / CENSUS ENUMERATION BLOCKS in selected ward in the space provided. Then write number of segment/CEB selected in the box provided. If no segmentation is done enter "00". Next is the type of locality, which is to be coded as '1' for RURAL, '2' for URBAN. Also write the name and address of the head of the household, whom you are to interview. The serial number of the **village questionnaire should be filled after the interview. Serial number of Household questionnaire should be continuous numbers from 1 to 1000 or 1200 or 1500 and should be entered after the interview.** Then write the complete address of the household in the space provided. Record the serial number of the village questionnaire, household questionnaire respectively in the boxes. **Supervisor will provide all serial numbers of these questionnaires.**

In cover page serial number of the VILLAGE QUESTIONNAIRE and serial number of the HOUSEHOLD QUESTIONNAIRE should be entered at office.

Enter date of interview in the boxes given.

You should fill in the cover page the date, month and year on which the last visit of the interview is conducted and completed.

C. COMPLETING THE HOUSEHOLD QUESTIONNAIRE

To complete the Household Questionnaire, you will need to find a suitable/competent respondent. **Any adult member who is a usual resident of the household and capable of providing information is needed to fill in the Household Questionnaire.** If an adult is not available, do **not** interview a young child; instead, go on to the next household, and call back at the first household later.

Generally you will ask a single individual in the household for the information you will need to complete the Household Questionnaire. However, as appropriate, you may need to consult other members of the household for specific information.

The informed consent statement at the beginning of the questionnaire has to be read exactly as it is written and all instructions followed. The household interview cannot be started until you have obtained the consent of a household respondent.

Important Note: The investigator should compulsorily record the time of commencement of interview and time at the end of interview in the space provided.

In the first table of section 1 of Household Questionnaire we are going to enter the information of all the members, including visitors/ guests of the household. The same details of each individual member of the household are asked from Q102 to Q114. Frequently we face problem of identifying the head of the household. After entering the house we ask the Question “*who is the head of this household?*” to the person opening the door. The person he/ she informs as the head, we treat that individual as Head of the Household. The person may be the oldest household member or the principal earner or the senior most by relations. According to the census of India the head of the household is a member of the household whom other members acknowledge as the head. Note that there can be only one person in the HH designated as the head and secondly head of the HH has to be the usual member of the HH, present or away from the HH on the day of survey.

Another problem we face is in deciding who are the usual members and who are the visitors. Usual members are those members of the household who usually stay here. Please note that all the family members are not the usual members of the household. Only those who stay in this household are the usual members. At present at the time of survey, a few of them may be temporarily away, but if they are going to come back and stay in this household, we still consider them as usual members. For example women who have gone to parents’ house for delivery, children who are away for education are usual members of the household. However, persons who were members of this household but now are staying away because of their job and visit this household only occasionally should not be included, as they may be usual residents of their household at the place of their employment. Similarly a visitor is someone who is not a usual member of the household but who stayed in the household the night

before the day you are conducting the interview. If an individual stayed in the household the previous night, he or she should be listed on the Household Schedule.

INFORMED CONSENT

In the Survey it is must to take the consent of the household head/member before conducting the interview. We request the respondent to participate in the interview and also inform about the duration of the interview. If respondent does not agree to be interviewed, circle '2', thank the respondent, and end the interview. Then write '5' (REFUSED) as the result on the cover sheet. If the respondent agrees to be interviewed, circle '1' and begin the interview.

Q101: TIME

Record the time of the day when you are starting the Household interview and use the 24 hours system. If the hour or minutes are less than 10, put a zero in the first box.

Half past nine in the morning is:	HOUR	0	9
	MINUTES	3	0

Half past four in the afternoon is:	HOUR	1	6
	MINUTES	3	0

As mentioned earlier, start with the head of the household. First ask about all the usual residents. After entering information about all the usual residents ask whether there are any visitors and then **enter** about each visitor.

Q102: And Q103: NAME AND RELATIONSHIP TO THE HEAD

Starting from the head of HH, ask Q102 to Q103 for one member and then repeat for all the usual residents and then visitors.

Q102 asks the name of the persons who usually live in the household and also name of visitor. Please note down the full name, including first name and surname (if the person has). Start from the head of the household.

Q103 asks about the relationship of that person to the head of HH. We are going to note the relationship of the person to the head of HH i.e. how that person is related to the head and not how the head is related to that person. For example if the head is a woman aged 55 years and next person is her son aged 35 years then **write** 03 i.e. his relationship as son/ daughter, and not 06, parents. For the head **write** relationship as 01 i.e. head. Note that in this column we can enter only 01 to 14 and 98 codes. The code for the relationship with the head of household is given at the end of the table.

Q104: RESIDENT STATUS

Once the respondent has provided the names of all the members and we have noted down the names and relationship to head we proceed to the next question Q104. Starting from the head of HH, ask Q104 to Q113 for one member and then repeat for all the usual residents and then visitors. In Q104 we are going to note down if the resident usually lives in the household or not, **Write** 1 for YES (usual resident) and **write** 2 for NO (not a usual resident).

Q105 To Q107: SEX, AGE AND MARITAL STATUS

In Q105 **enter** the sex of the person. Though in many cases by name the sex of the person can be determined, please ask about every person. In a few cases the same names are given to boys as well as to girls and hence to make sure it is necessary to ask this in case of each person.

In Q106 we are asking the age of the person. Please note that age will be entered in completed years. For all the babies who have not completed one year the age will be entered as 00. So a child born a few hours before the interview as well as a child who will be one year on the next day of interview is of age 00 on the interview day. In most of the cases head of the HH may not know the age of each member. In such cases head can take help of other members in reporting the correct ages. However, in many cases people do not know their ages. In such cases you have to probe further to get the correct age. For adults, probe by asking the age at marriage, age of the eldest child etc. In case of children ask them to refer to immunization card or otherwise the standard in which they are studying. **For children of the household whose age is < 10 years (0 years to 9 years) skip to Q108** (We do not ask Q107 that is Marital Status whose age is less than 10 years). **If children in the household are of less than 5 years (0-4 years) skip to next member of the household.**

Note: Any ages that are close to the eligibility cut-off ages should be carefully probed, like ages 14,15,16 and 48,49,50 in case of ever married women and 14,15,16 and 23,24,25 for unmarried women.

Q107 is about the marital status of the person and is to be asked only for those who are 10 years or older. For children below 10 years of age (0 years to 9 years) keep this column blank. For those who are not married **write** 5. For those who are currently married **write** 1. Currently married are those who are married and whose marriage is not broken due to either death of the spouse or due to divorce or separation. For those who are currently married but whose marriage is not yet consummated **write** 2. For all those who had married but now their marriage is broken due to either death of the spouse **write** 3 or marriage broken due to divorce or separation, **write** 4.

Q108 To Q113: LITERACY AND EDUCATION

The Q108 is to be asked only for those who have completed 5 years. For all children age 0 to 4 years keep this column blank. The question is about literacy status and it refers to literacy or ability to read and write any language with understanding. If a person is illiterate i.e. answer is NO write 2.

If in Q108 answer is Yes that is 1, meaning that the member of household is literate ask Q109: whether the person has ever been to school. In Q109 if the respondent says Yes **write** 1 then skip to Q111. If in Q109 answer by the respondent is NO **write** 2 then go to Q.110: What is the main reason (Name) never went to school and **GO TO NEXT PERSON**.

Q111 asks about the highest grade the person has completed and **enter** it in completed years. For the literate persons who have not attended school and learned reading and writing in non-formal classes enter years of schooling as 00. In this Question we are interested in years of formal schooling and hence even if the person has attended a few years of non-formal learning classes we enter the highest grade completed as 00. For those who have left school in 5th standard enter completed grade as 4. For those who have completed graduation in any subject **enter** 10+2+3=15 years of schooling. For those who have completed any diploma of two years duration after high school **enter** 10+2=12 years of schooling. If the member is 18 years or more go to next member.

After Q111 for household member whose age is less than 18 years ask question Q112 and Q113. In Q 112 he or she is still in School/ College, means answer is YES, **write** '1' and **go to next member**. If answer is NO, write '2' and go to Q113. Ask what is the main reason for he/ she is not going to School/ College and choose the appropriate answer given at the end of table and write the code.

In Q114 information note about, Eligible Ever Married Women and Unmarried Eligible Women. The ever-married eligible women are those who are currently married, married but gauna not performed, widowed, separated or divorced in the age group of 15-49 years. The unmarried eligible women are those who are never married and in the age group of 15-24 years. **Write** '1' for Eligible Ever-Married Women and **write** '2' for Unmarried Women and also circle line number of eligible women.

In the questionnaire there is a provision of recording data of 14 members. In case if you come across with any household with more than 14 members, attach a new additional questionnaire. In the additional questionnaire start giving line numbers from 15 onwards. Write down clearly that you are attaching an additional questionnaire so that data entry operator will enter that data. Even enter the identification information on cover page.

Q115: RELIGION

In Q115 religion of the head of the household is asked in order to study the differentials in health and population across different religious groups. Do not try to guess the religion of the head of the household from his/her name. Many names are common among different religions.

But note that we are going to **circle** the religion of the head of HH only. You may come across the persons who may report that they do not follow any religion. In such cases **circle** code 09 means no religion. If the respondent says any other religion than the religion codes 01 to 09 then write down the name of the religion and circle 96.

Q116A: And Q116B: CASTE

This question is asked to all the respondents irrespective of religion. A sizeable proportion of Christians and Muslims and persons of other religions may still have some affiliation, for example, if they were Hindus before converting to another religion. This information will be used as yet another measure of the socio-economic background of the households.

If the respondent is other than the head of the household, make sure that he/she is giving the caste or tribe of the head of the household and not his/her own. The name of the caste or tribe to which the head of the household belongs as reported by the respondent should be recorded verbatim and the appropriate code circled. If the head of the household is reported as belonging to both a caste and a tribe, record only the tribe's name. In Q116A if the respondent says that the head of the household does not belong to any caste or tribe, **circle '03'** for NO CASTE/TRIBE and skip to Q117.

Circle the correct code, according to whether the respondent tells you that the caste/tribe given in Q116B is a scheduled caste, a scheduled tribe, or an 'other backward class' (OBC), or that the head of the household does not belong to any of these groups is given as None of them/others coded as 4.

Q117: SOURCE OF DRINKING WATER

The purpose of this question is to assess the cleanliness of the household's drinking water by asking about the household's main source of water. If drinking water is obtained from several sources, probe to determine the source from which the household obtains the major quantity of its drinking water. If the source varies by season, record the main source used at the time of interview. Remember we are interested in the source of the water. If for example, water from a tanker truck is stored in an overhead tank and then is piped into the home and flows through a tap, the source should be coded as "TANKER TRUCK" not "PIPED INTO DWELLING". The codes under PIPED WATER should be used only where the source of water is a public or private water distribution system. The table below gives definitions of all the response codes.

Definitions of Water Source	
<u>Response Categories</u>	<u>Definition</u>
Piped water into dwelling	Pipe connected with in-house plumbing to one or more taps, e.g. in the kitchen and bathroom. Sometimes called a house connection. In-house pipes connected to a public or private water distribution system.
Piped water to yard/plot	Pipe connected to a tap outside the house in the yard or plot (and the water is coming from a public or private water distribution system). Sometimes called a yard connection.
Public tap/standpipe	Public water point from which community members may collect water (and the water is coming from a public or private water distribution system). A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are often made of brickwork, masonry or concrete.

Hand Pump or Tube well or Bore well	A deep hole that has been driven bored or drilled with the purpose of reaching ground water supplies. Water is delivered from a hand pump or tube well or bore well through a pump which may be human, animal, wind, electric, diesel or solar-powered.
Protected dug well	A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected.
Unprotected dug well	A dug well which is 1) unprotected from runoff water; 2) unprotected from bird droppings and animals; or (3) both.
Protected spring	A spring protected from runoff, bird droppings, and animals by a “spring box” which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.
Unprotected spring	A spring that is subject to runoff and/ or bird droppings or animals. Unprotected springs typically do not have a “spring box”.
Rainwater	Rain that is collected or harvested from surfaces by roof or ground catchment's and stored in a container, tank or cistern.
Tanker truck	Water is obtained from a provider who uses a truck to transport water into the community. Typically the provider sells the water to households.
Cart with small tank	Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non- motorized (e.g., a bullock).
Surface water	Water located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels
Bottled water	Water that is bottled and sold to the household in bottles.

Q118: And Q119: TREATMENT OF DRINKING WATER

The purpose of Q118 and Q119 is to know whether the household drinking water is treated within the households to make it safer to drink and if so, what type of treatment is used. But if the respondent does not treat the water before consumption or, says ‘Do Not Know’ skip to Q120.

The type of treatment used at the household level provides an indication of the quality of the drinking water used in the household. In Q119 if the respondent mentions more than one type of treatment, circle all the answers since this is a multiple-response question.

Definitions of Selected Water Treatment Codes for Q119	
<u>Response Categories</u>	<u>Definition</u>
Boil	Boiling removes temporary hardness of water and it kills all bacteria, spores, cysts, ova and yields sterilized water.

Use of alum	Adding coagulation chemicals such as alum will increase the rate at which the suspended particles settle out by combining many smaller particles into larger floc, which will settle out faster.
Add bleach/chlorine tablets	Use of free chlorine to treat drinking water. Free chlorine may be in the form of liquid sodium hypo chlorite, solid calcium hypo chlorite, or bleaching powder
Strain it through a cloth	Pouring water through a cloth which acts as a filter for collecting particulates from the water
Use of water filter (ceramic/sand/composite/etc.)	The water flows through a medium to remove particles and at least some microbes from the water. Media used in filtering systems may include ceramic, sand and composite.
Use of electronic water purifier	It's a water treatment technology that removes dissolved minerals in water electronically.
Let it stand and settle	Holding or storing water undisturbed and without mixing long enough for larger particles to settle out or sediment by gravity.

If the respondent mentions “Don’t Know”/”Not Aware” then circle ‘1’ under “DO NOT KNOW” option. In that case, all remaining options will be kept blank (no need to circle).

Q120 And Q121: TYPE OF TOILET

The purpose of this question is to obtain a measure of the household’s access to proper sanitation facilities, since toilet facilities are important for disease control and health improvement.

Below are some definitions for the terms used in the response categories for Q120.

Definitions of Toilet Facility Codes in Q120	
<u>Response Categories</u>	<u>Definition</u>
Flush/pour flush toilet	<p>A <u>flush</u> toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped, piped below the seat or squatting pan, which prevents the passage of flies and odours.</p> <p>A <u>pour flush</u> toilet uses a water seal, but unlike a flush toilet, a pour flush toilet uses</p>

	water poured by hand for flushing (no cistern is used)
-To piped sewer system	A system of sewer pipes (also called sewerage), that is designed to collect human excreta (faeces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater
- To septic tank	An excreta collection device consisting of a water-tight settling tank normally located underground, away from the house or toilet
-To pit latrine	A system that flushes excreta to a hole in the ground
-To somewhere else	A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g., excreta may be flushed to the street, yard/plot, drainage ditch or other location
Pit latrine	Excreta is deposited without flushing directly into a hole in the ground
Ventilated improved pit latrine (VIP)	A latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting and the inside of the superstructure is kept dark
- Pit latrine with slab	A latrine with a squatting slab, platform or seat firmly supported on all sides which is raised above the surrounding ground level to prevent surface water from entering the pit and is easy to clean
- Pit latrine without slab/open pit	A latrine without a squatting slab, platform or seat. An open pit is a rudimentary hole in the ground where excreta is collected
Twin pit/Composting toilet	A toilet into which excreta and carbon-rich material are combined (vegetable wastes, straw, grass, sawdust, ash) and special conditions are maintained to produce inoffensive compost
Dry toilet	A place that is used for defecation and from which the faeces are regularly picked-up by a scavenger (usually found in old cities). Known as <i>kamau paikhana</i> in Hindi.

In Q120 if the respondent says No Facility/Uses open space/field circle 51 or Other type of toilet facility circle 96 and specify, then we skip to Q122. If response is for Other specify the type of toilet facility. For the remaining option we have to ask Q121.

In Q121 we ask about the sharing of the toilet facility with other households, if the respondent says 'YES' circle 1 and go to next question or if the answer is 'No' circle 2 and skip to Q123.

For those people who responded in Q120 as No Facility/Uses open space/field (Code 51) or Other type of toilet facility (Code 96). We are asking Q122 that is whether this place is near, far or too far from your residence.

Q123: TYPE OF FUEL USED FOR COOKING

What type of fuel is used for cooking in household just like LPG gas, Biogas, Kerosene oil and Charcoal.

Q124: TYPE OF HOUSE

This is not to be asked to the respondent. Classify the houses based on observation. For classification you can make use of the information on the nature of materials used for construction. If the house is made of mud thatch or other low quality materials it is a *kachcha* house. If, on the other hand, the house is made of partly low quality and partly high quality materials classify it as semi-*pucca*. Houses made of high quality materials through out, including the roof, walls and floor classify it as *pucca*.

Q125: NUMBER OF ROOMS IN HOUSEHOLD

Simply ask about the number of rooms in the household. Include all the rooms where persons in the household are using for all the purposes even the kitchen. If only ONE ROOM, skip to Q128A.

Q126: NUMBER OF ROOMS FOR SLEEPING

Simply ask about the number of rooms that the household uses for sleeping. Include all the rooms where persons in the household sleep, even if those rooms are used for other purposes in the daytime (that is, they are not exclusively used for sleeping). If the household members usually sleep outside the house, you would record '00' for the number of rooms used for sleeping.

Q127: SEPARATE ROOM FOR KITCHEN

If the cooking is done in the house, the respondent is asked whether there is a separate room that is used as a kitchen. This question provides additional information on the hygiene and air quality status of the household.

Q128 A And Q128B: OWNERSHIP OF HOUSE

In Q128A we are asking about the ownership of house. Ask the respondent if he/she own the house or not. If the answer is Yes circle 1 and if NO, circle 2.

Then go to Q128B. Ask the respondent whether he/she owns any other house. If the answer is YES circle '1' or if the answer is NO circle '2'.

Q129: HOUSEHOLD ITEMS

The answers to these questions on ownership of certain household articles will be used as a rough measure of the socio-economic status of the household. Read out each article and circle the answer given after each article. Do not leave the codes for any item(s) blank. It does not matter who in the household owns the article; only that the article is owned by the household or one of its usual members.

If the respondent reports that a household item such as a Radio or TV is broken, try to find out since how long it is broken and whether it will be fixed. If the item appears to be out of use only temporarily, circle '1' for YES. Otherwise, circle '2' for NO. The amenities that are available in that particular are only should be considered.

Q130: To Q132: OWNERSHIP OF AGRICULTURE LAND

Ownership of agriculture land is another important indicator of the socioeconomic status of the household. Firstly ask Q130 to find out whether any member of the household owns any land that can be used for agriculture. The land does not have to be near where the household lives. For example, a household living in the middle of a big city may own some agricultural land in a rural area. 'Agricultural land' here includes only land which is being used or can be used for agricultural purposes. Land used for grazing, brick kilns, etc. and other waste or barren land that cannot be cultivated should not be considered as 'agricultural land'. If the household does not own any agricultural land, skip to Q133. If the respondent is unable to give the appropriate answer or says do not know consistently there is need to probe and information could be collected by consulting other members of the household.

If the answer is YES in Q130, ask Q131. If the response is in terms of acres, the interviewer can record the answer directly in the boxes. The answer should be rounded to the first decimal place. For example, if the measure given is 3.75 acres, enter 003.8 in the boxes provided. If the household owns exactly 3 acres, enter 003.0. If the response is not in acres, write the complete answer in the space provided making sure to specify clearly the local units used (e.g., Bighas or Gunthas). The field editor will later convert the answer into acres and enter the correct number into the boxes provided.

Ask Q132 to those who reported that they own agricultural land. Only agricultural land which is irrigated by one or more sources of irrigation such as a canal, pond/tank, well, tube well, hand pump or river is to be recorded here. Land that depends only on rain for irrigation is not to be included as irrigated land. The size of the land should be recorded in acres. If the respondent is unable to give the size in acres, then write on the line provided after the question the number in local units, but be sure to specify the unit used. The supervisor will convert the measure in local units into acres in all such cases. If none of the land owned by the household is irrigated then circle '0000'. If the answer is DON'T KNOW, enter 9998.

Q133: OWNERSHIP OF LIVESTOCK, HERDS, POULTRY OR OTHER FARM ANIMALS

Information on whether households own any livestock, animal herds, poultry or various other animals is used as an additional indicator of the socio-economic status of the household. Ask about each type of animal, and circle the appropriate code. The number of animals owned does not matter, only that one or more is owned by the household or a usual member of the household. Do not leave any lines blank.

Q134: BPL CARD

The BPL card is a card given to households below the poverty line. However, this question needs to be asked in all households (even if they look relatively well off) because sometimes households manage to obtain a BPL card even if they are not below the poverty line. There is need to find out the colour of the card which is state - specific.

Q135 And Q136: HEALTH SCHEME

The purpose of this question is to find out whether the household members were covered by a health scheme or health insurance. If the respondent told YES means we have to ask Q136 otherwise we skip to Q137. Q136 asks about the type of health insurance/ health scheme.

Q137: And Q138: TREATMENT OF HOUSEHOLD MEMBERS FOR DURING ILLNESS

Q137: The purpose of this question is to find out where the household members mainly seek treatment for an illness. The illness could be of any kind requiring treatment. Note that we are not just referring to a headache or discomfort that can easily be resolved by taking a pill already in the house or bought from the pharmacy; we are referring to illness which requires at least some medical consultation and treatment. If the respondent gives more than one answer, ask: "Where do members of your household go most often?" The following acronyms are used in the response categories for this question and many subsequent questions:

UHC = Urban Health Centre

UHP = Urban Health Post

UFWC = Urban Family Welfare Centre

CHC = Community Health Centre

PHC = Primary Health Centre

NGO = Non-Governmental Organization

TBA = Traditional Birth Attendant (either trained or untrained)

ICDS = Integrated Child Development Scheme (Anganwadi Centres)

Though codes provided here are comprehensive, often the response given by respondents will be such that it will not exactly fit into these categories. Probing will help the interviewer to place it in the exact category. If they go to a health facility of any type, **record the type of facility, not the type of health professional they visit at the facility.** Also, it is important to find out whether the facility is private or governmental. If the response is government sector skip to Q139.

Note that hospitals that are run by any Ministry or Government Department such as the Railways/Defence/Atomic Energy/etc. should be coded '11' (Govt. Hospital). Similarly, dispensaries run by any Ministry/Government Department such as the Railways/Defence/Atomic Energy/etc. should be coded '12' (Govt. Dispensary). Even after probing the respondent gives another response, which is not on the list, write the name of the treatment place/person on the space given.

Definition of the Sources of Treatment codes in Q137.

HOSPITAL – is an institution that provides medical, surgical, or psychiatric care and treatment for the sick or the injured. Institution for diagnosing and treating the sick or injured, housing them during treatment, examining patients and managing childbirth. Hospital may be public (govt-owned) or private (profit making or not-for-profit) in most nations except the U.S., most are public.

DISPENSARY – is an outpatient department of a hospital. Dispensary is an office in a hospital or other institutions from which medical supplies and medicines are dispensed or a place for dispensation of free or low cost medical treatment.

UHC /UHP/UFWC - Urban Health Centre/Urban Health Post/Urban Family Welfare Centre

ICDS - Integrated Child Development Scheme

COMMUNITY HEALTH CENTRE – CHCs are being established and maintained by the State Government under Minimum Needs Programme or Basic Minimum Services Programme. The Health Centre has four medical specialists i.e. Surgeon, Physician, Gynaecologist and Paediatrician supported by 21 paramedical and other staff. It has 30 beds with one Operation Theatre (OT), X-ray, Labour Room and Laboratory facilities. It serves as a referral centre for 4 PHCs, to cover a population of 80,000- 1.2 lakh.

PRIMARY HEALTH CENTRE –PHC is a basic health unit and the activities of PHC involve curative, preventive, promotive and Family Welfare Services. It acts as a referral unit for 6 subcentres and it has 4-6 beds for patients covering 20,000 to 30,000 populations. A PHC is manned by a Medical Officer supported by 14 paramedical and other staff.

SUB CENTRE – A sub-centre is the most peripheral contact point between the Primary Health Care system and Community. It is manned by one Multi Purpose Worker Male and one MPW Female or ANM. A sub centre to cover a population of 5,000 in plain areas and for 3000 population in hilly and tribal areas.

AYUSH- Ayurvedic, Yoga, Unani, Siddha and Homeopathy Systems of Medicine. (Earlier it was known as Indian Systems of Medicine and Homeopathy-ISM&H).

AUXILIARY NURSE MIDWIFE (ANM) - ANM play a vital role in Maternal and Child Health as well as in Family Welfare Services in the rural areas. It is essential that the proper training to be given to them so that quality services be provided to the rural population.

ASHA- ACCREDITED SOCIAL HEALTH ACTIVIST. ASHA is a female health activist in the community who creates awareness on health and its social determinants, mobilize the community towards local health planning and increased utilization of existing health services. ASHA has flexible work schedule for 2-3 hrs/day, 4days/week except during mobilization events, training programme. She works at home and in the community. The norm is “one ASHA for 1000 population”.

AWW - Anganwadi Worker (under ICDS programme)

CLINIC – A medical facility smaller than a hospital called a clinic, and is often run by a government agency for health services or a private partnership of physicians (in nations where private practice is allowed). Clinics generally provide only outpatient services.

DAI - Majority of deliveries in the rural areas are conducted by *Dais*. The objective of training the untrained Dais is to enable them to conduct safe and hygienic delivery in the rural areas. They are also involved in propagation of small family norm.

In Q138 we want to know the reason why the people does not avail the facilities provided by the government. There are chances of multiple answers, so record the same, and if there are some other responses, write it on the space provided. **Record All Mentioned.**

Q139: And Q140: NUMBER OF MARRIAGES

Q139 and Q140 are about the marriages and age at marriage. Q139 asks whether there was any marriage of usual resident since **1st January 2004**. Note that the marriage of a person who is/ was usual resident of this HH, which took place in other area also is to be recorded. On the contrary the marriage of any other relative (who was not usual resident of this HH) that occurred in this house need not be recorded. In some cases it may happen that the person who got married was the usual resident of this HH but after marriage got separated from this HH and now is not the usual member of this HH. We need to record marriages of such persons, as they were usual residents at the time of marriage. If there is NO for Q139 go to Q141A.

The Q140 has two sub-questions, the first is about the number of marriages of boys, girls and total number of marriages occurred in the household and the next is about the ages of persons at the time of marriage. In all there is a provision of recording ages of 4 boys and girls each, i.e. total 8 marriages. It is highly unlikely to come across a household in which more than 4 girls/ boys married in three years' period from **1st January 2004** to survey date. If in a HH only one girl (age 22 at the time of marriage) married after **1st January 2004**, record 0,1 and 1 in three boxes opposite Q140A. Keep all the four boxes opposite BOY in Q140B blank and record 22 in the first box opposite GIRL in Q140B and keep the next three boxes blank.

Q141A: To Q145: NUMBER OF DEATHS

All the remaining questions of the HH Questionnaire is about the deaths, which took place since **1st January 2004**. In Q141A we ask whether any usual resident of this HH died since **1st January 2004**. Note that we are interested in recording the deaths

of usual residents only, and not of the visitors. Even if the usual resident of this HH die in another village/ town, we will be recording that death. At the same time we are not going to record the deaths of visitors of this HH even though the death took place in this house.

If there is no death or response is NO for Q141A skip to Q151A.

In Q141B record the number of deaths of male and female members and the total deaths. The details of each of the death are to be recorded in the next table. For each of the death reported in Q141B ask the questions Q142 to Q150.

Q142 is the name of the dead person. If the death occurred in the household is of a baby before been given the name just record “Baby” as the name.

Q143 asks whether the person was a male or female. As instructed earlier, though you may guess the sex of the person by a name, ask the question and then record the sex. Do not write “male” or “Female” but just circle “1” or “2”.

First record the name and sex of the all members who died after 1 January 2004.

Q144 is about the age of the person in completed days/ months/ years at the time of death. Please note that we are going to enter the age at death in different units of measurement i.e. days or months or year for different persons. For all those babies who died before completion of the first month of the life, the age at the time of death will be recorded only in days. So for a baby who died on the same day of birth, we will circle 1 to indicate that we are recording age at death in days and then record “00” in the blocks opposite days. For a child who died before completion of the second birthday we are going to record the age at death in completed months. So for a baby who died at the age of one year and nine months (21 months), circle “2” opposite months and enter “21” in the block opposite months. For all those who died after completion of second year of birth record age at death in completed years by circling “3” and recording years in the box opposite years. So for a child who died at the age of 4 years and 7 months circle “3” and enter “04” in the box. Please note that once you circle any of 1 to 3 and record either days, months or years keep all the remaining two boxes blank. **If age at death is more than 99 years, then write 99.**

Q145 is about the month and year in which the person died. Since we are recording the deaths, which occurred after **1st January 2004**, make sure that in the box for year of death we can record only from 2004. Since this is a comparatively recent event, respondent is expected to report month and year of death. Even if respondent is not able to remember the month, try to probe by asking about season or some festival around the time of death and record the closest possible estimate of month of the death.

Q146: To Q150: IDENTIFICATION OF MATERNAL DEATH

From Q146 we are trying to find out whether the reported death is a maternal death or not. **According to WHO Maternal Death is defined as death of a woman while pregnant or within 42 days (6 weeks) of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated**

by the pregnancy or its management but not from accidental or incidental causes. Since reproductive span of a woman ranges from age 15 to 49, a death of female in the age group 15-49 can be possibly a maternal death. In Q146 we filter all the deaths and if the deceased is a female aged 15-49 years then we ask Q147 to Q150 to estimate the maternal death. If answer is NO go to Q151A.

In Q147 we ask whether the woman was pregnant when she died. If the response is yes then it means this is a case of maternal death, and then we skip Q148, Q149 and Q150 and start investigating whether the next death is maternal death or not. If the response for Q147 is NO, then ask Q148 whether she died at the time of abortion or six weeks of abortion. If the response is YES then it is a maternal death, **circle 1** and go to the next person who died in the household. But if in Q148 it is NO **circle 2** and then ask Q149. Q149 tells us whether a woman died at the time of delivery or not. If the response is YES, it is a maternal death **circle 1** and go to next deceased person. But if the response is NO for Q149 **circle 2** and ask Q150 whether a woman died within six weeks of the end of the pregnancy or childbirth. If the response for Q150 is YES circle 1 or if the response is No circle 2. For either of response in Q150 (Yes or No) we proceed to next death in the household.

Note: Though the woman is pregnant but the death has occurred due to accident, that should not be considered as maternal death. If the respondent reports that the pregnant woman has died due to accident/suicide or any other related reasons, circle 2 for Q147, Q148, Q149 and Q150 and go to next death. If there are more than four deaths in household after 1 January 2004, attach additional questionnaire and enter the identification information on the cover page.

Q151A To Q151B: GOVERNMENT HEALTH PROGRAMMES AND THE MESSAGES ABOUT THE PROGRAMMES

Read the statement at the top of the table: “Now I would like to talk about various Government Health Programmes and the messages on these programme...” Then read Q151A: “Which health programme messages have you seen/heard/read about?” Wait for the respondent to tell you which programmes she knows about. Circle ‘1’ for YES for each of the programme that he/she mentions spontaneously.

Ask each programme separately whether the respondent has heard/read/seen of the programme. For example, if the respondent did not mention the Malaria/Dengue/Chicken Guinea spontaneously, ask respondent about it, reading the description of the programme: “Have you ever seen/heard/read of the Malaria/Dengue/Chicken Guinea programme?” If he/she says Yes has heard of it, circle ‘1’ for YES. If he/she has never heard of the Malaria/Dengue/Chicken Guinea programme, record NO by circling ‘2.’ Then skip to next programme. Repeat this for each programme not mentioned spontaneously, reading the description of each programme.

After you have completed the filter in Q151A, you are ready to ask the respondent about the sources of information of the programme. However, before you ask Q151B for each programme, check whether the respondent has heard/ seen/ read of the programme in Q151A, i.e., ‘1’ was circled in Q151A, indicating that the respondent

has heard of the method. **Do not ask Q151B for methods the woman has not heard of (Code '2' circled in Q151A) and go to next programme.**

01. PULSE POLIO: - For individual protection every child during the first year of life should receive at least three doses of OPV (routine doses). The only way to completely eliminate the risk of getting children paralysed by polio is to completely interrupt the circulation of wild polio virus by administration of OPV to all under-five children over a few days and repeat it a few times each year as during NID/SNID (Sunday National Immunisation Day). OPV is one of the safest vaccines. Repeated doses of OPV minimize the risk of getting polio and are safe. Ask whether the respondent has seen/heard/read of the PULSE POLIO programme, if answer is YES circle 1 and then ask Q151B about the sources of information. Record all sources mentioned by the respondent. If answer is NO go to next programme.

02. FAMILY PLANNING: - Prevention and control of fertility in both the male and female is an integral part of family planning. The terms family planning, contraception and birth planning are interchangeably used. Ask whether the respondent has seen/heard/read of the FAMILY PLANNING, if answer is YES circle 1 and then ask Q151B about the sources of information. Record all sources mentioned by the respondent. If answer is NO go to next programme.

03. HIV/AIDS PREVENTION: - HIV can be transmitted in the sexual fluids, blood or breast milk of an infected person. HIV prevention therefore involves a wide range of activities including prevention of mother-to-child transmission, harm reduction for injecting drug users and precautions for health care workers. Avoiding AIDS as easy as...(ABC approach) Abstain, Be faithful and Condomise. The risk could be avoided altogether by avoiding any sexual activities that could cause transmission of HIV (i.e. Abstain). The risk could also be reduced, through avoiding sexual intercourse other than with a mutually faithful uninfected partner (i.e. Be faithful) or through the correct and consistent use of condoms (i.e. Condomise). Ask whether the respondent has seen/heard/read of the HIV/ AIDS Prevention programme, if answer is YES circle 1 and then ask Q151B about the sources of information. Record all sources mentioned by the respondent. If answer is NO go to next programme.

04. MALARIA/DENGUE/CHICKEN GUINEA: - MALARIA is both curable and preventable disease. Programmes for the control of Malaria and Dengue comes under the National Vector Borne Disease Control programme. Epidemiological surveillance is an important component of any prevention and control. Chicken guinea is a rare form of viral fever caused by a type of virus that is spread by mosquito. Control of mosquitoes through Integrated Vector Management including source reduction, use of larvivorous fishes, fogging and impregnated bed nets. Ask whether the respondent has seen/heard/read of the MALARIA/ DENGUE/ CHICKEN GUINEA programme, if answer is YES circle 1 and then ask Q151B about the sources of information. Record all sources mentioned by the respondent. If answer is NO go to next programme.

05. DOT/ TB PROGRAMME: -The goal of the TB Control Programme is to decrease the incidence of TB and progress towards its elimination in India by: collecting and evaluating surveillance data, developing TB control policies, providing consultation and technical assistance to local health departments and increasing the public's awareness of TB. Directly Observed Therapy (DOT) is a way of helping patients take

their medicine for TB. Ask whether the respondent has seen/heard/read of the DOT/ TB programme, if answer is YES circle 1 and then ask Q151B about the sources of information. Record all sources mentioned by the respondent. If answer is NO go to next programme.

06. LEPROSY ERADICATION PROGRAMME: - Govt. of India started National Control Programme in 1955 based on Dapson domiciliary treatment, through vertical units, implementing survey education and treatment activities. The National Leprosy Eradication Programme was launched in 1983 with the objective to arrest the disease activity in all the known cases of leprosy. Ask whether the respondent has seen/heard/read of the LEPROSY ERADICATION programme, if answer is YES circle 1 and then ask Q151B about the sources of information. Record all sources mentioned by the respondent. If answer is NO go to next programme.

07. PREVENTION OF SEX SELECTION: - The Pre-natal Diagnostic Techniques Act (PNDT) prohibits determination and disclosure of the sex of foetus. It also prohibits any advertisements relating to pre- natal determination of sex and prescribes punishment for its contravention. Ask whether the respondent has seen/heard/read of the PREVENTION OF SEX SELECTION programme, if answer is YES circle 1 and then ask Q151B about the sources of information. Record all sources mentioned by the respondent. If answer is NO go to next programme.

08. SALT IODIZATION PROGRAMME: - Iodized salt is the best means for providing iodine to iodine-deficient populations. The central role of iodized salt in national plans for Iodine Deficiency Disorders elimination. Further enlargement of the thyroid in adults will be prevented. Ask whether the respondent has seen/heard/read of the SALT IODIZATION programme, if answer is YES circle 1 and then ask Q151B about the sources of information. Record all sources mentioned by the respondent. If answer is NO go to next programme.

09. PERSONAL HYGIENE: - Personal hygiene is the first step to good grooming and good health. Personal hygiene involves healthy diet, cleanliness and mental health. Maintaining good personal hygiene helps to fight infection by removing essences that allow bacteria to grow from the surface of our skin. Ask whether the respondent has seen/heard/read of the PERSONAL HYGIENE, if answer is YES circle 1 and then ask Q151B about the sources of information. Record all sources mentioned by the respondent. If answer is NO go to next programme.

10. SANITATION / SAFE DRINKING WATER: - Sanitation is the lowest- cost technology ensuring hygienic excreta and sullage disposal and a clean and healthy living environment both at home and in the neighbourhood of users. Safe Drinking Water should contain no harmful concentrations of chemicals or pathogenic microorganisms and ideally it should be aesthetically pleasing in regard to appearance, taste and odour. Ask whether the respondent has seen/heard/read of the SANITATION / SAFE DRINKING WATER programme, if answer is YES circle 1 and then ask Q151B about the sources of information. Record all sources mentioned by the respondent.

Q152: HEALTH PROGRAMME

Enquire if any usual member of the household is beneficiary of the specified government health programme and code respectively. Special programmes such as Control of Blindness, Malaria eradication programme, DOT/ TB programme and Leprosy Eradication Programme. If there are any, other than given in the coded list, specify and circle appropriate code.

Q153. RECORD THE TIME

Record the time in hour minutes and (follow the 24 hours system). After this, thank the respondent for his/her co-operation. And say:

IF THERE IS ANY CLARIFICATION REQUIRED MY SUPERVISOR OR
SUPERIORS WILL COME AND MEET YOU.

THANK YOU FOR GIVING YOUR PRECIOUS TIME AND PATIENTLY
ANSWERING ALL THE QUESTIONS.

VI. QUESTIONNAIRE FOR EVER MARRIED WOMAN

A. IDENTIFICATION OF EVER MARRIED WOMAN ON THE COVER PAGE

Eligible ever-married woman in DLHS-3 is one who is currently married, married but gauna not performed, divorced, separated, deserted or widowed in the age group 15-49, who is either usual resident of the household or a visitor who has been living in this household from previous night or before. If there is any ever-married visitor woman who just arrived on the morning of the interview day, she does not become eligible for the interview and hence do not interview her. At the same time an ever-married woman who is usual resident of the household and who was away from the household and just arrived on the day of interview becomes eligible for the interview.

Only female interviewer can interview eligible woman.

Note the following carefully.

1. If there is more than one eligible woman, interview all.
2. For each eligible woman, use separate woman's questionnaire. For example, if there are two eligible women to be interviewed, there will be two sets of woman's questionnaires filled up.
3. Household schedule for all eligible women interviewed will be common. Therefore, attach all the woman's questionnaires from the same household along with the household questionnaire.

Identification for Ever Married Woman's Questionnaire

Before you begin an interview, fill in the identification information in the cover page. In any large-scale survey, coding system identifies the respondent's information. Hence the identification on cover page of any questionnaire is important before recording the responses. The identification information is obtained from the sample household listing and will be given to you by your supervisor. Note that most of the lines have boxes and codes. Write the name of the State, District, and Tehsil/Taluk in which you are working, and fill in the boxes by writing the codes given for the State, District and Tehsil/Taluk. Next is the type of locality, which is to be coded as '1' for Rural, '2' for Urban.

Write the name of the place (**Village/Urban ward**) in which you are working on the line marked and also record the PSU Number assigned to the cluster in which you are working. Record the code of VILLAGE SEGMENT/ CENSUS ENUMERATION BLOCK in the space provided. And also write the name and address of the head of the household, which you are to interview.

NAME OF THE ELIGIBLE WOMAN:

Eligible ever-married woman in DLHS-3 survey is one who is currently married, married but gauna not performed or divorced or separated or deserted or widowed in the age group 15-49, who is a usual resident of the household or a visitor who has been in this household from previous night or before. Since it is a

study on reproductive health we need to interview women who are exposed to reproduction.

Write the Name and Line number of the eligible woman from the household questionnaire in the space provided. This is particularly important, if there is more than one eligible woman in the household. We need to know to which woman the following information relates.

The serial number of the **village questionnaire should be filled after the interview. Serial number of Household questionnaire should be continuous numbers from 1 to 1000 or 1200 or 1500 from the household questionnaire and should be entered after interview.** Enter the serial number of the village questionnaire, household questionnaire and eligible ever-married woman's questionnaire respectively in the boxes. **Supervisor will provide all serial numbers of these questionnaires.**

In cover page serial number of the VILLAGE QUESTIONNAIRE and serial number of the HOUSEHOLD QUESTIONNAIRE should be entered at office.

SERIAL NUMBER OF THE EVER MARRIED WOMAN'S QUESTIONNAIRE:

There may be more than one eligible woman (EW) in the household. As a result there could be more woman's questionnaires than household questionnaires. Hence we need to record their serial number.

Enter date of interview in the boxes given.

You should fill in the cover page the date, month and year on which the interview is conducted.

B. SECTION 1: EVER MARRIED WOMAN'S QUESTIONNAIRE

INFORMED CONSENT

The woman's consent for participation in the survey must be obtained before you can begin the interview. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey, and mentions the time that the interview typically takes, the confidentiality of the information, and the voluntary nature of the respondent's participation, and then seeks her co-operation. The respondent's questions and concerns should be adequately addressed. The card with the contact address of the IIPS Director should be given to the respondent in case she requires any additional information.

After reading the statement, **you** (not the respondent) must sign in the space provided to affirm that you have read the statement to the respondent. If she does not agree to be interviewed, circle '2', thank the respondent, and end the interview. Then write '3' (REFUSED) as the result, on the cover sheet of Household Questionnaire. If the respondent agrees to be interviewed, circle '1' and begin the interview.

Q101: TIME

Record the time of the day when you are starting the woman's interview and use the 24 hours system. If the hour or minutes are less than 10, put a zero in the first box.

Half past nine in the morning is:	HOUR	0	9
	MINUTES	3	0

Half past four in the afternoon is:	HOUR	1	6
	MINUTES	3	0

Q102: LINE NUMBER OF THE WOMAN IN THE TABLE OF HH QUESTIONNAIRE

In the table of HH questionnaire we have entered the details of each HH member and visitor. Record here the line number given to the woman in that table.

Q103: LINE NUMBER OF THE WOMAN'S HUSBAND IN THE TABLE OF HH QUESTIONNAIRE

Record here the line number given to the husband of the woman in that table. **If he is not listed in the household questionnaire Record "00".**

Q104: AGE

Though in HH questionnaire we are asking this information please ask this question again. Don't either copy it from HH questionnaire or in case if you find any discrepancy, do not change the entry in HH questionnaire.

This is one of the most important questions in the interview, since almost all analysis of the data depends on the respondent's age.

You must obtain her age in completed years, that is, her age at last birthday. You must record an age for the woman and you will do this in one of the four ways, depending on the type of information you get from the respondent.

a) The woman knows her age. If the woman tells her age, simply write it in the space provided.

b) The woman does not know her age, does not know the month but knows the year of birth.

Assume that she is born on July 1, i.e. mid point of the year. If the interview is after July 1, 2007, then subtract year of birth from 2007. Example, if she is born in 1970 and the survey is in November 2007, her completed age will be 37 years (i.e. $2007 - 1970 = 37$).

c) She does not know either her age or the year of birth.

A large number of women in the rural areas and a sizeable number in urban areas are not able to state their ages, because they don't know their ages. If the woman does not know her age and she could not report the year of birth, you will have to probe to try to estimate her age. Probing for ages is time-consuming and sometimes tedious, however, it is important that you take the time to try to get the best possible information. There are several ways to probe for age:

One way of estimating the age of the respondent is to ask her about the age of her eldest living child and how old she was when she gave birth to that child. Addition of the two figures (age of the eldest child and her age at the time of birth of that child) will provide an estimate of the respondent's current age. For example, if the respondent's eldest child is at present 20 years old and he/she was born when the respondent was 18 years old, then the respondent's current age is probably 38 years ($18+20=38$).

In case the respondent is not able to tell her age at the time of first birth, you will have to probe for: her age at marriage, her age at consummation of marriage (age at *Gauna*), and the interval between *Gauna* and first birth. For example: (i) if the respondent was married at the age of 12; (ii) *Gauna* took place at the age of 15; (iii) she had her first child three years after she started living with her husband (*Gauna*); and (iv) if the first born child is 18 years old now; then the respondent is probably 36 years old now [add (ii), (iii) and (iv) i.e., $15+3+18=36$].

In case the respondent does not know her age at marriage or age at consummation of marriage, you can estimate her age at consummation of marriage by relating it to her age at menarche, which is a biological event. As the age at menarche does not vary much from individual to individual, you can take it as 12 or 13 years. Thus if age at consummation of marriage is not known, but if the respondent says that she started living with her husband three years after menarche, the age at consummation of marriage can be estimated as 15 ($12+3=15$). If her eldest child is 24 years old, and she got that child a year after she started living with her husband, her current age probably is 40 ($15+1+24=40$).

You might be able to relate her age to that of someone else in the household whose age is more reliably known.

Try to determine how old she was at the time of an important event such as India's war with China (1961), war with Pakistan (1965), war with Pakistan and liberation of Bangladesh (1971), etc., and add her age at that time to the number of years that have elapsed since the event.

d) She does not know her age and probing did not help.

If probing does not help in determining the respondent's age and date of birth, you will have to estimate her age. Remember, this is a last resort to be used only when all your efforts at probing have failed.

Note: The only time you will go back to correct information recorded in the Household Questionnaire will be to correct information that affects the eligibility status of a respondent.

Q105: CURRENT MARITAL STATUS

This question refers to the respondent's current marital status at the time of the interview. If the respondent is currently married, circle code '1'. If the respondent reports that she is married but *gauna* has not yet taken place, circle code '2'. If the respondent is married, and her husband is alive but she is separated from him, circle code '3' and skip to Q109B. If she has been deserted, that is, her husband has gone away and left her (she may or may not have any information on where her husband is currently or if he is alive or dead), circle code '4' for DESERTED and skip to Q109B. If respondent is legally divorced, and she has not remarried, circle the code '5' and skip to Q109B. If the respondent is a widow circle the code '6' and skip to Q109C.

Q106: HUSBAND'S AGE

Q106 asks about the age of the husband and record the age in completed years, if the respondent do not know, then circle '98'.

Q107: FILTER QUESTION FOR THE MARITAL STATUS

Check Q105, if her marital status is currently married, cross (X) in the box and go to Q108. If her marital status is married but *gauna* not performed then skip to Q110.

Q108: LIVING WITH HUSBAND

For a woman who is currently married, ask whether she is living with her husband or whether he lives elsewhere. If the woman's husband usually lives with her but he is away temporarily, circle '1' LIVING WITH HUSBAND and skip to Q110. If the husband usually stays elsewhere, but visits the household, circle '2' for STAYING ELSEWHERE and go to Q109A.

Q109: NOT LIVING WITH HUSBAND

If the answer of Q108 was STAYING ELSEWHERE, if she is **currently married** record the duration of the respondent and her husband have not been living together. If the duration is less than '1' month, record in DAYS. If the duration is less than '1' year, Circle '2' and enters the duration in MONTHS boxes. If the duration is one year or more, circle '3' and enter the duration in completed years in the YEARS boxes. Do not enter **both** MONTHS and YEARS. If she is **separated/ deserted/ divorced**, ask since how long she has not been living with her husband. If she is **widowed**, ask when her husband died. Note that we are not asking the respondent when her husband last visited her, but for how long they have not been living together. For example, if the respondent says that her husband visited her 6 months ago but he has been living in

the Gulf countries since the last three and a half years, you should circle '3' and enter '03' in the boxes for years. You should not enter '06' in the month's boxes.

Q110: And Q111: HUSBAND EVER ATTENDED SCHOOL AND HIGHEST STANDARD

The term "school" means formal schooling, which includes primary, secondary, and postsecondary schooling, and any other intermediate levels of schooling in the formal school system. It does not include any preschool such as Kindergarten or Nursery school. This definition of school does not include Bible school or Koranic school or short courses like typing or sewing. However, it does include technical or vocational training beyond the primary-school level, such as long-term courses in mechanics or secretarial work. If he has not or never attended school skip to Q112 (i.e. if answer is NO/ DON'T KNOW circle respective codes '2' and '8'). If answer is yes in Q110, ask Q111 what is/was the highest standard he completed. If don't know, record '98'.

Q112: And Q113: WOMAN EVER ATTENDED SCHOOL AND HIGHEST STANDARD

Q112 asks whether she has ever attended the school. If her answer is YES, record the highest standard that the respondent successfully completed in Q113. If her answer is NO in Q112, skip to Q114.

EXAMPLE: If a woman was attending standard 9 and left school before completing that year, record '08.' Although standard 9 was the highest year she attended, she has completed only standard 8.

EXAMPLE: If a woman attended only two weeks of standard 1 in primary school, record '00' for completed years.

If a respondent says she has completed primary (or secondary) education, you must probe to find out the exact number of years of schooling completed. For persons with education beyond the secondary school level, you will need to find out how many years they completed beyond secondary. You will then add the number of years completed beyond the secondary level to the number 12 to calculate the response to Q113. Note that in such cases we are using 12 years as the total number of years required to finish higher secondary. There is no need to ask respondents with post-secondary education how many standards they have completed in school.

EXAMPLE: If a woman says she stopped after completing two years of B.A., add 2 years to 12 years of school and enter '14' in the boxes.

Q113A: FILTER FOR EDUCATION LEVEL

This is a filter for you to screen women who have ever attended school according to the highest standard they have completed. If their education is six and above standard, GO TO Q115.

Q114: LITERACY

Based on the knowledge of the respondent, you choose the language in which the respondent is likely to be able to read if she is literate. Show the first sentence in that language group to the respondent. Give the respondent enough time to read the sentence; do not rush her. If the respondent cannot read the whole sentence, be sure to ask if she can read any part of the sentence to you. Record whether the respondent was not able to read the sentence at all, or was able to read only parts of the sentence, or the whole sentence. If the respondent asks for another language and that language is also included, show the respondent a sentence in the appropriate language. If the required language is not included on the card, circle '4' and specify the language. Circle, 5 if the respondent is blind/visually impaired.

It is important to avoid the problem of having other respondents in the household overhear the sentence being read. Subsequent respondents in the household might be able to repeat the sentence when they are interviewed, even if they are unable to read. If there is a second eligible respondent in the household, show the second sentence on the card to the respondent. Show the third sentence on the card to the third respondent, and the fourth sentence to the fourth respondent. If there are more than five respondents, start again with the first sentence on the card.

Q115: To Q117: WOMAN'S EMPLOYMENT AND OCCUPATION

These questions are concerned with the respondents, who have done any work other than housework.

Q115 asks a woman whether in last 7 days she has taken up any paid job or whether sold things, or done any business or worked in family farm. If Yes circle 1 and skip to Q117 and if No Circle 2 and go to Q116.

Q116 is directed to women who are currently unemployed (if Q115 is No i.e. '2') and seeks information about the work woman had done in last 12 months before the survey. Circle 1 for Yes and go to Q117. If the answer is NO Circle '2' then skip to Q118.

Q117 asks the respondent's occupation in her own words. It would be better to give more details. (WRITE THE ACTUAL OCCUPATION AS GIVEN BY THE RESPONDENT). SUPERVISOR WILL CODE FROM THE LIST OF OCCUPATIONS GIVEN BY THE IIPS.

Q118 WOMAN'S AGE AT MARRIAGE

Q118 asks how old the respondent was at the time of her marriage. As with other age questions, if she doesn't know, probe. If it is a second or higher order marriage ask her age at the first marriage. Write the age in completed years in provided box.

Q118A: FILTER QUESTION

Check Q105, for all other marital status go to Q119. If the marital status of respondent is "married but guana not performed", skip to Q260.

Q119: AGE WHEN FIRST STARTED LIVING WITH HUSBAND

Q119 asks how old the respondent was when she started living with her husband. As with other age questions, if she doesn't know, probe. If it is a second or higher order marriage ask for the first marriage. That is, the first time she started living with husband.

In most of the rural areas of North India, girls get married at a very young age and remain with their parents till the marriage is consummated. Such married girls do not join their husbands till the consummation of marriage takes place. The consummation of marriage in such cases is known as "*Gauna*", and the *Gauna* may take place after many years of marriage. Hence, instead of the age of marriage we ask the age of consummation.

GENERAL NOTES ABOUT QUESTIONS Q120 TO Q130

These questions collect information about all births that the woman has had (does not matter who is the father). It is important at the outset of this section that the interviewer understands which events to include. The respondent must report all of her natural births, even if the child no longer stays in the household, and even if the child is no longer alive. Even births that survived only for a few minutes (and showed signs of life by crying, breathing, or moving) should be reported.

It is also important to understand what events the woman should not report as responses to these questions. She must not include stillbirths (i.e. giving birth to a dead child), adopted children, or children of her husband to whom the respondent did not give birth herself.

Q120: EVER GIVEN BIRTH

This question serves to screen out women who have never had any children so as not to ask the following detailed questions. Q120 asks whether respondent has given any live birth. If the answer of this question is NO, circle '2' and skip to Q128. Otherwise, circle '1' and continue with Q121. **(Include only biological children. Consider children of surrogate mother as biological children).**

Q121: AGE AT FIRST BIRTH

Q121 asks how old the respondent was when she gave first birth. As with other age questions, if she doesn't know, probe. Record the age in completed years.

Q122: ANY CHILDREN LIVING WITH HER

Read the question slowly. The sons and daughters being considered are those who live with her (which will usually be the household in which the interview is being held, except for women who are visitors). If the answer is No Circle '2' and skip to Q124 **(Include only biological children. Consider children of surrogate mother as biological children).**

Q123: NUMBER OF CHILDREN LIVING WITH HER

If the answer of Q122 was 'YES', then you will fill the number of sons and daughters who live with the respondent separately in the boxes provided. If she has only sons living with her, write '00' in the boxes for daughters, and vice versa. Note that it is not acceptable to write '00' in the boxes for **both** sons and daughters, since in that case, the previous question (Q122) should have been coded as '2' and Q123 would be skipped. Remember that we are only interested in the respondent's OWN natural born children and not in foster children, children of her husband by another woman, or children of another relative.

Q124 And Q125: NUMBER OF CHILDREN LIVING ELSEWHERE

Q124 refers to her sons and daughters who are alive but not living with her. If answer is YES Circle the code '1' or if answer is NO circle the code '2' and skip to Q126. . For example, they may be living with a relative, they may have been given up for adoption, or they may be grown-up children who live elsewhere because they are married or for some other reason.

In Q125 fill the number of sons and daughters who are not living with the respondent separately in the boxes provided. If she has only sons living elsewhere, write '00' in the boxes for daughters, and vice versa. Make sure the respondent is not reporting dead children in this question.

Q126 And Q127: CHILDREN DIED

Q126 asks whether she has ever given birth to a boy or girl who was born alive but later died. If her answer is NO in Q126, skip to Q128. These questions on children who have died are extremely important and are among the most difficult to obtain accurate data. Some respondents may fail to mention children who died very young so if she answers NO, it is important to probe by asking "any baby who cried or showed any sign of life but only survived a few hours or days?" Some respondents may be reluctant to talk about this subject and may become sad or upset when you are asking such questions. You should be sympathetic and tactful in such situations. Say that you know that the subject is painful but that the information is important.

Q127 asks the number of boys or girls who have died. And fill the number of boys or girls who dead separately in the boxes provided. If she has only girls dead, write '00' in the boxes for boys and vice versa. Make sure the respondent is not reporting living children in this question.

Q128: And Q129: STILLBIRTHS OR ABORTIONS

Abortion is a termination of pregnancy before the foetus has become viable, i.e., capable of independent existence once delivered by the mother. A foetus is assumed to be viable after 28 weeks of pregnancy. An abortion may occur spontaneously in the course of pregnancy, in which case it is called a miscarriage or more technically a spontaneous abortion. An abortion can also take place due to deliberate outside intervention, in which case it is termed induced abortion or M.T.P. (Medical Termination of Pregnancy). Birth of a dead child, i.e., a child who did not show any

signs of life by crying, breathing or moving is known as a stillbirth. A pregnancy that terminates after the foetus is at least 28 weeks old should also be classified as a stillbirth.

Q128 seeks information on any pregnancies not ending in a live birth but ended into stillbirths. Ask whether any of her pregnancy ended into stillbirth and if her answer is YES record the number of stillbirths in the box. If she had no still birth circle "0". If '0' is circled then the field editor or the office editor will enter "0" in the box.

Q129 asks about the induced or spontaneous abortions. Ask whether the abortions happened spontaneously or she did something to terminate the pregnancy. If the respondent says No, circle '0' and skip to 134. If the respondent has any spontaneous abortion, enter the number in the appropriate box, then skip to Q134. If the respondent has any induced abortion enter the number in the appropriate box and go to next question. To make sure that a woman has reported all the pregnancies she has had in her lifetime, add the total live births recorded in Q123, Q125 and Q127, stillbirths recorded in Q128 and induced or spontaneous abortions recorded in Q129. Ask her whether she had these many pregnancies or not. If she says no then make appropriate corrections. If '0' is circled then the field editor or the office editor will enter "0" in both the boxes.

Q130: MONTHS OF INDUCED ABORTION

Q130 seeks the information about Induced Abortion, which means how many months respondent was pregnant when last induced abortion was conducted. The accurate number of months is to be mentioned in the box provided. Record on going month in the provided box.

Q131: ULTRASOUND TEST DURING LAST PREGNANCY

Q131 asks if respondent has undergone any ultrasound test during last pregnancy. If answer is YES, circle the code '1' or if answer is NO, circle the code '2'. Ultrasound test is very safe for pregnancy i.e. this test has no adverse effects over growing foetus. The most frequent reasons for its use are check for foetal viability, cephalo pelvic disproportion and screening for any congenital or genetic defects. This test can be done with an abdominal or vaginal probe depending on the stage of pregnancy and what they are looking for.

Q132: ADVISE FOR INDUCED ABORTION DURING LAST PREGNANCY

Q132 asks about who advised to go for induced abortion during last pregnancy. This question has multiple answers and so records all and follow the hierarchical order such as DOCTOR, ANM/ NURSE/ LHV, MALE HEALTH WORKER, ASHA, DAI, HUSBAND, MOTHER-IN-LAW, MOTHER, RELATIVES/ FRIENDS AND SELF. If the respondent mentions other than given in coded list, Circle 1 in 'Other' and write what they say.

ASHA- ACCREDITED SOCIAL HEALTH ACTIVIST. ASHA is a health activist in the community who creates awareness on health and its social determinants, mobilize the community towards local health planning and increased utilization of existing

health services. ASHA has flexible work schedule for 2-3 hrs/day, 4 days/week except during mobilization events, training programme. She works at home and in the community. The norm is “one ASHA for 1000 population”.

Q133: PLACE OF INDUCED ABORTION

Q133 asks to the respondent where was the induced abortion performed.

Definition of the Sources of treatment codes in Q133.

HOSPITAL – is an institution that provides medical, surgical, or psychiatric care and treatment for the sick or the injured. Institution for diagnosing and treating the sick or injured, housing them during treatment, examining patients and managing childbirth. Hospital may be public (govt-owned) or profit (profit making or not- for - profit) in most nations except the U.S., most are public.

DISPENSARY – is an outpatient department of a hospital. Dispensary is an office in a hospital or other institutions from which medical supplies and medicines are dispensed or a place for dispensation of free or low cost medical treatment.

UHC /UHP/UFWC - Urban Health Centre/Urban Health Post/Urban Family Welfare Centre

ICDS - Integrated Child Development Services (*anganwadi* centres).

COMMUNITY HEALTH CENTRE – CHCs are being established and maintained by the State Government under Minimum Needs Programme or Basic Minimum Services Programme. The Health centre has four medical specialists i.e. Surgeon, Physician, Gynaecologist and Paediatrician supported by 21 paramedical and other staff. It has 30 in-door beds with one Operation Theatre (OT), X-ray, Labour Room and Laboratory facilities. It serves as a referral centre for 4 PHCs, to cover a population of 80,000- 1.2 lakh.

PRIMARY HEALTH CENTRE –PHC is a basic health unit and the activities of PHC involve curative, preventive, promotive and Family Welfare Services. It acts as a referral unit for 6 subcentres and it has 4-6 beds for patients covering 20,000 to 30,000 populations. A PHC is manned by a Medical Officer supported by paramedical and other staff.

SUB CENTRE – A sub-centre is the most peripheral contact point between the Primary Health Care system and Community. It is manned by one Multi-Purpose Worker (Male) and one MPW(Female)or ANM. A sub centre to cover a population of 5,000 in plain areas and for 3000 population in hilly and tribal areas.

AYUSH- Ayurvedic, Yoga, Unani, Siddha and Homeopathy Systems of medicine.

AUXILIARY NURSE MIDWIFE (ANM) - ANM play a vital role in Maternal and Child Health as well as in Family Welfare Service in the rural areas. It is essential that the proper training to be given to them so that quality services be provided to the rural population.

OTHER PUBLIC SECTOR HEALTH FACILITY: (What other type of the facility to be given).

AWW - Anganwadi Worker

CLINICS – A medical facility smaller than a hospital called a clinic, and is often run by a government agency for health services or a private partnership of physicians (in nations where private practice is allowed). Clinics generally provide only outpatient services.

Q134: TOTAL LIVE BIRTHS

Here go back to the question Q123 (Sons and Daughters at home), Q125 (Sons and Daughters living elsewhere) and Q127 (Boys and Girls died), Add all the numbers of these responses and enter the total in Q134. If there are no live births record '00'.

Q135: TOTAL PREGNANCIES

To know the total pregnancies go to responses of Q123 (Sons and Daughters at home), Q125 (Sons and Daughters living elsewhere), Q127 (Boys and Girls died), Q128 (pregnancy terminated in stillbirth) and Q129 (pregnancy terminated by abortion). Add all the responses and enter the total in Q135. If there is no pregnancy, record '00'.

Q136A: CHECK FOR TOTAL LIVE BIRTHS AND PREGNANCIES

To Check Q134 and Q135 and ask the respondent whether the total live births and total pregnancies is correct by specifying the number of live births and pregnancies. If she says YES, then go to Q.136B or otherwise probe and correct Q123, Q125, Q127, Q128, Q129, Q134 and Q135.

EXAMPLE: In case of live birth starting with Q123, you would ask, “You have two sons and one daughter living with you. Is that correct?” Do the same for Q125 and Q127 and then enter the correct sum in Q134 and Q135.

There could be cases where number of pregnancy would be less than number of Births. Then check if the woman had multiple births/outcomes. Then record number of multiple outcomes in the box.

Q136B: Check from Q105, whether the woman is separated/ divorced/ widow, currently married or married but Gauna not performed. If in Q105 the woman is Separated/Divorced/Widow then check Q109 whether she has lived with husband for during the last four years. When the condition satisfies go to Q137. If woman has lived with husband for more than 4 years then go to Q260.

If in Q105 woman is in currently married status we have to go to Q137. For woman who is married but Gauna is not performed we have to go to Q260.

Q137: TOTAL PREGNANCIES

Ask the respondent the number of times she was pregnant, which resulted in live births, stillbirths or abortion since January 1, 2004. Record the total pregnancies in Q137 and go to Q138. If there is no pregnancy record "0" and go to Q260.

PREGNANCY HISTORY TABLE: QUESTIONS Q138 TO Q146

In this table we want to take a complete list of all the pregnancies she has had since January 1 2004. Ask the pregnancy history in Q137 beginning with the last pregnancy, and continuing for all the pregnancy during the reference period. If there are more than four pregnancies, please record in the additional questionnaire. Record all the pregnancies in Q137, one in each row. **If there are twins or triplets, do not record their pregnancies on the same line but record one name on one line.** Then ask the respondent if any of these were multiple births (e.g. twins) and record single or multiple birth status for each child in Q141. Then go back to the last pregnancy and ask Q141A to Q146 as appropriate. Then ask these same questions for the next to last pregnancies, etc. If the respondent has had two or more pregnancies, you must make it clear to her and should start from the last (most recent) pregnancy. She should not tell you first about all the living children, and then about all those who have died; she must proceed in chronological order whether or not a child is now alive. If, after you fill in information for several pregnancies, you find that they are not in order, do not erase the information. Instead, correct pregnancies order line numbers and draw arrows to indicate the correct order. Record twins on separate lines.

Q138: PREGNANCY NUMBER

Firstly ask about the last (most recent) pregnancy and then continually proceed Q139. In the second row it should be next to last pregnancy and continually it should go to her first pregnancy.

Q139: OUTCOME OF PREGNANCY

Ask the respondent in Q139 what was the outcome of the pregnancy. If the respondent tells live birth circle '1' and proceed to Q140, if the respondent tells still birth circle '2', then skips to Q141, if the respondent tells '3' i.e., induced abortion then it skips to Q142 and if the respondent tells '4' i.e., spontaneous abortion then skip to Q143.

Q140: CHILD'S NAME

Firstly ask the name of the respondent's last child and write it on the first line. Write the full name, which distinguishes that child from the other children. If the baby never had a name, either because it is still very young or because it died very young, write the name of the "Baby". Record the names of all the respondent's births in chronological order before going to the next question.

Q141: SINGLE OR MULTIPLE BIRTHS

Ask the respondent if any of her births were multiple births and record the status of each child. If a child is a multiple birth, be sure you have recorded the twin (or triplet, etc.) on a separate line. Asking about multiple births is a good way to ensure that the respondent has told you about all multiple births that did not survive.

Q141A: BIRTH ORDER

In Q141A write the Birth order starting from the last live birth of the woman. The classification of births according to the number of previous births to the mother is the Birth order. Birth Order is normally based on live births only. In case of multiple birth, the birth order will be more than one. For example for baby number one, birth order will be one and for baby number two, the birth order will be two and so on.

Q142: SEX OF THE CHILD

Circle the code for the sex of the child. Although you can usually tell the sex from the name, check with the respondent by saying for example, 'Malati is a girl?' Do not assume the sex of the child from the name. For women who had induced abortion do not refer the 'name'. Note: Possibility of do not know '8' response is only for induced abortion.

Q 143: MONTH AND YEAR OF BIRTH

Write the month and year of each live birth, whether or not the child is living. If she gives the year of birth, but does not know the month of birth, probe to try to estimate the month. For example, if she says her daughter was born in 2004, but she doesn't know which month, ask her if she gave birth in the dry season or the wet season or if she remembers if she was pregnant at Diwali time or at Holi for example, to try to determine the month of birth. You have to convert months to numbers as before. If you cannot estimate a month, write '98' for MONTH.

If the respondent cannot recall the year when the birth occurred, you will have to probe very carefully. One thing to do is to see if the woman has any document referring to the child's date of birth, such as a birth certificate or immunization record, horoscope, or school certificate. Before entering a date from these items, check with the respondent to determine if she believes the date is accurate. If there is no birth certificate or other document for the child, see if the respondent knows a firm birth date for any other child in the household and relate it to that. For example, if she knows the second child was born in 2005, and the first child was just a year old at that time, enter '2004'. You must enter a year, even if it is based on your best judgement.

Q144: WOMAN'S AGE AT THE TIME OF CHILDBIRTH

In this question we can ask about age of the woman at the time of childbirth/still birth/abortion. Age has to be recorded in completed years. **If abortion or stillbirth, go to next row.** After recording the age at each birth we have to see that there is consistency between her age at cohabitation of marriage, month and year of birth of each child and age of the woman at the time of child- birth and her present age. If a

woman is able to tell all the date just like her birth date, date of marriage and birth date of each child correctly, then by subtracting her birth date from the birth date of each child we will be able to check ages at each birth. However if she is not able to tell us date, then we have to ask about the intervals (if she recalls then in months) between her menarche and her marriage, marriage and birth of the first child and then between two consecutive births. Though, a woman may not be able to recollect the date but she may definitely remember after how many months/ years of marriage she got her first child and how big was the previous child when the next child was born. As mentioned earlier, there is very little variation in the age at menarche, ranging from 11 to 14 years (in a large proportion of cases). And hence by this way we will be able to estimate birth dates of all the live births as well as woman's age at each live birth.

Q145: SURVIVAL STATUS

Circle the code for whether the child is still alive or not. If the child is dead, ask Q.146 about the age of the child at the time of death. Remember that recalling the death of a child can be traumatic. Your attitude should be sympathetic but professional.

Q146: AGE AT DEATH

This question is asked for children who are no longer alive (Q.145 coded '2'). For children who have died the interviewer must record information about age at death even if the information is only a best estimate. Age at death information is recorded either in days, months, or years. If the child was less than one month old at death, circle '1' and write the answer in DAYS. If the child was less than two years, but at least one month old when he or she died, circle '2' and write the answer in MONTHS. If the child was two years or older when he or she died, circle '3' and write the answer to this question in YEARS.

Age should be recorded in completed units, i.e., if the respondent says "four and a half months", circle '2' for MONTHS and write '04' in the boxes. Also, note that if the respondent gives you an answer in weeks, you must convert the answer to days or months. If the answer is less than one month (less than 4 weeks), you should probe to find out the exact age at death in days. For example, if the answer is "three weeks", probe for the number of days. If the mother says 19 days, record DAYS '19'. If the answer were one or more months (4 weeks or more) up to two years, you would convert the answer to months. For example, "7 weeks" should be written as MONTHS '01'. Similarly, if the respondent answers "1 year", you need to probe to find the exact number of months.

For example:

ANSWER

CORRECT ENTRY

"She was 3 years old when she died"

DAY..... 1

MONTHS..... 2

YEARS..... 3

0	3

"He was only 6 months old"

DAY..... 1

MONTHS..... 2

YEARS..... 3

0	6

"She died when she was 5 days old"

DAY..... 1

MONTHS..... 2

YEARS..... 3

0	5

"He was 4 and a half months old"

DAY..... 1

MONTHS..... 2

YEARS..... 3

0	4

"He was 2 weeks old when he passed away".

After probing, you learn that the baby was actually 14 day old when he died.

DAY..... 1

MONTHS..... 2

YEARS..... 3

1	4

"She died on the same day she was born".

DAY..... 1

MONTHS..... 2

YEARS..... 3

0	0

We know that if a child died at the age of 10, 11, 12, 13, or 14 months, a woman is very likely to round off her answer when asked how old her child was when it died. This means that she is very likely to respond "1 year old" even if the child really was 10 months or 13 months old, because she does not know we need to know the exact age. Therefore, any time a woman responds "1 year" to this question, you should probe by asking, "How many months old was (Name)?" Then record the answer in completed months.

Note that this part of the table is for children who were born alive. If the respondent says that the baby was not alive when it was born, probe by saying "Did it cry or show

any sign of life when it was born?" If she still says it was not a live birth, you should cross out the entry in the table.

Q147: FILTER QUESTION FOR NUMBER OF BIRTHS

Q.147 seeks the information about total number of births in 2004 or later. Check the Q139 and Q145 and enter the total number of births in provided box. (IF NONE, RECORD '0' and go to Section-II.).

C. SECTION 2: ANTE-NATAL, NATAL AND POST-NATAL CARE

The objective of this section is to obtain information related to the health care women receive and conditions related to childbearing including antenatal care, delivery care, and postnatal care. The section also collects information on the prevalence of postnatal checkups for newborns and child nutrition. We begin with the woman's last pregnancy. We are interested only in the recent pregnancies that have taken place since January 1, 2004.

Since our interest lies in postnatal care also we will exclude current pregnancy if any. In any case, if there is only one pregnancy and that is the current one, for our purpose, it is equivalent to no pregnancy. For women with no pregnancy yet skip to next section. That is, for women having a birth before 2004, having no pregnancy at all or women who are currently pregnant we skip this section.

Q201: FILTER FOR WOMAN'S PREGNANCY STATUS SINCE JANUARY 2004 OR LATER

CHECK Q137 and mark whether the respondent has one or more pregnancies in January 2004 or later. As this question refers to outcome of last pregnancy, if there is more than one pregnancy since January 2004, take only the last pregnancy. But if she is currently pregnant, then her pregnancy before that can be taken as her last pregnancy if it occurred during our reference period. If the woman has pregnancy history during last three years go to Q201 A. If there has been no pregnancy in 2004 or later, then skip to Q260.

Q201A: FILTER FOR BIRTH STATUS SINCE JANUARY 2004 OR LATER

Check Q139 and mark the outcome of last pregnancy, - whether it was live birth, still birth or abortion. Depending on the outcome of last pregnancies (since 1st January 2004) we decide which set of questions from this section is to be asked to her. For those with stillbirths or live birth we ask questions from Q202 onwards. For those with induced and spontaneous abortion we ask questions from Q260 onwards.

Note that all instructions for the interviewer are printed in CAPITAL LETTERS, whereas questions to be asked to the respondent are printed in small letters.

Q202: DURATION FOR ACKNOWLEDGEMENT OF PREGNANCY

This is to know that a woman is required to acknowledge about her last pregnancy when she was pregnant. If the answer is within three months into pregnancy then circle the code 1. If it is after three months into pregnancy then circle the code 2.

Q203: PREGNANCY TEST

Q203 asks if the women has undergone confirmation test (urine test) during the last pregnancy.

Q204 To Q205: REGISTRATION OF PREGNANCY

The registration of the pregnancy is important. Ask Q204 if woman had registered her last pregnancy. If the respondent's answer is YES circle the code 1 and proceed to Q205. If the response in Q204 is NO, circle 2 and skip to Q206. Depending on the response circle the respective code.

For the response Yes, that is, 1 in Q204 ask Q205 with whom was the pregnancy registered, the responses could be Govt. Doctor (1), Private Doctor (2), ANM (3), Anganwadi Worker (4) ASHA (5) or others (6). Response for "others" specifies the person has registered. If reported ASHA it could be registered by ANM. If there are more than one response in Q205 follow the hierarchical order(circle the highest one).

Q206: ANTENATAL CARE

This question is asked to ascertain whether the respondent received or went for an antenatal care during her pregnancy. If YES, circle code 1 and continue with the following questions. If NO, circle code 2 and skip the questions and go to Q220.

Q207: MONTHS PREGNANT AT FIRST ANTENATAL VISIT

Q207 is to be asked to know when (after how many months) she received first antenatal care during her last pregnancy. If she does not remember, ask her how many periods she had missed at the time.

Q208: FREQUENCY OF ANTENATAL CHECKUPS

Then ask her how many times she had received antenatal check up during her last pregnancy. This refers to care related to her pregnancy and should not include seeing a doctor or nurse for other reasons.

Q209: PLACE (S) OF ANTENATAL CARE

This question seeks information on where the woman received the antenatal care for her pregnancy. Antenatal care is usually given at a health care facility but sometimes provided in the pregnant woman's home or in the Anganwadi centre.

We are interested in all the places where the woman received antenatal care. Be sure to use the prompt ("Any other place?") and record all the places where she was provided care.

When choosing a code, you need to know whether the place is in the government sector, NGO/trust hospital/clinic or private sector. Also if she has received the antenatal check up at the place of residence note down whether it was her own house/husband's house, parent's house or any other house.

If the respondent does not know whether the facility is public or private, write the name of the facility in the space provided and inform your supervisor after you complete the interview.

Q210 To Q213 TESTS DONE, COMPLICATION AND ADVICE RECEIVED

During pregnancy some tests are done as part of antenatal care. Read out the tests one by one as in Q210 and ask whether she underwent it any time during entire pregnancy period. If she had any tests circle “1” for all the tests mentioned and circle “2” for the tests she did not have.

We want to know whether each of the tests listed was performed on the respondent or the information listed was given to the respondent during any of the antenatal checkups she had for the last pregnancy. It does not matter if this happened only once or more than once, or was done in the same visit or spread over several visits. Ask about each test/type of advice and record the response before asking about the next item. Brief explanations are given below for selected tests.

Make sure that all the examinations; check-ups and tests done were part of antenatal care. For example a woman with unusual lump in breast may go for breast examination. We need not record such breast examination. Similarly casual measurement of weight or height not done for medical purpose should not be recorded. During pregnancy, doctor/ health personnel are expected to advise women on nutrition, delivery and care necessary to be taken during pregnancy.

With the help of following example, appropriate probing should be done if the woman does not understand the meaning of the same.

BLOOD PRESSURE is measured with a medical instrument. A rubber cuff is wrapped around a person’s upper arm and is inflated. While slowly releasing air from the cuff, the person measuring the blood pressure listens to the pulsing of the blood vessels with a stethoscope to determine the pressure. A BLOOD SAMPLE may be taken from the woman’s fingertip or from a vein (usually from a vein near the elbow or on the wrist). The blood sample is used to test for various conditions and infections, such as anaemia, parasite infestations or infectious diseases. A URINE TEST can only have been performed if the health care provider asked the woman for a urine sample. An ABDOMINAL CHECK is generally done by feeling the abdomen or measuring it to monitor the pregnancy. A BREAST EXAMINATION is done by feeling the breast pain or swelling. A SONOGRAPH OR ULTRASOUND is done with the help of a machine, which is moved in the pregnant woman’s lower abdomen, this is usually done to identify in advance if there would be any complications during the delivery, and also to check the health/viability of the growing foetus. DELIVERY DATE, It is important that woman is informed about the possible delivery date. DELIVERY ADVICE, there are series of advices which should be given to a pregnant woman like, personal hygiene, identification of signs of complications, appropriate rest, avoidance of onerous work, etc NUTRITIONAL ADVICE, like consumption of nutritious food/balanced diet, consumption of iron folic acid tablets/syrup and calcium tablets should be given to the pregnant woman and avoidance of harmful substances like tobacco, *gutkha*, alcohol etc. as the health of the foetus and ability of woman to carry the healthy pregnancy depends on the health of the woman.

During pregnancy, some women get some health problems. The symptoms of commonly found health problems related to pregnancy are listed in the questionnaire

(Q211). In Q211 find out whether the health care provider told the respondent during any of her antenatal visits about the problems related to pregnancy that are listed.

Q212 asks whether the health care provider advised her about where to go if she experienced any pregnancy complications. Circle the code '1' if the answer is 'yes' and code '2' for the 'no' answer.

Q213 enquires about whether she received advices on breast-feeding, keeping the baby warm, cleanliness, institutional delivery, spacing method and better nutrition for mother and child. Ask each pointer separately and mark the respective answer. If the answer is YES circle the code '1' and code '2' for the NO answer.

Q214: To Q216: IRON AND FOLIC ACID (IFA) TABLETS/SYRUP

Pregnant women need six times more iron than non-pregnant women and, therefore, they are given Iron Folic Acid (IFA) tablets/syrup as supplement. But anaemia is a common problem during pregnancy. This problem is easily overcome by additional intake of iron and folic acid. Every pregnant woman is supposed to take one IFA tablet (or a dose of 60 ml. of IFA syrup) per day for three months. So during entire pregnancy period she is expected to take 100 tablets or equivalent IFA syrup. Women having anaemia are supposed to take two tablets per day (or double dose), thus in entire pregnancy period they are supposed to take 200 tablets. Usually the woman is given iron and folic acid tablets during antenatal check-ups in government health facility. But she can also take IFA syrup on her own from private health facility.

IFA TABLETS – Iron and Folic Acid Tablets. IFA tablets are of two types;-(i) IFA (large) tablets for pregnant women and Lactating women (ii) IFA (small) tablets for Pre-school children (1 to 5 years). It is important to understand that intake of iron tablets may cause change in the consistency of the stool i.e. the stool may become hard. The colour of the stool may also turn black.

Q214: This question wants to know the number of IFA tablets/bottles a woman has received/ purchased, during the pregnancy. Write the number of IFA tablets/ bottles in the provided boxes. If NONE, record 000 and skip to Q217. The field editor or the office editor should enter "000" in the box provided. Even if only one response is given either for number of tablets or number of bottles the other boxes should be filled with "000".

In Q215 ask from where she got the IFA tablets/syrup. It is possible that woman may get tablets from more than one source, so mark all the sources from where she has procured the tablets/syrup. If the woman has received or bought the tablets from any other source not mentioned in the questionnaire, write down the source on the space provided. **Record all mentioned.**

Q216 is divided in two parts. In part A) Iron Folic Acid Tablets: we want to know for how many days she took IFA tablets and also want to know the total number of tablets she took during the last pregnancy. Probe for the approximate number of days. We are interested in her consumption of the iron not just in her having it in her

possession. Record the response in the boxes. Remember to put a leading zero in front if it is needed; 30 days would be '030'.

In a few cases, the women might not be consuming the dosage of the IFA tablets, in that case circle 998.

Part B) Iron Folic Acid Syrup: If she consumes syrup then ask for how many days she consumed syrup and also ask how many bottles she consumed, and record the number of bottles in the block provided in part B. In a few cases, the women might not be consuming the dosage of the IFA syrup, in that case circle 998. If the woman is not aware of such tablets or syrup, probe by showing the sample tablets or syrup, and record the response.

If there is no response for any one or the other, field editor or the office editor, should enter "000".

Q217: And Q218: TETANUS INJECTION

The tetanus injection protects pregnant woman and her babies against tetanus, which is a serious disease with high case fatality. This disease is easily prevented if a woman receives an immunization against tetanus while she is pregnant; the immunity against tetanus is transferred to the baby before birth. This immunization is usually given to the pregnant woman as an injection. The Tetanus Toxoid injection has two doses and it is given on left thigh. Q217 is for finding out whether she had this injection or not. If no injection had been taken, skip to Q219. Since more than one injection may be required in order to provide protection for their babies, ask in Q218 how many times the woman received the injection during that pregnancy. If the woman does not know circle the code 8.

Q219: This question is to assess the amount of time a health worker spent with the woman during an antenatal check up, this enables to judge the performance of the health worker, and user perspective on the chivalrous treatment she received and skip to Q221.

Q220: REASONS FOR NOT GOING FOR ANTENATAL CHECK UP

(For those women who said "NO" for Q 206)

This question is to be asked only to those women who did not have antenatal check up i.e. those who have not gone for ante-natal check up (that is Q206 = 2). There can be more than one answer, circle "1" for all the responses mentioned and "2" for all those not mentioned. **Record all the mentioned responses.**

Q221: SOURCES OF MOTIVATION FOR ANTENATAL CARE

This question wants to know if anyone has motivated the woman to avail the antenatal care and still the woman has not done so. There would be more than one response, circle the responses respectively. If the woman's response is not mentioned in the questionnaire write down the answer on the space provided. This question has multiple answers and so record all the mentioned and follow the highest order.

All the remaining questions of this section are to be asked to all women irrespective of antenatal visits.

Q222 To Q224: HEALTH PROBLEMS DURING PREGNANCY

Q222 seeks the information about whether respondent suffered from any health problem during pregnancy. Circle “1” for all the health problems mentioned and “2” for all she did not experience. If no complication has been found, skip to Q225.

NOTE:

- E. Convulsions not from fever: the person twitches and jerks, and becomes unconscious.
- G. Abnormal position of foetus refers to the circumstances in which the head lies over mother's pelvis inlet.

Q223 and Q224 are applicable only if she reports any health problem. In Q223 she will say whether she had consulted any health personnel regarding her health problem or sought treatment. If the answer is no, skip the following question and go to Q225 and if she did, ask Q224 about the health institutions she visited for consultation or treatment. Suppose she consulted her mother-in-law or mother who are supposed to be experienced and they gave her some home remedy, then enter it against 'OTHER' and circle '1'. It may be possible that she has taken consultation from more than one source. **Record all the mentioned responses.**

Q225: SUPPLEMENTARY NUTRITION FROM ANGANWADI CENTRE

Anganwadi centres are supposed to provide supplementary nutrition to pregnant women. For Q225, ask the respondent if she received any supplementary nutrition, specifically from the Anganwadi centre, during her last pregnancy. If answer is YES Circle the code '1' or if answer is NO circle the code '2'.

Q226 And Q227: MOTIVATION FOR GOING TO HEALTH FACILITY FOR DELIVERY

Ask Q226 to all women if they were motivated to go to health facility for delivery. This question has multiple answers and so record all. If respondents give answer in negative for all options, then skip to Q228.

In Q227, ask the woman where the motivator has referred to go for delivery. The list of health centres, private as well as public has been given, circle the respective code and if the response is not mentioned in the questionnaire then write the answer on the space provided.

Q228: COMPLICATIONS DURING DELIVERY

Complications *during delivery* can be many. Premature labour (labour before nine months), or long periods of labour (more than 12 hours), Obstructed labour or Breech presentation can also be some of the problems during delivery. Ask about each

complication one by one, whether she experienced that. Circle “1” for all the complications mentioned and “2” for all she did not experience.

NOTE:

1. Premature Labour: Occurring before the expected time.
2. Excessive Bleeding
3. Prolonged Labour: Due to poor uterine contractions, in which case the cervix will dilate slowly.
4. Obstructed Labour: Labour is said to be obstructed when there is no progress of the descending parts in spite of good uterine contractions.
5. Breech Presentation: During delivery the buttocks of the child present first.

Q229: TYPE OF DELIVERY

Ask Q229 to ascertain whether the delivery was normal or not. If the delivery required intervention in the form of operation, use of forceps, a cut and stitches etc. then it will not be a normal delivery. Probe whether it was caesarean (operation) or assisted/ instruments (for example, forceps).

Q230: PLACE OF DELIVERY

For delivery, hospital is the safe place as medical attention can be given immediately if required. But in India the custom of going to hospital is not yet wide spread especially in rural areas. Q230 is to identify place where maximum deliveries take place. If the woman gave birth in a health facility, you should determine the type of health facility and whether the place is in the public sector (run by the government) or in the private sector. If such service is availed then skip the following question and go to Q234. If the delivery took place while the woman was on the way to hospital, or at home (own house/parents), or at the work place, then circle the no. 11, 12, 13 and 14 respectively. If the woman mentions any other place not specified in the questionnaire then, note the answer on the space provided.

Q231: ASSISTANCE DURING HOME DELIVERY

In Q231, we try to find out who conducted or assisted during delivery for options 11 to 14 in Q230. There are instances when there is no one to assist the delivery, in such case circle “7” and if someone conducted the delivery and the person is not listed, then circle “6” and write the name of the person and profession/relation.

Q232: NECESSARY PROCEDURES FOLLOWED DURING DELIVERY

Q232 will be asked to all women. This question is asked to ascertain details about the procedure followed during the woman’s delivery. In part ‘1’ of this question, a Disposable Delivery Kit (DDK) /Mamta kit which contains at least a small bar of soap for washing hands, a plastic sheet, a clean string for tying the umbilical cord, and a new razor blade for cutting the cord. For part ‘2’, find out if the baby was immediately wiped dry and wrapped without being bathed. If the child was bathed before being dried and wrapped, circle ‘2’ for NO. For part ‘3’, we want to know whether a new/sterilized blade was used to cut the umbilical cord. Use of a new/sterilized blade can prevent the transmission of tetanus-causing spores and other

pathogenic organisms via the umbilicus to the infant. Make all effort to get the answer.

Q233: REASONS FOR NOT ACCESSING THE HEALTH FACILITY

In Q233, ask the reasons for not going to health facility for delivery. You may come across a few cases where women planned an institutional delivery but the labour process was fast and she delivered at home before leaving for hospital. Either circle code “1” for ‘Yes’ or circle “2” for No and go to Q237.

Q234 To Q238: MODE OF TRANSPORTATION USED TO REACH THE HEALTH FACILITY AND ITS FEASIBILITY

Q234 likes to know which vehicle has been used at the time of emergency like delivery. If the woman mentions any other vehicle not specified in the questionnaire then, note the answer on the space provided. If mode of transportation is foot march, then skip to Q237. Q235 asks who assisted to arrange the transport facility. Then record all mentioned. If respondent reported more than one response, consider the transport she has travelled more distance.

Q236 wants to know the cost incurred by the woman/her family for the transportation to the health facility for delivery, note: this cost might be higher than the usual as the woman needs it at the time of emergency. Write down the cost in the boxes provided, and if there was no cost paid then circle ‘00000’. If don’t know, circle the code ‘99998’. Sum the cost of the all the modes of transportation used to reach facility for the delivery. For example, if the woman has gone by auto to some distance then by bus write the total cost incurred by Auto as well as by Bus.

Q237 asks the total expenditure incurred for only delivery, antenatal care, and medicines by the woman. Write down the cost in the boxes provided, and if there was no cost paid then circle 00. If don’t know, circle the code ‘98’.

At times this cost can be higher than the individual can afford, on such instances the woman/her family is forced to sell the jewellery/property or borrow money. If any such instances have occurred, Q 238 would be able to capture this aspect.

Q239: JANANI SURAKSHA YOJANA

Ask whether woman has received any Government financial assistance for Delivery Care under Janani Suraksha Yojana circle ‘1’ if Yes or circle ‘2’ if No.

Janani Suraksha Yojana is the scheme promoted by Govt. of India, a financial assistance given for delivery care. The scheme could have different name in different states and spoken in different languages. The appropriate Name and language of the particular state should be used while asking this question. This scheme is provided only if woman has two or less than two children.

Q240: AWARENESS OF DANGER SIGNS FOR NEW BORN

Ask Q240, read out the option one by one and know whether the respondent was aware of danger signs for a new born. This question requires multiple responses so record all.

Q241 TO Q244: POSTPARTUM CHECKUP FOR MOTHER

Q241 asks about getting a postpartum check-up soon after the baby is born or within 48 hours, is crucial for the health of both the mother and child. In the question we are interested in knowing whether the respondent saw anyone for a postpartum check-up and if so, continue with the following questions. If the respondent has not been able to check up or no check up has been done by who ever assisted the delivery directly go to Q243.

Q242 is interested in the time lapse between the birth of the child and the first postpartum check up. If it is more than one day then record accordingly. For example, if the answer is two days, write “002” in the box provided. If the woman do not know the answer, circle the code “998”. And circle the code ‘000’ if the check up has not been done at all also for both the cases skip to Q245.

Q243 inquires about the facility where the first check-up took place. Should determine the type of health facility and whether the place is in the public sector (run by the government) or in the private sector or at home, depending on the response, circle the respective code.

Q244: There are certain procedures which are to be followed and some advice is also given to the mother like family planning, breast feeding, baby care, exclusive breast feeding etc. Ask about each option separately and circle the respective code. If the woman mentions any other examination or an advice note it on the space provided.

Q245 To Q247: HEALTH PROBLEM DURING POST-DELIVERY PERIOD

Q245 says the symptoms of *post delivery* health problems, if she had any. This Question refers specifically to a period of six weeks following the delivery. Ask one by one about each separately. Circle “1” for all those she experienced and “2” for all those she did not have. If there was no symptom found, skip to Q248.

Ask Q246 whether she consulted any doctor or health worker or sought treatment for her problem, and if the respondent told ‘NO’, skip to Q248. If she mentioned ‘YES’, ask Q247.

Q247 refers to place visited for consultation and treatment for health problem respectively. It may be possible that she consulted more than one health personnel. In such situation circle all the respective response codes. **Then Record all mentioned.**

Q248: FILTERS

This is the filter question, refer to the Q139 and note the live birth and stillbirths. If the woman has stillbirth go to Q260, otherwise go to the following question.

Q249 And Q250: POST PARTUM CHECK UP FOR CHILD

Q249 asks if the child received any post-natal care within 24 hours of his/her birth. Circle '1' if the answer is Yes or Circle '2' if the answer is No. If the response is "Child did not survive" circle code 3 and go to Q254. For either Yes, code "1" or No, code "2" of responses in Q249 go to Q250 and enquire the number of check-ups taken place within 10 days of his/her birth. Write the number of check-ups in the box. IF MORE THAN '5' RECORD '5'. If respondent's answer is check-up has not been done at all then circle the code '0', or if child not survived till 10 days circle '7' or if don't know circle '8' and go to Q252.

Q251: PLACE FOR FIRST CHECK UP OF CHILD

It is also important to note where the first check up of the child took place. Thus Q252 enquires about the health care facility where the check up had taken place. According to the response circle the respective code. As these Questions refer to the first check-up after the birth, so multiple answers are not allowed. If the woman reports more than one place where check up had been conducted circle the code for the place, which appears highest in the list. If the respondent mentions any other place not mentioned in the questionnaire, record the name and place on the space provided.

Q252 And Q253: BREASTFEEDING THE CHILD

Ask Q252 to ascertain whether the respondent fed her child mother's first milk known as 'colostrums or khees' (yellowish thick milk) secreted during the first few days after the childbirth. Circle '1' if the answer is Yes or Circle '2' if the answer is No. Ask Q253 when respondent first breastfed her child and circle accordingly. If the response is "Same day" in the option it refers to 24 hours then code '2' or if the response is "immediately/within one hour of birth then code '1'.

Q254: FILTER

Go to Q145 and check if the child is still alive or not. If the response is 2 (that is child not alive), cross (X) in the box provided for last child not surviving and skip to Q260. If the response is 1 (that is child is still alive), cross (X) in the box provided for last child surviving and continue with the following questions.

Q255: And Q256: BREASTFEEDING

Q255 refers to whether respondent is still breastfeeding her child. Circle '1' if the answer is Yes or Circle '2' if the answer is No. Q256 refers to the duration of exclusive breastfeeding, means nothing other than mother's milk. If exclusive breastfeeding was less than one month, then circle 1 and write days in the respective box. If she specifically mentions the months circle 2 and write down months in the boxes provided. If the respondent is continuing breastfeeding exclusively circle code

‘88’. Even if honey is given to the baby at the time of birth it should be considered as exclusive breastfeeding as this is only a traditional practise.

Q257: To Q259: FOODS OTHER THAN MOTHER’S MILK

Q257 wants to know if the baby was given water before completion of six months. Circle ‘1’ if the answer is Yes or Circle ‘2’ if the answer is No. Q258 wants to ascertain at what age the woman started giving baby other fluids, semi solid and solid foods. Ask each option separately and write the MONTHS in the boxes provided. If nothing is given other than breast milk circle 96. **The field editor or the office editor will enter 96 in all the box provided. Even if there is blank for one or two of the three items the field editor or the office editor will enter 96.** In Q259, ask the mother, about any liquids her child consumed yesterday during the day or at night, read each option and circle the respective code.

Q260: To Q262: AWARENESS OF DIARRHOEA AND PNEUMONIA

Q260 asks whether the respondent is aware of remedial cares when child gets Diarrhoea. This question has multiple answers and so record all.

Q261 refers to the awareness of danger signs related with Pneumonia. **If the respondent mentions “Don’t Know”/”Not Aware” then circle ‘1’ under “DO NOT KNOW” option. In that case, all remaining options will be kept blank (no need to circle).**

Q262 asks who told about the Diarrhoea and the danger signs of Pneumonia. The responses may be multiple in nature and so record all. This question will not be applicable if the responses are “do not know” in Q260 and “not aware” in Q261.

In Q263 Check Q147, if respondent has ONE OR MORE surviving child/children, go to SECTION III or if NO surviving child/ WOMEN WHO ARE MARRIED BUT GAUNA NOT PERFORMED AND SEPARATED/DESERTED/DIVORCED/WIDOWED FOR MORE THAN 4 YEARS will go to SECTION IV.

D. SECTION 3: IMMUNIZATION AND CHILD CARE

In this section we collect information only for children who are alive at the time of survey.

The children in whom we are interested are those born since January 1, 2004. That is a child who is at most 3 years of age. If there are three children during the reference period then ask the details for the two youngest children.

If the last two children are twins then record the details of both the children. But if last but one is twins then in that case record the details of the last child and one among the twins, preferably a girl child. If both are twins select one from each pair. If there are female children among the twins record their details.

Q301: We need to complete the column headings for living children who are born after 1st January 2004 i.e. Line Number, Name and Survival status of each birth in 2004 or later. Make sure to start with the last birth, then the previous to last birth etc. If there are more than two births in January 2004 or later, use additional questionnaire.

Before starting the question read out the statement given in Q301 “Now I would like to ask you some questions about the health of your last two surviving children born since 1st January 2004”.

Q302 To Q304: NAME, SEX AND BIRTH DATE OF THE CHILD

Q302. Check Q138 and fill the child’s Line Number from the pregnancy history. Then, check Q140 and write the child’s name for the identification of the child.

Q303 seeks the sex of the child. Check from Q142 about the sex of the child. Although you can tell the sex of the child to a great extent from the name but check with the respondent by saying for example, if reported "GUDDU" whether the child is a boy or girl? Do not assume the sex of the child from the name.

Q304 relates to the birth date (month, year) of the child. Check from Q143 and write the month in the box and circle the year given below. For example, a child born in May 2004 will be writing 05 for month and 2004 for year. Since the child is born just three to four years back it is not difficult for a mother to recollect the month of the birth.

Q305: VACCINATION CARD

You may have already seen certain documents (births certificates or vaccination cards) for her young children when recording their ages. If you have already seen a vaccination card for the child, circle ‘1’ for YES, SEEN. If you have not seen the child [ren]’s vaccination card(s), ask the respondent to look for any vaccination cards that she has for all eligible children (children born since 1st January 2004 who are still alive). In some cases, the respondent may hesitate to take time to look for the vaccination card(s), thinking that you are in a hurry. Since it is critical to obtain

written documentation of the child's immunization history, be patient if the respondent needs to search for the card. Assure the respondent that you are willing to wait.

If the respondent shows you the vaccination card, record YES, SEEN and skip to 307. If the respondent says the child has a vaccination card, but she is unable to show you because she has lost it, someone else has it, or it is not accessible to her during the interview, record YES, NOT SEEN for that child and skip to 310. If the respondent says she does not have a card for her child, record NO CARD. Each response to this question has a different skip instruction, so be careful to follow the correct skip pattern.

Q306: EVER HAD VACCINATION CARD

If in Q305, the woman tells you she does not have a card for her child, ask her in this question whether she ever had a card for that child. It is possible that she did have a card once, but no longer has it. Circle the appropriate code and skip to Q310.

Q307: RECORDING VACCINATIONS

If respondent has the vaccination card for the child, fill in the information in Q307 by directly copying from the vaccination card. When there is more than one eligible child, be certain to match the correct card with the correct child.

Before copying dates (Date means Day, Month and Year) from the card to Q307, examine the card carefully. The card may list the vaccinations in a different order than the questionnaire. In Q307 record the dates at first in day column and record the month and year in respective columns. Check the card carefully to see which way the dates are written because sometimes the month might come first, followed by the day and year. Be very careful to record dates correctly.

Besides recording vaccination dates on the card, some health facilities may also record the dates (appointments) on which the mother should bring her child for the next immunizations. Be very careful not to record a scheduled appointment date as a vaccination date. It is possible that an appointment date was given, but the child never received the vaccination. Only record the dates of vaccinations actually given, and do not mention the dates of appointments. Be patient and read the card thoroughly.

Example: Priya's vaccination card shows the following immunizations:

			DAY		MON		YEAR			
BCG	20 May 2004	BCG	2	0	0	5	2	0	0	4
Polio 0	20 May 2004	POLIO '0'	2	0	0	5	2	0	0	4
DPT 1	25 August 2004	DPT 1	2	5	0	8	2	0	0	4
DPT 2	October 2004	DPT 2	9	8	1	0	2	0	0	4

DPT 3	Blank	DPT 3						
Polio 1	25 August 2004	POLIO 1	2	5	0	8	2	0
Polio 2	October 2004	POLIO 2	9	8	1	0	2	0
Polio 3	Blank	POLIO 3						
Measles	Given, but don't know Date	MEASLES	4	4				
Vitamin A (First Dose)	Oct. 2004	VITAMIN-A	9	8	1	0	2	0

If the card shows only part of the date, record '98' for DON'T KNOW in the column for which the information is not given (or 9998 if the year is not given).

Example: If the date given were July 2004, you would record '98' for DAY, '07' for MONTH, and '2004' for YEAR.

If the card shows vaccination was given, but there is no date shown, record '44' in the DAY column next to the vaccine and leave the month and year blank. However, if a date is given for a DPT vaccination and there is simply a check mark to show that a polio vaccine was also given, record the date of the DPT injection on the polio line since this probably indicates that the vaccinations were given on the same day. Some vaccination cards may have only a single line for DPT1 and POLIO1, DPT2 and POLIO2, etc. If there is a date on one of these lines, record the same date for both the DPT and polio vaccinations.

Q308: FILTER QUESTION

Check Q307 to see whether or not ALL of the rows from BCG to MEASLES are filled. If all these rows are filled skip to Q314. Otherwise, continue with Q309.

Q309: VACCINES RECEIVED BUT NOT RECORDED

Sometimes a child receives vaccines but they are not recorded on the vaccination card. After copying the details from the card, ask the respondent whether the child received any of the vaccinations that are not recorded on the card. In some cases the mother may not know which vaccinations are recorded on the card. You may have to tell her what has been recorded, and then ask whether the child received any other ones.

If the child received any vaccinations that were not recorded in the card, record YES, then find out which vaccine was received. Check Q307, record '66' in the DAY column next to the vaccine received, and leave the month and year blank. Do this for each of the vaccinations the mother tells you about and then skip to Q314. In Q309 record 'YES' only if the respondent mentions that the child received any vaccines such as BCG, Polio 0-3, DPT 1-3, Measles. that are not recorded on the vaccination card.

If the child did not receive any of the vaccinations for which you have not already recorded a date, circle '2' for NO and go to Q314.

Q310: EVER RECEIVED VACCINATION

Q310 asks whether child ever received any vaccinations including those received during Pulse Polio campaign. You will ask this question only if you did not see a vaccination card of the child. In that case, all the information's about vaccinations of the child will be collected from the mother, based on her memory about those vaccinations. If her answer is NO skip to Q312.

Q311: To Q311G: RECEIVED SPECIFIC VACCINATIONS

If you did not see a child's vaccination card and the respondent tells you that the child received at least one vaccination, you will ask about each of the following four types of vaccinations the child received: BCG, Polio, DPT, and Measles.

Read the introductory question (Q311) and then ask Q311A To 311G, follow the appropriate skip patterns. Because there are many types of vaccines, we specify how each one is given so that the mother will know which vaccine we are asking about. Read the whole sentence before accepting the woman's response.

Notice that there are follow-up questions for the Polio and DPT vaccinations. For the Polio vaccine, we ask whether the child received it, when the child first received it and how many times the child received it. For the DPT vaccination, we ask whether the child received the vaccination and how many times the child received it.

Q311A: BCG

BCG or Bacille Calmette-Guerin is a vaccine for Tuberculosis (TB) disease. BCG vaccine is live vaccine derived from a strain of Mycobacterium bovis. Q311A relates to BCG vaccination, which is an injection in the shoulder that most often leads to a scar. BCG can be given at birth or within six weeks.

Q311B: ANY POLIO VACCINS

The oral polio vaccine given at birth or within two weeks is termed as '0' Polio dose. Q311B asks if child has received any polio vaccine as drops in the mouth including the vaccine received during pulse polio campaign. If her answer is NO, skip to Q311E.

Q311C & Q311D: RECEIVED '0' POLIO AND POLIO VACCINE

It is a drop given in the mouth immediately after birth to the prevention of Polio. Q311C seeks the information about when the child received first polio vaccine, within two weeks or later. Q311D asks how many times child has received pulse polio vaccine. If child has received vaccine five or more times, we can record five. (Excluding '0' Polio and Pulse Polio). The only way to completely eliminate the risk of getting children paralysed by polio is to completely interrupt the circulation of wild

polio virus by administration of OPV to all under-five children over a few days and repeat it a few times each year as during NID/SNID (Sub National Immunisation Day). If '5' or more times, record '5' only.

Q311E & Q311F: DPT

Q311E & Q311F relate to Diphtheria, Whooping cough (Pertuses) and Tetanus vaccine (DPT). In Q311E ask whether DPT vaccination was given or not. Three doses of DPT are to be given to the child at age of 6 weeks, 10 weeks and 14 weeks respectively. Q311F asks about the number of doses of DPT injection that were given on thigh or buttocks.

Q311G: MEASLES

Complications and death caused by Measles can be easily prevented through immunization. The Measles vaccine is safe, effective and inexpensive. Measles vaccine is equally effective whether in the monovalent or in the combined form. Q311G seeks the information about whether the child was immunized against Measles. The child is expected to get Measles vaccine at 9 months and it is given on right arm/ shoulder.

Q312: FILTER FOR RECEIVED VACCINATIONS

Q312 seeks to know whether a child has received any vaccination or not. (Check Q307 and Q310, if any one of the vaccination is given to the child or not). If answer is YES, skip to Q314.

Q313: REASONS FOR NOT ADMINISTERING IMMUNIZATION

This Question refers to the reasons for not giving any vaccination if the respondent mentioned NO for Q312.

Q314: SOURCE OF VACCINATION

For children who have received any vaccinations (either listed on the vaccination card or from the mother's recall), ask the respondent where the child received his/her vaccinations. If the child has received only one vaccination, ask where he/she received that vaccination. In either case, ask the respondent whether the place is in the public (run by the government) or NGO/Trust Hospital/Clinic or private sector. Only if the respondent does not know whether the place is run by the government or NGO/Trust Hospital/Clinic or private, write the name of the facility in the space provided (if it is a hospital, health centre, or clinic), and inform your supervisor after you complete the interview. And seek the source of vaccination whether the place is in the Anganwadi center or ICDS center, Hospital, CHC / PHC, NGO / Trust hospital and other public or private sector health facilities.

Q315: HEPATITIS B

Hepatitis B is a virus that affects the liver. Children with Hepatitis B are more likely to develop liver disease or cancer in later life. The first dose of Hepatitis B vaccine should be given as soon as possible (<24 hours) after birth. Hepatitis B can also be

transmitted from mother to child at birth or shortly after. Most young children who become infected with the virus become ‘carriers’. This means that they can pass the disease on to other people, even if they don’t have symptoms. Q315 seeks to know whether a child was given any injection for prevention of Hepatitis B.

Q316: And Q317: VITAMIN-A DOSE

In order to prevent night blindness among children, Vitamin A dose in the form of tablet/ liquid is given to children (FIRST DOSE OF VITAMIN A). The National Programme on Prevention of Blindness targets children of age 1-5 years and administers the oral doses of Vitamin A in every six months. We are asking in Q317, how many times the child has received Vitamin A doses. If ‘5’ or more times received then record ‘5’ only.

Q318: INTESTINAL WORMS

De-worming, that is, getting rid of intestinal worms, is possible with cheap and effective drugs that are safe for pre-school children. Q318 asks if the child took any drug for de-worming in the past six months. If the child took a drug for worms more than 6 months ago, but not during the six months before the survey, circle code ‘2’ for NO.

Q319: MOTIVATED FOR VACCINATION

Q319 asks if anyone has facilitated or motivated to give any vaccination to children, facilitation or motivation could be provided by Doctor, ANM, Health worker, Anganwadi worker, ASHA, NGO/CBO, Husband, Mother-in-law, Mother, Relatives or friends, Self and other. Circle all the responses mentioned. **Record all Mentioned.**

Q320: DIARRHOEA IN LAST 2 WEEKS

Diarrhoea is a major cause of illness and death among young children in developing countries. If a respondent is not sure what we mean by Diarrhoea, tell her what it means “more than three times running stools per day.” While asking this question, emphasize “during last two weeks.” Q320 asks about if child has got Diarrhoea in the last two weeks. If her answer is YES, circle ‘1’ or if her answer is NO/ DON’T KNOW, circle ‘2’ and ‘3’ respectively and skip to Q325.

Q321: CHILD’S DIET DURING DIARRHOEA

Q321 refers to what child was given as diet during the current (last) episode of Diarrhoea. This question is asked to know about the care provided during Diarrhoea as children are more vulnerable to the child. The child could be given, plain water, or salt and sugar solution or fruit juice or lime water or gruel made from rice or any other local grain or home remedy or there are chances that child would be on breast milk. Read out each of the item and circle the appropriate code given for the item. Do not leave either item blank as this is multiple responses question.

Q322: ORS SOLUTION and FEEDING

Oral Rehydration Salts solution is given continuously during Diarrhoea for the control of dehydration. Ask Q322 whether mother has given ORS solution to child during Diarrhoea. If her answer is YES, circle '1' or if NO, circle '2' or if her answer is "child on breast milk" (Depends upon age) circle '3'.

Q322A asks woman whether normal feeding was continued or not during Diarrhoea.

Q323 To Q324: ADVICE/ TREATMENT FOR DIARRHOEA

These questions ask whether advice sought from someone on how to treat, feeding continued and source of treatment for diarrhoea. Q323 ask if advice or treatment for the child's Diarrhoea was sought. If answer is YES circle '1' and go to Q323A, if NO, circle '2' then skip to Q325.

Ask Q324 if advice or treatment was received from more than one source, circle the code for each facility visited.

Q325: FEVER IN LAST 2 WEEKS

Q325 asks whether child had got fever in last two weeks. If answer is YES circle '1' or if answer is NO circle '2' and if answer is DON'T KNOW circle '8'. Among other things, continuous fever is one of the symptoms of Malaria or Pneumonia, which are two of the principal causes of death for young children in India. Record YES only if the fever occurred at any time in the two weeks prior to the date of interview.

Q326 and Q327: SHORTNESS OF BREATH

Q326 asks only if the child was ill with a cough in the past two weeks. If answer is YES circle '1' and go to next question (Q327) or if answer is NO circle '2' and if answer is DON'T KNOW circle '8'. If answer is NO or DON'T KNOW, go back to Q302 in next column; or, if no other surviving child, go to Section IV.

Q327 asks when this illness started with a cough whether the child had any difficulty in breathing. If answer is YES circle '1' or if answer is NO circle '2' or if answer is DON'T KNOW circle '8'.

Q328: and Q329: ADVICE OR TREATMENT SOUGHT FOR COUGH AND FEVER

Q328 asks whether the woman sought any advice or treatment for the child's fever/cough. If answer is YES circle '1' and continue with the following question. If answer is NO, circle '2' and go back to Q302 in next column; or if no child surviving, go to Section IV. If advice or treatment was sought, go on to ask Q329 about sources of treatment. Probe to determine whether more than one person or place was consulted, and record all sources mentioned.

Firstly complete the last child and then go to the last but one child or if No surviving child, Go to Section IV.

E. SECTION IV: CONTRACEPTION AND FERTILITY PREFERENCES

A. CONTRACEPTION

This section collects information on the knowledge and use of various contraceptive methods, i.e., the ways that a couple can use to avoid or delay pregnancy.

A respondent may consider the topic of contraception and family planning a personal matter and she may feel embarrassed to talk about it. To overcome her embarrassment, you must show that you do not feel embarrassed or uncomfortable in any way. You should ask these questions as if they are no different from any other questions in the questionnaire. If she is hesitant to answer any of these questions, you may need to reassure her that everything she says will be treated confidentially and that the same questions are being asked of women all over the country.

GENERAL NOTE ON CONTRACEPTIVE TABLE

The contraceptive table provides the questions on knowledge, as well as use, of specific contraceptive methods. In the first column of the table, you will record the respondent's knowledge of specific methods, while in the second column you will record whether she or her husband has **ever** used each of the methods that she has heard.

Follow the steps below to fill this table:

Step 1: Read the introductory sentence at the top of the table. Then ask Q 401A and wait for the respondent to mention the contraceptive methods she knows about. Circle '1' in the first column for each method that she mentions spontaneously.

Step 2: Now proceed down the list of methods, asking, "Have you ever heard of _____?" for any methods that the respondent did not mention, reading the name and description of each method not mentioned spontaneously. Circle code '1' if she knows the method and '2' if she does not know the method.

Step 3: Check Q105, if Q105 is '2' (women who are married but gauna not performed), skip step 4 and go straight to Q402; for others proceed to step 4 for known methods.

Step 4: After you have completed the list of methods asking about knowledge, return to the top of the list and ask Q401B (ever use) for each method that the respondent has heard of.

Note that the questions regarding ever use of methods of contraception apply to all ever-married women except who are married but gauna not performed. If the respondent has been married more than once, it does not matter with which particular husband she may have used a method.

It is important that you follow the above procedure of first asking about the knowledge for all methods before asking about use, so that the respondent does not become confused about whether you are asking about knowledge or use of a particular method.

Q401A: KNOWLEDGE OF WAYS TO DELAY/ AVOID PREGNANCY

Read the statement at the top of the table: “Now I would like to talk about family planning - the various ways or methods . . .” Then read Q401A: “Which ways or methods have you heard about?” Wait for the woman to tell you which methods she knows about. Circle ‘1’ for YES for each method that she mentions spontaneously. If she mentions a traditional or folk method (such as herbs) or any method not listed in the table, circle ‘1’ for Method 11 at the bottom of the table and write the name(s) of the method(s) in the space provided (see illustrative contraceptive table below). If she mentions more than two other methods for Method 11, record only the first two methods mentioned.

Check that you have recorded all methods the respondent mentioned spontaneously. Then, for each method she did not mention spontaneously, ask whether she has heard of the method. For example, if she did not mention the pill spontaneously, ask her about it, reading the description of the method: “Have you ever heard of the pill? Women can take a pill every day or once in a week to avoid becoming pregnant.” If she says she has heard of it, circle ‘1’ for YES. If she has never heard of the pill, record NO by circling ‘2.’ Repeat this for each method not mentioned spontaneously, reading the description of each method.

At first you may feel embarrassed to talk about and describe these methods, but remember, if you are embarrassed, you may increase the embarrassment of the respondent. You should keep from smiling or giggling so that you encourage her to be direct and to feel more comfortable talking with you about this subject.

It is important for you to have some knowledge of these contraceptive methods yourself and you must be familiar with names that people use to refer to each method. Some additional information about selected methods are given below:

01. FEMALE STERILIZATION. There are several types of operations a woman can have that will make her sterile, including a “tube tie” or the removal of the uterus (i.e., a hysterectomy) or ovaries. Operations to remove the womb or uterus are usually performed for reasons other than to provide contraceptive protection, e.g., because the woman experienced a problem during delivery, the woman had recurrent spells of heavy bleeding, or cancer was found. Only when an operation is performed to enable the woman to stop having children should you record it as sterilization.

02. MALE STERILIZATION. This is a comparatively minor operation done on men for contraceptive purposes. It is also called vasectomy. In recent years, the “no scalpel” vasectomy has become more common.

03. IUD. An IUD (intra-uterine device) is a foreign body inserted in the uterus, which prevents a fertilized egg from being implanted in the uterus wall. It is designed to remain in the uterus for 2-10 years and needs to be inserted by a medical person.

Another type available from private practitioners is Multilode (this is a Copper T with an additional amount of copper, providing a longer life). In some states, the IUD is known as 'Tambi'.

04. PILL. This is a pill the woman takes every day or once a week to avoid becoming a pregnant. The pill taken every day is a combination of oestrogen and progesterone (hormones) that prevents the ovary from releasing an egg. These pills are also known as 'Mala D' and 'Mala N' in India. The pill taken once a week is a non-hormonal pill known as "Saheli."

05. EMERGENCY CONTRACEPTION. To avoid becoming pregnant after unprotected sex, women can take pills within three days after having an unprotected sex. These pills are also called "morning after pills or i pills."

06. INJECTABLES. An injection of hormone that is released slowly into the bloodstream can be given regularly to women to prevent pregnancy. The most common type of injectable contraceptive is given every three months. This is known as *depomedroxyprogesterone acetate* (DMPA), Depo-Provera, Depo, or *Megestron*^R. Another injectable contraceptive, NET (also called *Noristerat*^R) is given every two months.

07. CONDOM OR NIRODH: Men can use a rubber sheath on their penis before having sex to avoid pregnancy.

08. FEMALE CONDOM. A thin, transparent rubber sheath can be placed in the vagina before having sex to avoid pregnancy.

09. RHYTHM METHOD. This is also called the safe period, periodic abstinence, the calendar method, or the standard days method. This method is based on the principle that by not having sexual relations on certain days of her monthly cycle, a woman can avoid becoming pregnant. Note that this is not the same as prolonged abstinence where the couple stops having sexual relations for months at a time to avoid pregnancy without regard to the woman's monthly cycle. To ensure that the respondent understands, stress the phrase "on the days of the month she is most likely to get pregnant." If a woman does not feel like having sex on particular days of her cycle, that does not mean that she is using the rhythm method.

10. WITHDRAWAL: Men can be careful and pull out before climax. This is to avoid the sperm entering the female genital at the time of sexual intercourse.

11. ANY OTHER METHOD (S). Women may mention traditional methods such as certain herbs or medicines. If so, write the name of the method(s) in Method 11. If she mentions prolonged abstinence or breastfeeding, write these down, since she considers them methods of family planning.

Methods not specifically described in the table, which a woman may mention, include DIAPHRAGM AND FOAM OR JELLY.

DIAPHRAGM. Diaphragms and cervical caps are soft rubber cups that can be placed in the vagina to cover the cervix to block sperm from entering the uterus and tubes where sperm could meet an egg. Diaphragms and cervical caps should be used with spermicidal jelly or cream.

FOAM OR JELLY. Spermicides, including foam, cream, jelly, foaming tablets, or suppositories, are used to kill sperm or make sperm unable to move toward the egg.

ANY OTHER METHOD(S). Women may mention traditional methods such as certain herbs or medicines. If so, write the name of the method(s) in Method 11. If she mentions prolonged abstinence or breastfeeding, write these down, since she considers them methods of family planning.

Q401B: EVER USE OF CONTRACEPTIVE METHODS

After you have completed the filter in Q401A, you are ready to ask the respondent about use of contraception. However, before you ask Q401B for each method, check whether the respondent reported having knowledge of the method in Q401A, i.e., ‘1’ was circled in Q401A, indicating that the respondent has heard of the method. **Do not ask Q401B for methods the woman has not heard of (Code ‘2’ circled in Q401A).**

When asking about the use of female sterilization, say, “Have you ever had an operation to avoid having any more children?” If the woman indicates that she has had such an operation, probe to determine that the operation was undertaken for contraceptive purposes, i.e., because the woman wanted to avoid having more children and not because the woman had health problems that necessitated the removal of the uterus or ovaries.

While, asking Q401B for male methods, such as male sterilization use the phrase, “Has your husband ever had an operation to avoid having any more children?”. Similarly when asking about condom and withdrawal, say, “Have you and your husband ever used (condoms/withdrawal)?”. If she has been married more than once we are interested in finding out whether any of her husband ever used condoms or withdrawal method with her or was sterilized. Remember that the answer to this question is YES even if her husband used a method for only a short time or if the woman used the method with only one husband. Note, however, that we are asking for only those methods that the husband has used with the respondent, not with any other wife or partner.

If she has named any other methods in Q401A (Method No: 11), be sure to ask whether she ever used them in Q401B and record her answer.

SECTION-IV

ILLUSTRATION CONTRACEPTION

Q401A	<p>Now I would like to talk about family planning – the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>Which ways or methods have you heard about?</p> <p>FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK EACH METHOD SEPARATELY</p>		Q401B. Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES① NO.....2	Have you ever had an operation to avoid having any more children? YES1 NO②
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO.....②	Has your husband/partner ever had an operation to avoid having any more children? YES1 NO.....②
03	IUD Women can have a device placed inside the uterus by a doctor or a nurse.	YES① NO.....2	YES1 NO.....②
04	PILL Women can take a pill every day or once in a week to avoid becoming pregnant.	YES① NO.....2	YES① NO..... 2
05	EMERGENCY CONTRACEPTION Women can take pills within three days after sexual intercourse to avoid becoming pregnant.	YES1 NO.....②	YES1 NO..... 2
06	INJECTABLES women can have an injection by health provider that stops them from becoming pregnant for one or more months.	YES1 NO.....②	YES1 NO..... 2
07	CONDOM OR NIRODH Men can put rubber sheath on their penis before sexual intercourse.	YES① NO.....2	YES① NO..... 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES1 NO.....②	YES1 NO..... 2
09	RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES1 NO.....②	YES1 NO..... 2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES① NO.....2	YES1 NO.....②
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES① <hr/> Herb (SPECIFY) <hr/> (SPECIFY) NO.....2	YES1 NO.....② YES1 NO..... 2

Q402: FILTER FOR MARITAL STATUS

This filter ensures that the questions that follow shall not be asked to those women who are MARRIED BUT GAUNA NOT PERFORMED / SEPARATED / DESERTED / DIVORCED / WIDOWED. Check Q105, if Marital Status is other than currently married, skip to Section V. If the woman is currently married then we ask the following questions.

Q403: FILTER FOR WOMEN/MEN STERILIZED

This filter ensures that the questions that follow relating to pregnancy status and the current use of contraception will not be asked for women who or whose husbands have been sterilized. Check Q401B: if woman/man sterilized then skip to Q406A, otherwise ask the following questions.

Q404: CURRENT PREGNANCY STATUS

If woman tells that she is pregnant, circle 1 and skip to Q430. If the respondent is not pregnant or 'UNSURE' about her pregnancy, then ask Q405.

If Respondent is PREGNANT skip all the questions related to current use i.e. Q405 to Q429 and GO TO Q430.

Q405 To Q406A: CURRENT USE OF CONTRACEPTION

These are some of the most important questions in the questionnaire. Since methods are effective for different lengths of time, you may have some difficulty in deciding whether a particular respondent is currently using a method. Coitus-related methods such as condoms, vaginal methods and withdrawal are used with each act of intercourse, so current users of these methods would have used them during the most recent acts of intercourse. Current users of the oral pill should be taking oral pills daily or weekly depending on the type of pill.

Other methods provide ongoing protection without daily or regular action by the woman. Contraceptive injections may have been administered two to six months earlier and still provide protection. An IUD, once inserted, protects against pregnancy until it is removed or expelled.

In Q405 ask whether the respondent or her husband is currently using any contraception. Circle 1 for Yes and go to Q406, if NO then circle 2 skip to Q430.

If the woman reported in Q401B that she had been sterilized in order to avoid having another child, you will record FEMALE STERILIZATION in Q406 as the current method without asking her which method she is currently using.

If the woman's current husband has been sterilized, you will record MALE STERILIZATION as the current method.

If the woman mentions more than one method, circle the code for all methods that are currently being used. If more than one method is circled, follow the skip instruction for the highest method on the list and ask the subsequent questions about that method.

Check to be sure that the response to Q406 is consistent with the responses to Q401A and Q401B. For example, if a woman has been married more than once and the respondent may say that she is using the pill, but reported in Q401A that she did not know the pill or reported in Q401B that she has never used the pill. If this happens, probe further and correct the responses in Q401 and Q406 as necessary.

While it is not common, you may encounter a woman who has had a hysterectomy, which is the surgical removal of all or part of the uterus and the ovaries. Such a woman is unable to become pregnant, and therefore does not need to use contraception in order to avoid pregnancy. But because the operation is usually not performed for contraceptive reasons, we will consider a woman with a hysterectomy as a nonuser of contraception. She is similar to a woman who is menopausal. In Q405, her response would be NO (she is not currently using) and skip to Q430.

SKIP in Q406/Q406A,

- **If woman/man STERILIZED, skip to Q412.**
- **If IUD user, skip to Q411.**
- **If DAILY PILL/ WEEKLY PILL/ INJECTABLE/ CONDOM/ NIRODH/ FEMALE CONDOM users proceed to Q407**
- **If RHYTHM METHOD/WITHDRAWAL, skip to Q415.**

Q407 To Q409 ACCESSIBILITY, BRAND NAME AND COST OF TEMPORARY METHODS

If the daily pill /weekly pill/ injectable or condom is reported on the current method in Q406, we would like to know some further information about the methods.

In Q407 we are interested to find out whether couple faces any problem or difficulty in obtaining the contraceptives' supply regularly.

In Q408 we try to find which brand of condom, pill or injectable they are using. Knowing the brand of pill or condom can help to assess the popularity of certain brands that may be offered in 'Social Marketing Programmes'. Write the brand name used by the respondent and supervisor or editor of DLHS-3 will code from list. If they don't know, Circle the code '998'. You should not fill in the boxes. Supervisor or data entry operator of DLHS-3 will fill these boxes in the office.

When writing the name of the pill or condom brand, be sure to write the entire name.

The IIPS has provided codes for a list of Brand Names of PILLS/ CONDOM/INJECTABLE/FEMALE CONDOM. The Supervisor has to see the Brand Name and write the code of the Brand.

Q409 asks the respondent whether money was paid for getting condom/ pills/ injectables. If response is Yes, circle 1 or if it is No, circle 2 or the respondent can say do not know then circle 8.

Q410: PLACE OF OBTAINING CURRENT METHOD

Refer the current method circled in Q406, for example, if she is using daily pills, ask “where did you obtain the daily pills last time.” When choosing a code, you need to know whether the place is in the public sector (run by the government) or in the private sector. If the place is run by a NON-GOVERNMENTAL ORGANIZATION or TRUST use code ‘31’. Only record PRIVATE DOCTOR if the doctor has his/her own practice, which is not located within a larger facility. If a doctor in a private hospital did it; circle code ‘41’. If they don’t know, Circle the code ‘98’.

If the respondent does not know whether the facility is Public or NGO/TRUST OR private, write the name of the facility in the space provided, and inform your supervisor after you complete the interview. Since you have recorded the name of the facility, your supervisor will be able to find out whether it is public or private and will circle the appropriate code and skip to Q415 to know about the duration of the use for temporary methods.

Q411: PLACE OF IUD INSERTION

This question is only for IUD users. Ask this question to know about the place of IUD insertion done. The place could be any public sector facility (run by the government) code from 11 to 18 or NGO or trust hospital/clinic coded 21 or any Private sector facility coded from 31 to 34 or could be any other facility (coded 96) not given in the list or respondent could say “Don’t know” coded 98. Circle any one of the responses as said by the respondent.

Q412 AND Q413: TYPE AND TIMING OF STERILIZATION

For the woman who responded that she or her husband has undergone sterilization in Q406 ask Q412. Q412 asks the type of sterilization procedure undergone by the respondent or her husband.

In Q413 ask when was sterilization performed after childbirth, after abortion or any other time.

Q414: PLACE OF STERILIZATION

This question applies to either the respondent or her husband’s sterilization. Circle the code that indicates the type of facility where the sterilization took place.

When choosing a code, you need to know whether the place is in the public sector (run by the government) or in the private sector. If the place is run by a non-governmental organization or trust, use code ‘21.’ Only record PRIVATE DOCTOR if the doctor has his/her own practice, which is not located within a larger facility. If a doctor in a private hospital did it, circle code ‘31’.

If the respondent does not know whether the facility is public or NGO/TRUST or private, write the name of the facility in the space provided for, and inform your supervisor after you complete the interview. Since you have recorded the name of the

facility, your supervisor will be able to find out whether it is public or private and will circle the appropriate code.

Q414A And Q414B: COMPENSATION FOR STERILIZATION

The Government is providing financial assistance to the acceptors of sterilization by way of compensation for the loss of wages for the days they came to medical centre for permanent methods of family planning.

Q414A asks if respondent or her husband received the compensation after sterilization. If answer is YES, circle '1' and go to Q414B or if answer is NO, circle '2' and skip to Q415.

Q414B asks when woman or her husband received compensation for sterilization. If answer is before or at the time of discharge, circle '1' or circle '2' if compensation is received at the time of first follow-up or circle '3' if it is after several visits.

Q415: TIME AFTER STERILIZATION OR CURRENT METHOD USED

Q415 has two divisions i.e. Q415A and Q415B. Firstly cross the box appropriately. If respondent/ her husband has been sterilized, ask Q415A about the duration of the sterilization. If less than TWO years write number of months in the box provided. If less than one month, record '00'. If she does not remember about sterilization Circle the code '98'.

For users of all other family planning methods, ask Q415B for how long she/her husband has been using the current method continuously (without stopping). For example, a woman started using the pill in June 2003. A few months later, she stopped taking the pill because she wants to become pregnant. She gave birth to a child in January 2006 and started using the pill again in March 2006. When interviewed in Nov. of 2007, she is still using the pill. In this case, record '20' for MONTH. If less than one month put '00'. If she does not remember, Circle the code '98'.

Q416: SOURCES OF MOTIVATION FOR USING CURRENT METHOD

Q416 asks who facilitated or motivated her/her husband for using current family planning method. If a woman is using the current method without anybody's motivation but on her own, then circle '1' for 'SELF'. **Record all mentioned.**

Q417 And Q418: ABOUT SIDE EFFECTS

Q417 asks about the information for current user about the side effects or problems associated with her/ or husband's current method. Q417 asks whether the user was told about potential side effects or problems at the time she obtained her current method. If there has been more than one episode of the use of the method, ask about the time that she started using the method during the **current** episode of use. If NO, then skip to Q419.

Q418 asks current users of family planning method to know the person who told her about the side effects or other problems or consequences associated with the use of current method.

Q419: FILTER FOR CURRENT METHOD

Go back to Q406/Q406A and circle the same method in Q419; this is the method currently being used. If more than one method/code is circled in Q406, circle only the code for the highest used method in the list.

SKIP in Q419:

- **If NO CODE CIRCLED, skip to Q429**
- **If MALE OR FEMALE STERILIZATION/ IUD users, go to Q420**
- **If Users of PILLS/INJECTABLES/CONDOM/ NIRODH/ FEMALE CONDOM, skip to Q422**
- **If RHYTHM METHOD/WITHDRAWAL/OTHER, skip to Q428.**

Q420 and Q423: CARE DURING AND AFTER THE STERILIZATION OR IUD INSERTION

These questions are asked to know the quality of services, and follow up after sterilization/IUD insertion.

Read out Q420 completely before circling the answer. We are interested in the woman's opinion about the services she/her husband received during or immediately after she received the sterilization or IUD insertion. Circle appropriate option as given by the respondent.

Q421 relates to follow up after sterilization/IUD insertion to know if the receiver (respondent/husband) is comfortable with the procedure or having a problem due to the procedure. Ask whether within 48 hours of sterilization/IUD insertion any one visited the respondent/her husband or the respondent/her husband visited anyone for follow up.

Q422 asks current users, when respondent or her husband started the use of current methods or to find out if respondent or her husband has ever received information about other family planning methods by a family planning worker/ ASHA. If response is Yes circle 1 and go to Q423 or if NO circle '2' or DO NOT REMEMBER circle 8, skip to Q424.

Q423 seeks the information about type of contraception they are informed. In this there can be multiple responses and so record all options. **If the respondent mentions "Don't Know"/"Not Aware" then circle '1' under "DO NOT KNOW" option. In that case, all remaining options will be kept blank (no need to circle).**

Q424 To Q427: HEALTH PROBLEMS and TREATMENT

Q424 & Q425 relate to health problems due to use of a method and type of problem from use of the method.

Q424 asks whether the respondent or her husband has any health problem due to the usage of contraceptive method. If the respondent reports YES (having a health problem) circle '1' and ask Q425. If the respondent says NO, circle '2' and skip to Q428.

In Q425 ask about the health problem(s), undergone by the respondent or her husband. **Record all type of problems mentioned.**

Q426 asks whether she or her husband consulted any one regarding the health problem. If her answer is 'YES' circle '1' or if her answer is NO, skip to Q428.

Q427 asks about the place of treatment for the health problem of respondent or her husband or to find out the health facility she visited. (If unable to determine whether it is Public sector or NGO/TRUST or Private sector, write the name of the place). **Record All the Health Facilities Mentioned by the respondent.**

Q428: SATISFACTION WITH THE METHOD USED

In Q428 we ask the users of family planning methods about the satisfaction derived from the method.

B. FERTILITY PREFERENCES

This section gathers information on desires for additional children, preferred birth intervals and intended future use of contraception.

Q429: CHECK for CURRENT USERS

Check Q419. If respondent is sterilized or her husband is sterilized, then mark like this ☐ and go to Section V.

For those using all other methods go to Q430.

Q430 And Q431: PREFERENCE FOR ADDITIONAL CHILDREN

Q430 is a combination of filter and question. First, check Q404 to see whether the respondent is pregnant or not pregnant and mark 'Cross' in the appropriate box.

Though Q430 is single question there are two ways of asking this question: One for those women who are not pregnant or unsure of pregnancy and for those women who are pregnant.

If she is not pregnant (or is unsure whether or not she is pregnant) ask the question on the left as follows: "Now I have some questions about the future. Would you like to have a/another child or would you prefer not to have any (more) children?"

If the respondent is currently pregnant, mark the box labelled PREGNANT and ask the question under that box: “Now I have some questions about the future. After the child you are expecting now would you like to have another child, or would you prefer not to have any more children” Note that we want to make sure that a pregnant woman does not think that we are asking whether she wants the child she is pregnant with now.

If the respondent’s answer is NO MORE/NONE, CIRCLE ‘2’ and skip to Q433. If respondent says she can’t get pregnant, circle ‘3’ and skip to Section-V. For women who is pregnant and says undecided or don’t know, circle ‘4’ and skip to Q437. For women who are not pregnant or unsure about pregnancy but say that they are undecided/Don’t Know circle 5 and skip to Q434. In Q430 for those women who want to have a/another child circle 1 and go to Q431.

Q431 refers to the respondent’s sex preference for the next child. This question is asked to all women who have reported to have additional child. Circle the code for desired sex. If the woman says it does not matter for the sex of the child circle 3 or if women says it is wish of God circle 4.

Q432: WAITING TIME FOR NEXT CHILD

Q432 is to be asked of all women who say that they want to have another child. Follow the same procedure as in Q430 for choosing the appropriate version of the question to ask. Note that the answer can be given in months or years. Circle ‘1’ if the response is in months and write number of months in box provided or circle ‘2’ if in years, and write number of years in the appropriate boxes. IF LESS THAN TWO YEARS, RECORD NUMBER OF MONTHS; IF 2 YEARS OR MORE, RECORD IN YEARS. Note that for women who are not pregnant or are unsure if they are pregnant, we are asking how long she would like to wait before the birth of her next child, not how long she would like to wait before getting pregnant. If she says she would like to have a baby right away, circle 993 for SOON/NOW and skip to Q434. If the woman gives a different answer, circle ‘996’ and write/specify her response in the OTHER category. For those women who mention DON’T KNOW circle ‘998’ and skip to Q434.

Q433: FILTER FOR CURRENT PREGNANCY

Check Q404 and record the answer in the appropriate box. If pregnant, skip to Q437. If not pregnant or unsure about pregnancy go to the following question.

Q434: FILTER FOR USING A CONTRACEPTIVE METHOD

Check Q405. If YES is recorded in Q405, you will cross (X) the box on the right in Q434 for CURRENTLY USING and skip to Q440. If NO is recorded, you will mark the box in the middle for NOT CURRENTLY USING and go to Q435. If when checking Q405 you see that the question was not asked (because she mentioned in Q401 B that she/her husband is sterilized, or has never used a contraceptive method), you will mark the box on the left in Q434 for NOT ASKED (Sterilized) and go to SEC V.

Q435: FILTER FOR TIMING OF NEXT BIRTH

Check the number of months or years recorded in Q432 and mark the appropriate box in Q435. If Q435 was not asked (because she mentioned in Q430 that she does not want any more children), mark the box on the left and go to Q436. If the response is more than 24 months or more than 2 years go to Q436 or if the response is less than 23 months or less than two years skip to Q437.

Q436: REASONS FOR NOT USING A METHOD

These are the hard-core women whose reasons for non-use need to be ascertained so that some action can be taken to make them try family planning methods.

Check the woman's response in Q430. If she had said that she wants to have a/another child (code '1' is circled in Q 430), mark the box ☐ on the right side and ask the question under that box. If she wants no more/none children (code '2' is circled), mark the box on the left and ask the question under that box.

There are many reasons for a person not using contraception, so listen to your respondent carefully. Record as many reasons as the woman mentions. The non-use of contraception could be because of Fertility Related Reason, Opposition to Use, Lack of Knowledge and Method-Related Reason. Probe by asking 'any other reason'. The following are some guides to use in deciding which code(s) to mark:

Code INFREQUENT SEX if the respondent says she is not sexually active enough to be using a method (NOT HAVING SEX would be appropriate if she says she is not sexually active at all).

MENOPAUSAL means she is no longer menstruating and therefore cannot get pregnant and HYSTERECTOMY is an operation to remove her uterus. The operation is usually done for health reasons.

Code SUBFECUND/INFECUND if she thinks she cannot get pregnant (not including being menopausal).

If the respondent says she is not using because she has not resumed menstruation since her last birth, record POSTPARTUM AMENORRHEIC.

Up to God means the respondent feels that God predetermines pregnancy and she has no control over getting pregnant.

RESPONDENT OPPOSED means that the respondent herself does not approve of family planning. If her husband is opposed to family planning, circle the code for HUSBAND OPPOSED. If she says she is not using because someone other than her husband tells her they are opposed to her using family planning, code OTHERS OPPOSED.

RELIGIOUS PROHIBITION means that she feels her religion does not allow the use of family planning.

HEALTH CONCERNS may be that she heard that the pill might be linked to breast cancer, while FEAR OF SIDE EFFECTS are undesirable consequences of using a method that do not adversely affect the health of the user. For example, side effects may be spotting or bleeding with the pill.

INCONVENIENT TO USE would be coded if she considers the contraceptive methods to be too troublesome to use, such as being messy. This is inconvenient to use, but not inconvenient to get the method, since LACK OF ACCESS/TOO FAR is a separate category.

If the woman's response is not listed as a category, write her response on the OTHER and specify circle '1'. **If the respondent mentions "Don't Know"/"Not Aware" then circle '1' under "DO NOT KNOW" option. In that case, all remaining options will be kept blank (no need to circle).**

Q437: FILTER FOR EVERUSED METHOD AND CURRENTLY NOT USING

This is a filter for you to screen women according to whether they have ever used but currently not using or pregnant, Ever Used and Currently Using (other than sterilization) and Never Used. Check the Q401B, Q404 and Q406/ Q406A. If at least one yes in Q401B and currently pregnant or currently not using proceed to Q438. Whether the respondent has ever used or currently using (other than sterilization) go to Q440 or women or man sterilized go to Section-V or if never used go to Q440.

Q438 And Q439 EVER USE OF CONTRACEPTION

Q438 asks about the use of last method of respondent or her husband. It may be possible that a woman/ her husband have used more than one method in the past. We will record the details of only last episode of the last method used. (Like IUD, Oral pills, Condom/ Nirodh, Rhythm/Periodic Abstinence, Withdrawal or Others).

Q439 asks why a woman/ her husband discontinued a method. The answer to this will have policy implications.

Q440 & Q441: FILTER FOR PREGNANCY AND CURRENT USERS OF CONTRACEPTION

Q440: Check Q404 for pregnancy status. If the respondent is not pregnant/unsure then go to Q441 and if the respondent is pregnant then skip to Section- V.

Q441: Check Q405 and Q406 for the type of contraceptive method she or her husband is using. If respondent or her husband is not using any method, skip to Q443. If respondent or her husband is using only traditional method, ask the Q442. If she is using any modern contraceptive method, skip to Section-V.

Q442: REASON FOR NOT USING ANY MODERN METHOD

This question is to be asked to women who are using traditional methods (Q406 =9 or 10). These are the woman whose reasons for non-use of need to be ascertained so that

some action can be taken to make them try modern family planning methods. There is some fear or worry or ignorance or some other matter, which is prevailing that needs to be eliminated. Hence carefully ask this question and circle the code against the response.

Q443 And Q444: ADVISE TO USE FAMILY PLANNING

Q443 asks to both type of respondents, who are currently not using any family planning method and are using traditional method. Ask whether she or her husband was advised by anyone for adoption of any family planning method /modern family planning method. Besides providing family planning services, Doctors/ ANMs/ Health Workers etc. are expected to motivate eligible couples to use family planning. If 'YES', that is 1 for any response asks Q444. If nobody has advised her to use any contraceptive method, skip to Q445.

In Q444 asks about the type of method of family planning, she or her husband was advised to use by any of the persons given in Q443. If response is 'YES', circle '1' or if answer is NO circle '2'. There could be more than one method that has been advised. Probe, by asking any other method has been advised.

Q445 To Q447: FUTURE INTENTIONS TO USE FAMILY PLANNING

Q445 has two divisions: - Cross the box that is appropriate. The first division asks to current not users whether they intend to use any family planning method in the future. The second division is asked to the users of rhythm / withdrawal method, whether they intend to use any modern family planning methods in the future. For either of respondent if response is 'YES', circle '1'. If answer is NO circle '2' or Not yet decided circle '3 or in Menopause circle '4' or Hysterectomy circle '5' and skip to Section V.

For those women who said Yes (Circled 1) in Q445, Q446 is asked to know when she/or her husband would use the method. The response could be within one year, one to two years or more than 2 years.

In Q447 ask about which type of family planning method she will prefer to use. If she would prefer more than one method, ask her which method she will prefer the most. **Circle only the most preferred method.**

F. SECTION-V : REPRODUCTIVE HEALTH

Reproductive Health is defined by WHO as a state of physical, mental, and social well being in all matters relating to the reproductive system at all stages of life. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this are right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice and right to appropriate health-care services that enable woman to safely go through pregnancy and child birth.

Reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations and not merely counselling and care related to reproduction and sexually transmitted infections.

This section is equally important like other sections and it is for all women aged between 15-49 years. It covers all reproductive health related issues and is divided into five subdivisions.

- A. Menstruation related problems
- B. Infertility
- C. Obstetric Fistula
- D. RTI / STI
- E. Awareness about HIV/AIDS
- F. Government Health Programmes.

A. MENSTRUATION RELATED PROBLEMS

Q501 To Q504: MENSTRUATION AND RELATED PROBLEMS

In these questions we are going to ask about the menstruation and its related problems and duration of the problem.

This question is important in any study of fertility since menstruation is directly linked to pregnancy.

In Q501 we are asking all the women when their last menstruation started. The answer to this question is important in any study of fertility since menstruation is directly linked to pregnancy. If she answered she is pregnant or in amenorrhoea skip to Q505. If woman is in menopause or had hysterectomy or never menstruated then skip to Q506, otherwise ask Q502. If the respondent mentions the duration in days or months record accordingly.

Examples: If she says ‘three weeks ago’, circle ‘2’ and record WEEKS AGO ‘03’. If she says ‘four days ago’, circle ‘1’ and record DAYS AGO ‘04’.

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says ‘About a week ago’, say, “Do you remember which day? Was it before or after the weekend?”

In Q502 ask whether she had any menstruation related problems during the last three months. If she answered YES circle '1' we proceed to next question or if she answered NO circle '2' then we should skip to Q505.

In Q503 we ask what type of menstruation related problems she has/had. In this question we will get more than one answer. **Record All Mentioned.** There can be array of problems related to menstrual cycle. Enquire about these problems mentioned in detail:

No periods: Amenorrhoea, more commonly affects women who have previously had regular menstrual cycles. A variety of reasons can cause amenorrhoea such as hormonal imbalance, excessive exercise, underweight, loss or weight gain, stress or discontinuation of the birth control pill.

Painful Periods: Painful periods means many women experience abdominal cramps during the first few days of their periods, and can interfere in their day-to-day activities. They're caused by prostaglandin, a chemical in the body that makes the smooth muscle in the uterus contract. These involuntary contractions can be either dull or sharp and intense.

The majority of women experience some degree of dysmenorrhoea.

Some conditions that may be responsible for secondary dysmenorrhoea are:

- Growths in the uterine lining.

- Uterine tissue that grows outside the uterus in the ovaries.

- Fibroids (growth in the uterus)

- Pelvic Inflammatory Disease (PID)

- Use of an intrauterine device (IUD)

Frequent Or Short Periods: Changing hormones might make woman's period a short of 1 month (just few days) or even longer (up to a week). She can skip months; get two periods almost right after each other, alternate between heavy and light bleeding from 1 month to another.

Irregular Periods: This abnormal uterine bleeding is a problem that often affects women as they start to get periods in puberty and as they get closer to menopause. The main symptoms are prolonged and irregular menstrual bleeding. The bleeding may be irregular spotting during the cycle, but sometimes the bleeding is so heavy that a woman can't participate in her normal day-to-day activities, such as work and exercise.

Prolonged Bleeding: If the period last longer than 7 days or lonber than tha women experience generally it is known as prolonged bleeding. But menorrhagia usually leads to soaking through at least one sanitary napkin/cloth an hour for several hours in a row or periods that last longer than 7 days.

Blood Clots/Excessive Bleeding: Blood Clots happen when there is presence of cysts or fibroids. Menorrhagia is abnormal uterine bleeding, which may be caused by medical problems like hormone imbalance. Hormone imbalances and fibroids account

for about 80% of menorrhagia cases. Other causes include endometrial cancer, polyps, thyroid condition and the blood diseases.

Scanty Bleeding: Even on the first day the bleeding is very sparse.

Inter-Menstrual Bleeding: This means between two periods (cycles) slight bleeding is seen. This can occur due to infection, due to some injury to the uterus etc.

The above-mentioned problems can be long-term morbidity, and hence ask the respondents the details of the type of problem. And write the response accordingly.
Note that a woman can have more than one problem.

Q504 asks the duration of the menstruation related problem and record in completed months. If she has more than one problem, record the duration of the oldest problem. If the problem persists for 8 or more than 8 years then it become a chronic condition. So if the answer is 8 or more than 8 years you should circle 96 and if she does not remember then circle 98. If response is less than 1 Month write "00".

Q505: MENSTUATION HYGIENIC PRACTICES

Q505 asks about different methods of protection followed by women during menstruation. Women use different barriers to contain the blood flow and deter it from staining the clothes they wear. Women can use more than one method so we need to probe for this question and circle '1' for all the method mentioned. If women told something other than the options mentioned then specify it in others.

B. INFERTILITY

Q506 To Q509: INFERTILITY PROBLEMS

Q506: CHECK Q105 IN SECTION 1, IF WOMAN IS CURRENTLY MARRIED, SEPARATED, DESERTED, DIVORCED OR WIDOWED GO TO NEXT QUESTION, IF WOMAN IS MARRIED BUT GAUNA NOT PERFORMED, SKIP TO Q514.

There are such couples who want children but women cannot get pregnant due to certain problems. Q507 pertains to such couples whether they faced such problems in their married life. If answer is YES circle '1' and go to next question or if answer is NO circle '2' and skip to Q518.

Q508 asks since when the respondent had the problem in conceiving. The options given are: after the first conception, after a live birth/ stillbirth, after induced or spontaneous abortion, after pelvic surgery or after some other events. This we have to ask one by one and if the woman faced problems for the first conception then no need to ask the remaining parts of this question and so move to next question 509. If it is after live birth/ stillbirth, or if it occurs after any abortion or pelvic surgery skip to Q510 or after any other incidences/health problems skip to Q510.

Q509 seeks the information about when did she realize that there was a problem in conceiving after the effective marriage. Effective marriage means after marriage when

woman started staying continuously with her husband. If response is less than 1 Year write “00”.

Q510 TO Q512: TREATMENT RECEIVED AND OUTCOME

Q510 asks whether she or her husband consulted anyone for advice or treatment for this problem. If answer is YES circle ‘1’ and go to next question or if answer is NO, skip to Q514.

If in Q510 the answer is YES, i.e. she or her husband had seen someone for treatment/ advice for problems related to conceiving, ask in Q511 what all types of treatment she/her husband had taken. There may be more than one advice or treatment, so we can assess the various treatments taken by them. **Record All Mentioned.**

Q512 asks the woman about the outcome of the treatment for the infertility whether she conceived or did not conceive or still under treatment or discontinued the treatment. Circle the appropriate code.

Q513: PROBLEMS FOR CONCEIVING

Q513 collects the information about who had the problem, respondent or her husband or both. According to the responses circle the respective codes.

C. OBSTETRIC FISTULA

Obstetric Fistula is a communion developed between urinary bladder and genital tract because of pressure necrosis caused by obstructed labour. Symptoms: Continuous dribbling of urine from the vagina.

Q514 AND Q515: PROBLEMS RELATED TO FISTULA

Q514 collects the informations about some women who have/ had problems such as constant leakage of urine or stools from her vagina during day and night. It occurs generally after childbirth, but some time it may occur due to after pelvic surgery or sexual assault. If answer is YES, circle ‘1’ and go to next question or if answer is NO circle ‘2’ and skip to Q519.

Q515 asks (if answer is yes in Q514), when did the constant leakage problem occur? If the answer is due to delivery, circle ‘1’ and go to Q516, or if answer is NO circle ‘2’ and ask next option. If the answer is due to pelvic surgery or sexual assault skip to Q518. Or if the answer is after some other event specify the answer in space provided against “other” and skip to Q518.

Q516: PROBLEM OF FISTULA AFTER DELIVERY AND TIMING

Q516 asks the respondent when did she have the problem of fistula. The answers are being categorised as after a normal delivery or after a difficult delivery with live birth or stillbirth.

Q517: PROBLEM OF FISTULA AND DELIVERY

Q517 seeks information on after which delivery she had fistula problem. Write the order of delivery of the respondent after which the problem of fistula occurred.

Q518: NUMBER OF DAYS AFTER PRECIPITATING EVENT

This question enables to understand whether fistula related problem occurred after some days of delivery/ pelvic surgery/ sexual assault/ other event. Write number of days after the precipitating event in box provided. Enter “00” if less than one day and enter 99 if more than 99 days).

D. REPRODUCTIVE TRACT INFECTION(RTI)/SEXUALLY TRANSMITTED INFECTION(STI)

Sexually Transmitted Diseases (STD) are commonly associated with sexual behaviour. Viruses, bacteria or parasitic organisms that are passed through sexual activity from an infected partner cause the STDs. The most widely known diseases among them are Gonorrhoea, Syphilis, Chlamidia, Hepatitis B and C, Herpes, Human papillomavirus, Trichomoniasis and HIV.

Sexually Transmitted Infections (STIs) are those that are passed from person to person through sexual intercourse. STIs have devastating consequences. Women suffering from STIs will have chronic abdominal pain, ectopic pregnancy or infertility. Recent evidences reveal that common STIs increase the probability of transmission of HIV/AIDS (Acquired Immuno-Deficiency Syndrome) virus, as much as nine-fold.

The symptoms of STI are many and varied. The WHO developed diagnostic chart shows four main symptoms caused by STI: genital ulcer in a man or woman, urethral discharge in a man, vaginal discharge and lower abdominal pain in a woman. Like family planning, the respondent may have some hesitation about discussing sensitive issues like these to a stranger. However given the right atmosphere, it is usually possible to encourage the respondent to discuss these matters. Your skill is needed to make the respondent comfortable. Remember to be comfortable and confident while asking these questions and tell that information provided by her will be kept confidential and will not be divulged to anybody.

SYMPTOMS OF RTI/STI

Disease	Symptoms
Prolapse	Feeling of something coming from the vagina, or leakage of urine when coughing or sneezing.
Lower Reproductive Tract Infection	White or coloured discharge from the vagina with bad odour, itching or irritation.
Acute Pelvic Inflammatory disease	Lower abdominal pain or vaginal discharge with fever.
Chancroid	WOMAN: Painful, irregularly shaped ulcer at entrance to vagina and around anus. May cause pain on urination or defecation, rectal bleeding, pain or intercourse, or vaginal discharge. May have no symptoms. MAN: Painful, irregularly shaped ulcer on penis or tenderness in groin.
Chlamydia	WOMAN: Vaginal discharges, pain on urination, spotting after sexual intercourse, lower abdominal pain. MAN: Urethral discharge, pain on urination. (Often both man and woman have no symptoms).
Donovanosis	Nodules below the skin that break through to form a beefy lesion. In woman lesions usually form on the labia; in man, on the glands of the penis. Woman has no symptoms.
Gonorrhea	WOMAN: Vaginal discharges, pain on urination, spotting after sexual intercourse, lower abdominal pain. May have no symptoms. MAN: Urethral discharge of pus, pain on urination.
Herpes	WOMAN: Painful blister like lesions in and around vagina, anus or on thighs. Pain may be more severe than of man. May cause painful urination or vaginal discharge. Systematic symptoms may include headache, backache, fever and malaise. May have no symptoms. MAN: Painful penile lesions. May cause urethral discharge or pain on urination. Same systemic symptoms as in woman.
Lymphogranuloma venereum	WOMAN: No symptoms. 20% to 30% have inguinal bubo. MAN: Inguinal bubo that may be preceded by a small genital lesion. Anal intercourse may lead to rectal infection.
Syphilis	Painless lesion on vulva, cervix, penis, nose, mouth, or anus. First symptoms may be rash of secondary syphilis.
Trichomoniasis	WOMAN: Green or yellow, abundant, frothy vaginal discharge with foul odor, itching, pain on urination, pain on intercourse. MAN: Usually without symptoms but may involve urethral discharge, pain on urination, or itching.

Q519 To Q521: AWARENESS OF RTI/ STI:

Q519 finds out whether a woman is aware of the Reproductive Tract Infections (RTI) and the sexually transmitted infections (STI). The terms reveal the sites and mode of transmission of the infections and are able to give the clues to the respondent. However, in many cases it may happen that women are aware of the infections but they may not be aware of the terms- reproductive tract infections and the sexually transmitted infections. In such cases it is necessary to elaborate more about it. You may mention that these are also termed as *Guptrog* and the RTIs are termed as women's diseases. Note that sexually transmitted infections infect the reproductive tract but all the RTIs are not spread by sex. If she says NO then skip all the remaining questions and skip to Q522.

In Q520 we are asking them about the sources of information for the knowledge of RTI/ STI. Circle 1, for the known sources given by the respondent. Record all the options mentioned by the respondent and probe by saying "Any other Source?" It is Important that the options are not to read out. **Record All Mentioned.**

Q521 asks how RTI/ STI is transmitted. A few modes of transmission are listed out. If she states some of them, circle "1" for them and "2" for all those not mentioned. And if the respondent mentions any other option write it down on the space provided. **If the respondent mentions "Don't Know"/"Not Aware" then circle '1' under "DO NOT KNOW" option. In that case, all remaining options will be kept blank (no need to circle).**

A- Unsafe delivery: Non-institutional delivery, when 'five cleans' have not been followed, i.e. clean hands, clean blade, clean place, clean sheet and clean thread.

B- Unsafe abortion: Abortions in unauthorized places or through unauthorized persons are generally risky and life threatening because mostly such persons performing abortions are not trained or qualified and the places where abortions are done lack basic facilities.

C- Unsafe IUD insertion: IUD is one of the most effective reversible contraceptive methods and once inserted it remains effective for 3-10 years. Due to unhygienic method of insertion or if there is misplacement of IUD there are chances of contracting infection.

D- Unsafe sex with Homosexuals: This is when sexual intercourse happens between two individuals of same sex, e.g. male having intercourse with a male, and female having intercourse with a female.

E- Unsafe sex with persons who have many partners: We say this as multiple partners; in this one person is having sexual intercourse with more than one person.

F- Unsafe sex with sex-workers: In this the individual goes to brothel, and pays for sexual pleasure.

Q522 To Q526: PREVALENCE OF RTI/ STI SYMPTOMS

Q522 asks if she has any abnormal vaginal discharge during the past three months. If respondent's answer is YES, circle '1' and go to next question or if answer is NO, circle '2' and skip to Q528.

Q523 asks if the abnormal discharge wet or stain her under cloths. If respondent's answer is YES, circle '1' or if answer is NO circle '2'.

Q524 asks the colour of abnormal vaginal discharge, according to the responses circle the respective codes.

In Q525 ask the texture of the abnormal discharge like sticky mucoid, frothy, curdish, and pus like. According to the response, circle the code.

Q526 ask the odour of the discharge, if it is foul smelling circle '1' or if non-smelling then circle '2'.

Q527: DURATION OF THE VAGINAL DISCHARGE PROBLEM

In Q527 we are asking how long does/did she has/had this problem? If the duration is less than a month, circle in option 1 and write the duration in weeks. If it is less than one year then circle in option 2 and write the duration in months. If the problem persisted for more than a year then circle 3 and write duration in years. If she does not remember, then circle 998.

Q528: SYMPTOMS OF RTI/STI

The RTI/STI symptoms prior to three months before the survey are asked to the respondent in Q528. This is a multiple response question. Circle 1 for each of the problem mentioned by the respondent. If no problems mentioned circle 2 for all the problems and skip to Q533. For symptoms of "Pain during sexual intercourse" and "Spotting after sexual intercourse" should be asked only to currently married women.

In Q529 we are asking about the duration of the problem in WEEKS, MONTHS, and YEARS. If she has more than one problem, record the duration of the oldest problem. If she had problem below one MONTH then circle it in option 1 that is WEEK and write the number of weeks. If she had problem for less than one year then circle it in option '2' and write number of months in the box provided. If she had problem for more than one year then circle it in option 3 and write the number of years. If she does not remember, then circle 998.

Q530 relates to the discussion about the RTI/STI symptoms with the husband/partner to understand the communication about the health problem between the couple. Ask whether she discussed with her husband about the symptoms. If answer is YES, circle '1' or if answer is NO circle '2'.

Q531 And Q532: TREATMENT

Most of the rural women consider some of the RTI/STI problems to be normal and take it in their stride. To understand whether women went to consult or seek treatment for the RTI/STI problem Q531 is asked. If her answer is YES, circle '1' and go to next question or if her answer is NO, circle '2' and skip to Q533.

Q532 asks women about the place of consultation or treatment for RTI/STI problems. Record all those mentioned by the respondent. When choosing a code, you need to know whether the place is a public sector (run by the government) or NGO/TRUST hospital/ clinic or in the private sector.

If the respondent informs "Other" facility than the listed, circle 1 and write the facility for which she has gone for the treatment. Inform your supervisor after you complete the interview. Since you have recorded the name of the facility, your supervisor will be able to find out whether it is public or private and will circle the appropriate code.

Explanation for VCTC/ICTC

VCTC/ICTC- VOLUNTARY COUNSELLING AND TESTING CENTRE – has a two-pronged approach. Firstly it helps to determine who requires care and treatment. Secondly it helps prevention and transmission of HIV infection to others. VCTC is a combination of two activities- counselling and testing. It is an approach that is useful in all settings-resource rich and resource poor, urban and rural. Because VCTC is adaptable to clients needs, it can be done for individuals and couples, for people of all ages and of all backgrounds. VCTC is usually carried out in STD/STI clinics, hospital outpatient departments and hospital wards. VCTC services as well as condom supplies for sex workers are sometimes offered in the vicinity of nightclubs and operate at night.

E. AWARENESS OF HUMAN IMMUNO-DEFICIENCY VIRUS (HIV)/ ACQUIRED IMMUNO-DEFICIENCY SYNDROME (AIDS)

AIDS is an illness caused by the HIV virus that weakens the immune system and normally leads to death through secondary infections, such as pneumonia or tuberculosis. It is transmitted sexually or through contact with contaminated blood. This section asks a group of questions on knowledge and behavior related to AIDS and other diseases that are transmitted through sexual contact.

Q533 To Q535: AWARENESS OF HIV/AIDS AND SOURCE OF INFORMATION

The Q533 is about the awareness of the woman about HIV/AIDS, whether heard about HIV/AIDS or not. If her answer is YES, circle '1' and go to next question. Or if her answer is NO, circle '2' and skip to Q548A.

Q534 asks about the sources through which respondent came to know about HIV/AIDS. There can be many sources from which a respondent has obtained the knowledge of HIV/AIDS. The response could be through mass media, Doctor,

paramedical staff, leaders and meetings or through any kind of network. It is possible that there can be more than one source, in that case circle “1” for all those reported by the woman. Note that you have to circle “2” for all those not mentioned.

Q535 is about the source of transmission of HIV/AIDS and some possible ways of transmission are listed. Circle “1” for all those sources of transmission reported by the woman. If she just reports one or two ways ask her whether she knows some more ways without reading the options given. **If the respondent mentions “Don’t Know”/”Not Aware” then circle ‘1’ under “DO NOT KNOW” option. In that case, all remaining options will be kept blank (no need to circle).**

A. Unsafe sex with homosexuals: This is when sexual intercourse happens between two individuals of same sex, example: male having intercourse with a male and a female having intercourse with a female.

B. Unsafe sex with persons who have many partners: We say this as multiple partners, in this one person is having sexual intercourse with more than one person.

C. Unsafe sex with sex-workers: When the individual goes to brothel, and pays for sexual pleasures.

D. Needles/ Blades/Skin puncture: Needles are used repeatedly, but to many persons, it can be due to injecting medicine/drugs. Blades: Same blade is used or shared. Skin Puncture: we refer to tattoo makers.

E. Mother to child: Infection can spread from infected parents to the unborn child during pregnancy.

F. Transfusion of Infected Blood: When blood is transfused without testing, there are chances that infected blood may be given to healthy patient.

Q536 To Q542: MISCONCEPTIONS ABOUT HIV/AIDS

There are many misconceptions about the ways for transmission of HIV/AIDS. In Q536 to Q542 we are trying to find out the prevalence of these misconceptions among the women. The misconceptions about spread of HIV/AIDS could be, by shaking hand, hugging, kissing, by sharing clothes, by sharing food, stepping on urine/ stool of infected person and the bite of mosquito, flea or bedbug. Ask Q536 to Q542 one by one and circle the appropriate mentioned by respondent. It may be possible that she does not know about these, so circle “8” in such cases.

Q543: REDUCTION OF CHANCES OF GETTING AFFECTED WITH HIV/AIDS

Q543 relates to how one can avoid or reduce the chances of getting HIV/AIDS. The possible ways are listed out. Multiple answers are possible. Hence circle “1”, corresponding to the given responses. If she just reports one or two ways ask her whether she knows some more ways. Do not read out the options. In case if she just says that she does not know about any, circle “1” for DO NOT KNOW. **If the respondent mentions “Don’t Know”/”Not Aware” then circle ‘1’ under “DO NOT KNOW” option. In that case, all remaining options will be kept blank (no need to circle).**

Q544 To Q547: KNOWLEDGE ABOUT HIV/AIDS TESTING

Q544 is asked to know the awareness about the place, where the HIV/AIDS test is conducted. If the respondent's answer is YES circle '1' or if NO, skip to Q546.

Q545 asks the place where the HIV/AIDS test is conducted. When choosing a code, you need to know the place is in Public sector, NGO/TRUST Hospital/Clinic or Private Hospital. If respondent mentions source other than those listed in the questionnaire circle 1 in 'Other' category and ask the respondent the name of the place. Write in the space provided the name of the place and inform your supervisor after you complete the interview.

Q546 asks the respondent if she has at any time undergone the test for HIV/AIDS. Make it clear to her that you do not want to know the results of the test. If the answer is YES circle, '1' and go to next question or if the answer is NO circle '2' and skip to Q548A.

Q547 asks when was the test for the HIV/AIDS conducted last time. If the respondent knows she was tested, but is not sure when the test was done, probe to obtain an estimate of how long ago it was conducted. If she says 3-4 years ago, you don't have to probe further since both of those answers fit in the same response category. If LESS THAN 12 MONTHS AGO circle '1', 12-23 MONTHS AGO circle '2' and tested TWO OR MORE YEARS AGO circle 3.

F. GOVERNMENT HEALTH PROGRAMMES

Q548A And Q548B: GOVERNMENT HEALTH PROGRAMMES AND THE MESSAGES ABOUT THE PROGRAMMES

Read the statement at the top of the table: "Now I would like to talk about various Government Health Programmes and the messages on these programmes..." Then read Q548A: "Which health programme messages have you seen/heard/read about?" Wait for the respondent to tell you which programmes she knows about. Circle '1' for YES for each of the programme that she mentions spontaneously.

For each programme she did not mention spontaneously ask whether the respondent has heard/read/seen of the programme. For example, if the respondent did not mention the Institutional Delivery spontaneously, ask respondent about it, reading the description of the programme: "Have you ever seen/heard/read the messages related to Institutional Delivery?" If she says 'Yes' then circle '1' or if she has never seen/heard/read the messages of the Institutional Delivery, record NO by circling '2.' Then skip to next programme. Repeat this for each programme not mentioned spontaneously, reading the description of each programme.

01. ANTENATAL CARE: - Antenatal care means care during pregnancy. Antenatal care aims to monitor and promote the well being of a mother and her developing baby. Midwives, health visitors and doctor provide information, advice and reassurance as well as monitoring, screening and treatment necessary. Ask whether the respondent has seen/heard/read of the messages related to ANTENATAL CARE

programmes, if answer is YES circle 1 or circle 2 if answer is No and go to the next programme.

02. INSTITUTIONAL DELIVERY: -The positive association between antenatal care visits and deliveries occurring in health facilities (public / private) could be due to the availability of services for both antenatal care and delivery or to complications during pregnancy which may lead women to seek more antenatal care. Ask whether the respondent has seen/heard/read of the messages related to INSTITUTIONAL DELIVERY messages. If answer is YES circle 1 or circle 2 if answer is No and go to the next programme.

03. BREASTFEEDING: - The early initiation of breastfeeding is important since it benefits both the mother and infant. Colostrum and breast milk are all that is needed for newborn infants together they provide the complete range of nutritional requirements and immunity to disease. Ask whether the respondent has seen/heard/read of the messages related to BREASTFEEDING. If answer is YES circle 1 or circle 2 if answer is No and go to the next programme.

04. IMMUNIZATION: - The immunisation of children against six serious but preventable diseases (namely Tuberculosis, Polio, Diphtheria, Pertusis, Tetanus and Measles) has been an important corner stone of the child health care system in India. Ask whether the respondent has seen/heard/read of the messages related to IMMUNISATION programme, if answer is YES circle 1 or circle 2 if answer is No and go to the next programme.

05. FAMILY PLANNING: - control of fertility and reducing the number of children are an integral part of family planning. The terms family planning, contraception and birth planning are interchangeably used. Ask whether the respondent has seen/heard/read of the messages related to FAMILY PLANNING, if answer is YES circle 1 or circle 2 if answer is No and go to the next programme.

06. PERSONAL HYGIENE: - Personal hygiene is the first step to good grooming and good health. Personal hygiene involves healthy diet, cleanliness and mental health. Personal hygiene includes healthy practices such as bathing, hair washing, teeth brushing and clothes cleaning. Maintaining good personal hygiene helps to fight infection by removing essences that allow bacteria to grow from the surface of our skin. Ask whether the respondent has seen/heard/read of the messages related PERSONAL HYGIENE, if answer is YES circle 1 or circle 2 if answer is No and go to the next programme.

07. SANITATION / SAFE DRINKING WATER: - Sanitation is the lowest- cost technology ensuring hygienic excreta and sullage disposal and a clean and healthful living environment both at home and in the neighbourhood of users. Safe Drinking Water should contain no harmful concentrations of chemicals or pathogenic microorganisms and ideally it should be aesthetically pleasing in regard to appearance, taste and odour. Ask whether the respondent has seen/heard/read of the messages related to SANITATION / SAFE DRINKING WATER programme, if answer is YES circle 1 or circle 2 if answer is No and go to the next programme.

08. PREVENTION OF SEX SELECTION: - The Pre-natal Diagnostic Techniques Act (PNDT) prohibits determination and disclosure of the sex of foetus. It also prohibits any advertisements relating to pre- natal determination of sex and prescribes punishment for its contravention. Ask whether the respondent has seen/heard/read of the messages related to PREVENTION OF SEX SELECTION campaign, if answer is YES circle 1 or circle 2 if answer is No and go to Q548B.

Q548B: SOURCE OF INFORMATION ABOUT PROGRAMMES

After you have completed asking Q548A, you are ready to ask the respondent about the source of information listed in Q548B for each of the programmes. However, before you ask Q548B for the source check whether the respondent has seen/heard/read messages of programmes listed in Q548A, i.e., '1' was circled in Q548A, indicating that the respondent has seen/heard/read of the programmes. **Do not ask Q548B for programmes the woman has not seen/heard/read heard of (Code '2' circled in Q548A).**

The sources of information (television, radio, newspaper/books/magazine/hoarding/pamphlets/posters, drama/song/dance performance/street play/ puppet show, exhibition/mela, group meeting/programmes, doctor/ANM/AWW/ASHA, friends/relatives or other sources) are given for each of the programme. This is a multiple response question and respondent can give more than one source.

Q549: SEX SELECTION

Q549 asks about the possibility of sex selection before the birth of the child. If answer is YES circle '1' or circle '2' for NO and circle '8' for DON'T KNOW.

Q550: RECORD THE TIME

Record the time in hours and minutes (follow the 24 hours system).
After this, thank the respondent for her co-operation. And say,

IF THERE IS ANY CLARIFICATION REQUIRED MY SUPERVISOR OR
SUPERIORS WILL COME AND MEET YOU.

THANK YOU FOR GIVING YOUR PRECIOUS TIME AND PATIENTLY
ANSWERING ALL THE QUESTIONS.

VII. QUESTIONNAIRE FOR UNMARRIED WOMAN

A. INTRODUCTION

An unmarried woman in the DLHS-3 RCH survey is an unmarried woman between 15 to 24 years of age, who is a usual resident of the household or a visitor who has been staying in this household from previous night or before.

If there is any unmarried visitor woman who has just arrived in the morning on the day of interview, she does not become eligible for the interview and hence do not interview her. At the same time an unmarried woman who is usual resident of the household and who was away from the household and just arrived on the day of interview becomes eligible for the interview.

In this questionnaire we have,

Section I - Unmarried woman's Characteristics

Section II - Family Life Education and Age at Marriage

Section III - Reproductive Health

- **Q301 to Q305 about Menstruation Related Problems**
- **Q306 to Q309 about Awareness about Contraception**
- **Q310 to Q 312 about RTI/STI**
- **Q313 to Q 327 about HIV/AIDS**
- **Q328 to Q 332 about Reproduction**

Only female interviewer can interview eligible unmarried woman.

- If there is more than one unmarried woman, interview them all.
- For each unmarried woman, use separate questionnaire.
For example, if there are two unmarried women to be interviewed, there will be two sets of unmarried woman's questionnaires filled up.
- Household schedule for all unmarried women interviewed will be common. Therefore, attach all the unmarried woman's questionnaires from the same household to the household schedule, along with the ever-married woman's questionnaire, if any.

COVER PAGE: IDENTIFICATION OF UNMARRIED WOMAN

Before you begin an interview, fill in the identification information in the cover page. In any large-scale survey, coding system identifies the respondent's information. Hence the identification on cover page of any questionnaire is important before recording the responses. The identification information is obtained from the household sampling list and will be given to you by your supervisor.

Note that most of the lines have boxes and codes. Write the name of the State, District, and Tahsil/Taluk in which you are working, and fill in the boxes by writing the codes given for the State, District and Tahsil/Taluk. Next is the type of locality, which is to be coded as '1' for rural, '2' for urban. Write the name of the place primary sampling unit (PSU) (**Village/Urban ward**) in which you are working on the line marked and also record the PSU Number assigned to the cluster in which you are working. Enter the Population of the PSU from the list provided by the IIPS. Record the number of segments created in VILLAGE / CENSUS ENUMERATION BLOCK in the ward in the space provided. Also record number of segment/CEB selected. For further identification write the name and address of the HEAD OF THE HOUSEHOLD, whom you are to interview.

Write the NAME and LINE NUMBER of UNMARRIED WOMAN on the cover Page.

In cover page serial number of the VILLAGE QUESTIONNAIRE, serial number of the HOUSEHOLD QUESTIONNAIRE and serial number of the Unmarried Woman's Questionnaire should be entered at office. Write the result status of the unmarried women questionnaire after completing the interview.

Enter date of interview in the boxes given.

You should fill in the cover page the date, month and year on which the interview is conducted.

It is important to record investigators name and signature on the cover page before starting the interview.

INFORMED CONSENT OF PARENTS AND RESPONDENTS

The consent of parental/guardian (if unmarried women is under 18 years of age) must be obtained before you can begin the interview. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey, and mentions the time that the interview typically takes, the confidentiality of the information, and the voluntary nature of the respondent's participation, and then seeks her cooperation. The respondent's questions and concerns should be adequately addressed.

The card with the contact address of the Director of IIPS should be given to the respondent in case she requires any additional information. After reading the statement, **you** (not the respondent) must sign and write date in the space provided to affirm that you have read the statement to the respondent. If she does not agree to be interviewed, circle '2', thank the respondent, and end the interview. Then write '3' (REFUSED) as the result on the cover page. If the respondent agrees to be interviewed, circle '1' and begin the interview.

B. SECTION 1: UNMARRIED WOMAN'S CHARACTERISTICS

Q101: RECORD THE TIME

Record the time of the day when you are starting the unmarried woman's interview and use the 24-hour system.

If the hour or minutes are less than 10, put a zero in the first box.
Half past nine in the morning is:

HOUR	0	9
MINUTES	3	0

Half past four in the afternoon is:

HOUR	1	6
MINUTES	3	0

Q102: AGE

Though in HH questionnaire we are asking this information, please ask this question again. Do not either copy it from HH questionnaire or in case if you find any discrepancy, do not change the entry in HH questionnaire.

This is one of the most important questions in the interview, since almost all analysis of the data depends on the respondent's age. Since we are interviewing very young women, in most cases they will be in a position to tell their exact age.

You must obtain her age in completed years, that is, her age at last birthday. You must record an age for the woman and you will do this in one of the **four ways**, depending on the type of information you get from the respondent.

(1) The respondent knows her age. If she tells you her age, simply write it in the space provided. Please remember that you must record age in completed years i.e. total number of years she passed on her last birthday. Sometimes some people make errors in calculating their ages. While the respondent recollects her age, investigator can calculate and then check with the (consistency) age reported by the respondent. While calculating age of a respondent, care must be taken to check the month of birth. If the month of birth has crossed in the year of interview, then simply subtract the year of birth from the year of interview. For example, if the respondent was born in February, 1985 and you are conducting the interview on March 2007 then her age will be 2007-1985= 22 years. On the other hand, if the month of birth has not passed in the year of interview then you will have to subtract the year of birth from the year preceding the

year of interview. For example in case of the above-mentioned respondent, if you are conducting the interview in January 2007 then her age will be $2006-1985=21$ years.

(2) If a person doesn't know her month of birth, we can probe by asking her about a festival or season during which she was born and guess the month of birth. If she fails to give any clue about her month of birth, ask for the year of her birth. If she knows the year, note it down. Try under all circumstances to obtain at least the year of birth. If the respondent is unable to provide this information, ask if she has any identification card or birth certificate or School Leaving Certificate or Horoscope that might give her date of birth. You can also ask about any major event that took place during/before/after her birth and work out year of birth from this.

(3) In case, the respondent does not know her age, does not know the month but knows the year of birth. Assume that she was born on July 1, i.e. the mid point of the year. If you are conducting the interview after July 1, 2007, then subtract the year of birth from 2007. Example, if she is born in 1990 and the survey is in December 2007, her completed age will be 17 years (i.e. $2007 - 1990 = 17$); if you are conducting the interview in May 2008 (i.e. before the mid point of the year you should subtract the year of birth from the year preceding the interview year ($2006-1990=16$)).

(4) The age can also be estimated by asking her how long ago she had her first menstruation and then adding the specified duration to 12 years.

Q103: EVER ATTENDED SCHOOL

The term "school" means formal schooling, which includes primary, secondary, and post-secondary schooling and any other intermediate levels of schooling in the formal school system. It does not include any preschools such as Kindergarten or Nursery school. This definition of school does not include Bible school or Koranic school or short courses like typing or sewing. However, it does include technical or vocational training beyond the primary-school level, such as long-term courses in mechanics or secretarial work. If she has not attended school, skip to Q106.

Q104: HIGHEST STANDARD COMPLETED

For this question, record only the highest standard that the respondent successfully completed.

Before filling this information you should carefully follow the checkbox. If the Respondent has been studying till the age of 12 years and above you should refer to the **List of Educational Qualification (LEQ) and fill the question**

List of Educational Qualification (LEQ)

- High school complete/matriculation: **10 years**
- Completed higher secondary (10+2): **12 years**
- Bachelor's degree (12+3): **15 years**
- Master's Degree (12+3+2): **17 years**
- Engineering (12+4): **16 years**

- MBBS (12+5): **17 years**
- Polytechnic (10+3): **13 years**
- ITI: **11 years**
- Ph. D (12+3+2+3): **20 years**

If the respondent has done the same degree twice (say two M.As) then take one. If one person has failed in one attempt and passed in next attempt in a high school examination (10th standard), it should be taken as 10 years. **For example:** Rani is doing her second year of M.A in Mumbai University. She discontinued her studies after one year. The total number of years of schooling Ms. Rani has completed is 15+1= 16 years. If a respondent has appeared for 10th class examination and her results are awaited then write 09 in Q104.

Q105: FILTER FOR EDUCATION LEVEL

This is a filter for you to screen women who have ever attended school according to the highest standard they have completed. If their education is sixth standard and above, GO TO Q107.

Q106: SHOW LITERACY CARD TO THOSE WOMEN WHO COMPLETED 0-5 YEARS OF SCHOOLING

Based on the knowledge of respondent, choose the language in which the respondent is likely to be able to read if she is literate. Show the first sentence in that language to the respondent. Give the respondent enough time to read the sentence; do not rush her. If the respondent cannot read the whole sentence, be sure to ask if she can read any part of the sentence to you. Record whether the respondent was not able to read the sentence at all, was able to read only parts of the sentence, or was able to read the whole sentence. If the respondent asks for another language and that language is also included show the respondent a sentence in the appropriate language. If the required language is not included on the card, circle '4' and specify the language.

It is important to avoid the problem of having other respondents in the household overhear the sentence being read. Subsequent respondents in the household might be able to repeat the sentence when they are interviewed, even if they are unable to read. If there is a second eligible respondent in the household, show the respondent the second sentence on the card. Show the third respondent the third sentence on the card, and the fourth respondent the fourth sentence. If there are more than five respondents, start again with the first sentence on the card.

Q107 TO Q109: UNMARRIED WOMAN'S EMPLOYMENT AND OCCUPATION

These questions are concerned with any work other than housework that the respondent herself does.

Q107 is included because it often happens that women, who sell things or work on the family farm, will not consider that they do work, especially if they do not get paid for

the work. Read the introductory sentences of Q107 so the respondent understands what we mean by “work.” If the answer is YES ‘1’ then skip to Q109.

Q107 asks a woman whether in the last 7 days she has taken up any paid job or whether sold things, and done any business or worked in family farm. If Yes circle 1 and skip to Q109 and if No Circle 2.

Q108 is directed to women who are currently unemployed and seeks information about the work a woman had done in the last 12 months before the survey. Circle 1 for Yes and go to Q109. If the answer is NO, Circle ‘2’ and skip to Section II.

Q109 is asked to get the information on the work or occupation that the respondent mainly does. (WRITE THE ACTUAL OCCUPATION AS GIVEN BY THE RESPONDENT). SUPERVISOR WILL CODE FROM THE LIST OF OCCUPATION GIVEN BY THE IIPS.

SECTION 2: FAMILY LIFE EDUCATION AND AGE AT MARRIAGE

By sex education or family life education we means education that informs the young person about body changes, physical changes and matters related to sexual and about male-female relationships.

At first you may feel embarrassed to talk about such topics, but remember, if you are embarrassed, you may increase the embarrassment of the respondent. You should avoid smiling or giggling while asking questions. Assure the respondent that it is a **natural process and all women will go through such physical, emotional changes.**

Q201 TO Q207: FAMILY LIFE EDUCATION/ SEX EDUCATION

In Q201 if the respondent says that she is aware of the family life education/ sex education/adolescent education programme, circle '1', if not aware, circle '2'.

In Q202 if the respondent says family life education or sex education is important for young people then circle '1' and ask further questions. If respondent says NO, circle '2' or if don't know/ can't say, circle '8' and skip to Q205.

In Q203A ask from what age (in completed years) young people should receive this education (that is, the youngest age at which such education should be provided). Write age in completed years. If the respondent says Do not know /Can't say, circle 98.

Q203B asks at what standard (completed years of schooling) should receive family life/sex education. Write the completed years of schooling mentioned by the respondent or if she says do not know/Can't say, circle 98.

In Q204 ask the respondent, according to her who should provide family life education? This is a multiple response question. There can be more than one response. (We should not read out the options). **If the respondent mentions "Don't Know"/"Not Aware" then circle '1' under "DO NOT KNOW" option. In that case, all remaining options will be kept blank (no need to circle).**

In Q205 we ask whether the respondent has ever received family life or sex education, and if she tell 'YES' circle 1 and follow the next questions. If she says 2 circle No and skip to Q208.

In Q206 we ask where did the respondent received family life/sex education. Whether it was from an NGO programme/camp, government programme/camp, school/college, youth club and could be from any other sources.

It is important to record all the responses mentioned by her, as there are possibilities of having more than one response. It is also important to note any other place the respondent might have mentioned in the space provided, other than the listed ones.

Q207 We want to know the respondent's satisfaction on family life education/ sex education. We ask those who received any sex education or family life education about that education – specifically about

- (a) Whether it answered many of the questions that respondent had;
- (b) Whether the teacher/trainer explained the subject well, and
- (c) Whether the respondent was very embarrassed on hearing about the subject

We are trying to understand the quality of the program(s), so it is important that you ask the respondent each of the three questions separately and record the response correctly against each one.

Circle the code '1' if the answer is 'Yes', Code '2' for 'No' and if the respondent says 'do not know' or 'not sure', circle the code '8'.

Q208 To Q212: KNOWLEDGE AND PERCEPTION ABOUT AGE OF MARRIAGE

In Q208 To Q211 we want to know whether the respondent is aware about the legal age at marriage for boys and girls and the respective ages at marriage.

We first ask about boys: we ask whether there exists a legal age at marriage for boys in India (Q208). If the answer is NO skip to Q210, if answer is yes ask what the legal age at marriage for boys (Q209).

That is if the respondent knows that there is a legal age at marriage for boys, circle "1" in Q208 and ask about the age (Q209) and record the exact age indicated; if the respondent does not know the exact age, record "98" in the box provided. The same questions are repeated for girls in Q210 to 211.

In Q212 we are interested to know **the respondent's opinion about Ideal age for marriage for boys and girls**. Write exact ages stated by respondent for both sexes.

SECTION 3: REPRODUCTIVE HEALTH

This section is equally important like other sections and it is for all unmarried women aged between 15-24. It covers all reproductive health related issues like menstruation related problems, knowledge about family planning, RTI / STI infections, awareness about HIV/AIDS and reproduction.

A. MENSTRAUTION RELATED PROBLEMS

Q301: START OF LAST MENSTRUAL PERIOD

If the respondent mentions the date, write down the date in the space provided, if not, record the respondent's answer in the units that she uses. If the response is less than a week, circle 1 and write number of days. If the response is less than a month, circle 2 and write number of weeks and if response is more than a month, circle 3 and write number of months.

If the respondent says NOT YET STARTED the menstruation cycle, circle '994' and skip to Q306.

EXAMPLES:

If she says menstruation started same day, then record '00'.

If she says "Four days ago," circle '1'
and record DAYS AGO '04.'

If she says "three weeks ago," circle '2'
and record WEEKS AGO '03.'

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says "About a week ago," say, "Do you remember which day? Was it before or after the weekend?"

Q302 To Q304: PROBLEMS RELATED TO MENSTRUATION:

Morbidity related to menstruation due to lack of hygienic practices and attention are very common. In Q302 ask if she has any menstruation related problems during the last three months. If she answered YES circle '1', then we should proceed to next question or if she answered NO circle '2', then we should skip to 305.

Q303 asks what type of menstruation related problems she has/had. In this question we will get more than one answer. **Record All Mentioned.** There can be an array of problems related to menstrual cycle. Enquire about these problems mentioned in detail (see Q303)

Q304 seeks the information about duration of the menstruation related problems. For duration below '8' years record in months, for '8' or more years record '96' and if the respondent does not remember, record '98'.

Q305: METHODS USED TO PREVENT STAINS FROM MENSTRUAL FLOW

Women usually use different things to contain the blood flow and deter it from staining the cloths she is wearing. There are chances of some unhygienic materials being used. This question wants to know the things used by the respondent to contain the blood flow. **Do not read out the options and probe to check if there is anything else she is using.** Circle the respective code of the thing which she mentions, is in the list provided, and if the answer is not mentioned in the list, then write the material she has used, in USE OTHER.

B. AWARENESS ABOUT CONTRACEPTION

Q306: AWARENESS ABOUT FAMILY PLANNING METHODS /CONTRACEPTION:

Read the statement at the top of the table: "Now I would like to talk about family planning - the various ways or methods . . ." Then ask, "Which ways or methods have you heard about?" Wait for the woman to tell you which methods she knows about. Circle '1' for YES for each method that she mentions spontaneously. If she mentions a folk method (such as herbs) or any method not listed in the table, circle '1' in Q 306K and write the name(s) of the method(s) in the space provided

Check that you have recorded all methods the respondent mentioned spontaneously. Then, for each method she did not mention spontaneously, ask whether she has heard of the method. For example, if she did not mention the pill spontaneously, ask her about it, reading the description of the method: **"Have you ever heard of the pill? Women can take a pill every day or every week to avoid becoming pregnant."** If she says she has heard of it, circle '1' for YES. If she has never heard of the pill, record NO by circling '2.' Repeat this for each method not mentioned spontaneously, reading the description of each method.

At first you may feel embarrassed to talk about and describe these methods, but remember, if you are embarrassed, you may increase the embarrassment of the respondent.

It is important for you to have some knowledge of these contraceptive methods yourself and you must be familiar with names that people use to refer to each method.

Methods not specifically described in the table, which a woman may mention, include DIAPHRAGM AND FOAM OR JELLY.

Q307 And Q308 AVAILABILITY AND DISCUSSION ABOUT CONTRACEPTION

Before asking Q307 check: Q306D, Q306E, 306G & 306H. If the answer is "Yes" for any one, ASK THIS QUESTION. OTHERWISE GO TO Q308

Q307: we wanted to know whether the respondent knows where to get the pills and condoms? There may be multiple answers for this question. Be sure to use the prompt question like “Any other place?” and record all the places where she has mentioned.

When choosing a code, you need to know whether the place or person is in the government sector, NGO/ trust hospital or clinic or private sector. If the respondent does not know whether the facility is public or NGO/trust hospital or private, write the name of the facility in the space provided, and inform your supervisor after you complete the interview.

Q308: In this question we are asking the respondent whether she has ever discussed about contraception with anyone. Remember she may discuss it with anybody (relative or non-relative including friend, health care provider, etc.) any time in her life. If the respondent has ever discussed with anyone about family planning, circle ‘1’ and ask Q309. If she has never discussed with anybody, circle ‘2’ and skip to Q310.

Q309: In this question we are asking the respondent about the person or persons with whom contraception was discussed. It is possible that the respondent discussed the issue with more than one person, if so, please circle all those that are mentioned and probe by asking ‘did you discuss this with anybody else?’ Record all the responses given by her.

C: REPRODUCTIVE TRACT INFECTION/ SEXUALLY TRANSMITTED INFECTION (RTI/STI)

The respondent may have some hesitation about discussing sensitive issues like RTI /STI to a stranger. However, given the right atmosphere, it is usually possible to encourage the respondent to discuss these matters. Your skill is needed to make the respondent comfortable. Remember to be comfortable and confident while asking these questions and tell her that information provided will be kept confidential and will not be divulged to anybody.

Q310 To Q312: AWARENESS ABOUT RTI/STI

Q310: This question enquires about the awareness of the respondent about the Reproductive Tract Infection (RTI)/Sexually Transmitted Infection (STI), if the respondent’s answer is **‘NO’ then skip to Q313.**

Q311: It is important to know the source of information for the knowledge of RTI/STI. Record all the options mentioned by the respondent in this question and probe by saying “Any other Source?” **Record All Mentioned.**

Q312 gives various options to the respondent about the ways by which RTI/STI is transmitted. This question might have multiple answers. Mark all the responses of the respondent and circle ‘1’ for each known responses. And if the respondent mentions any other mode of transmission which is not given , write it down on the space provided in OTHER. **If the respondent mentions “Don’t Know”/”Not Aware” then circle ‘1’ under “DO NOT KNOW” option. In that case, all remaining options will be kept blank (no need to circle).**

A- Unsafe delivery: Non-institutional delivery, when ‘five cleans’ have not been followed, i.e. clean hands, clean blade, clean place, clean sheet and clean thread.

B- Unsafe abortion: Abortions in unauthorized places or through unauthorized persons are generally risky and life threatening because mostly such persons performing abortions are not trained or qualified and the places where abortions are done lack basic facilities.

C- Unsafe IUD insertion: IUD is one of the most effective reversible contraceptive methods and once inserted it remains effective for 3-5 years. Due to unhygienic practices or if there is misplacement of IUD there are chances of contracting infection.

D- Unsafe sex with Homosexuals: This is when sexual intercourse happens between two individuals of same sex, e.g. male having intercourse with a male, and female having intercourse with a female.

E- Unsafe sex with persons who have many partners: We say this as multiple partners; in this one person is having sexual intercourse with more than one person.

F- Unsafe sex with sex-workers: In this the individual goes to brothel, and pays for sexual pleasure.

**D. AWARENESS OF HUMAN IMMUNO-DEFICIENCY VIRUS (HIV)/
ACQUIRED IMMUNO-DEFICIENCY SYNDROME (AIDS)**

AIDS is an illness, which as of now is non-curable. Prevention from the deadly disease is the only solution to protect oneself from acquiring the disease. The disease is caused by the HIV virus that attacks and weakens the immune system causing death to the individual through secondary infections such as pneumonia or tuberculosis. The disease is mostly transmitted through sexual contact or through infected/contaminated blood from one person to another. In this sub-section, we ask a set of questions on knowledge of AIDS. Before asking questions, please tell the respondent that you are now going to ask a few questions about HIV/AIDS.

Q313 To Q325: KNOWLEDGE AND MODE OF HIV/AIDS TRANSMISSION

Q313: We first ask whether the respondent has ever heard of HIV/AIDS, you may want to use a local term if it is available instead of the word AIDS. If the respondent has heard of the disease circle ‘1’ and ask following questions, **otherwise circle ‘2’ and skip to Q324.**

Q314 asks about the sources through which respondent came to know about HIV/AIDS. There can be many sources from which a respondent has obtained the knowledge of HIV/AIDS. The response could be through mass media, Doctor, paramedical staff, leaders and meetings or through any kind of network. It is possible that there can be more than one source, in that case circle “1” for all those reported by

the woman. Note that you have to circle “2” for all those not mentioned and probe further by asking “Any other source?”

Q315 is about the source of transmission of HIV/AIDS and some possible ways of transmission are listed. Circle “1” for all those sources of transmission reported by the woman. If she just reports one or two ways ask her whether she knows some more ways without reading the options given. **If the respondent mentions “Don’t Know”/“Not Aware” then circle ‘1’ under “DO NOT KNOW” option. In that case, all remaining options will be kept blank (no need to circle).**

A. Unsafe sex with homosexuals: This is when sexual intercourse happens between two individuals of same sex, example: male having intercourse with a male and a female having intercourse with a female.

B. Unsafe sex with persons who have many partners: We say this as multiple partners, in this one person is having sexual intercourse with more than one person.

C. Unsafe sex with sex-workers: When the individual goes to brothel, and pays for sexual pleasure.

D. Needles/ Blades/Skin puncture: Needles are used repeatedly, but to many persons, it can be due to injecting medicine/drugs. Blades: Same blade is used or shared. Skin Puncture: we refer to tattoo makers.

E. Mother to child: Infection can spread from infected parents to the unborn child during pregnancy.

F. Transfusion of Infected Blood: When blood is transfused without testing, there are chances that infected blood may be given to healthy patient.

Q316 To Q322: MISCONCEPTIONS ABOUT HIV/AIDS

There are many misconceptions about the ways for transmission of HIV/AIDS. In Q316 to Q322 we are trying to find out the prevalence of these misconceptions among the young woman. The misconceptions about spread of HIV/AIDS could be, by shaking hands, hugging, kissing, by sharing clothes, by sharing food, stepping on urine/ stool of infected person and the bite of mosquito, flea or bedbug. Ask Q316 to Q322 one by one and circle the answer. It may be possible that she does not know about these, so circle “8” in such cases.

Q323: REDUCTION OF CHANCES OF GETTING AFFECTED WITH HIV/AIDS

Q323 relates to how one can avoid or reduce the chances of getting HIV/AIDS. The possible ways are listed out. Multiple answers are possible. Hence circle “1” corresponding to the given responses. If she just reports one or two ways ask her whether she knows some more ways. Do not read out the options. **If the respondent mentions “Don’t Know”/“Not Aware” then circle ‘1’ under “DO NOT KNOW” option. In that case, all remaining options will be kept blank (no need to circle).**

Q324 To Q327: KNOWLEDGE ABOUT HIV/AIDS TESTING

Q324: This question is asked to know the awareness about the place, where the HIV/AIDS test is conducted. If the respondent’s answer is YES circle ‘1’ or otherwise circle ‘2’ and skip to Q326.

Q325 asks the place where the HIV/AIDS test is conducted. When choosing the code you need to know whether the place is in Public sector, NGO/TRUST Hospital/Clinic, or Private Hospital. If respondent mentions a source other than the listed in the questionnaire Circle 1 in 'Other' category and ask the respondent the name of the place or circle on the place according to respondents' response.

Q326 we ask the respondent if she has at any time undergone the test for HIV/AIDS. Make it clear to her that you do not want to know the results of the test. If the answer is YES circle '1' and go to next question or if the answer is NO circle '2' and skip to Q328.

Q327 asks when was the test for the HIV/ AIDS conducted last time. If the respondent knows she was tested, but is not sure when the test (blood test) was done, probe to obtain an estimate of how long ago it was conducted. If she says 3-4 years ago, you don't have to probe further since both of those answers fit in the same response category. If LESS THAN 12 MONTHS AGO circle '1', 12-23 MONTHS AGO circle '2' and tested TWO OR MORE YEARS AGO, circle 3.

E. REPRODUCTION

IN Q328 TO Q332, SOME STATEMENTS WOULD BE READ OUT TO THE RESPONDENT. SHE HAS TO SAY IF THE STATEMENT IS TRUE OR FALSE.

Various studies have shown that many young people either do not have knowledge of sex and/or reproduction or have misconceptions/myths related to them. In order to assess knowledge about intercourse and pregnancy about what young people understand on these issues you should read out these statements and ask the respondent whether she believes that the statement to be true or false. **The correct answers to the statements are given in bracket for investigator's knowledge.**

Please read out each statement and then ask the respondent whether she thinks the statement is true or false or don't know. If the respondent believes that the statement is true, circle '1'; if she consider it is false, circle '2' and not sure/don't know then circle '8'. Please try to get a response and use the option "not sure/don't know" very rarely

These statements included in the questionnaire are:

- It is possible to know the sex of the baby before the baby is born by a medical test (Q 328, true)
- Pregnancy can occur after kissing or hugging (Q329, false).
- When a woman has intercourse for the first time she has to bleed (Q330, false)
- A woman can get pregnant on the very first time she has sexual intercourse (Q331, true).
- A woman is most likely to get pregnant if she has sexual intercourse half way between her periods (Q332, true).

Q333: RECORD THE TIME:

Record the time in hours and minutes and follow the 24 hours system.
After this, thank the respondent for her co-operation. And say:

IF THERE IS ANY CLARIFICATION REQUIRED, MY SUPERVISOR OR
SUPERIORS WILL COME AND MEET YOU.

THANK YOU FOR GIVING YOUR PRECIOUS TIME AND PATIENTLY
ANSWERING ALL THE QUESTIONS.

APPENDIX A:

HINDU AND MUSLIM CALENDARS / FESTIVALS

TABLE 1: CONVERTING ISLAMIC MONTHS TO GREGORIAN MONTHS

<u>Grego rian</u>	2008		2007		2006		2005	
	Month	Dates	Month	Dates	Month	Dates	Month	Dates
January	HIJJA	1-9	ZILHAJ	10-29	ZILHAJ	1-30	ZIQAD	19-29
	MUHARAM	10-31	MUHARAM	1-11	MUHARAM	1	ZILHAJ	1-20
February	MUHARAM	1-7	MUHARAM	12-29	MUHARAM	2-29	ZILHAJ	21-29
	SAFAR	8-29	SAFAR	1-9			MUHARAM	1-19
March	SAFAR	1-8	SAFAR	10-29	SAFAR	1-30	MUHARAM	20-30
	RB AWAL	9-31	RB AWAL	1-11	RB AWAL	1	SAFAR	1-20
April	RB AWAL	1-6	RB AWAL	12-29	RB AWAL	2-29	SAFAR	21-30
	RB THAANY	7-30	RB SANI	1-12	RB SANI	1-2	RB AWAL	1-21
May	RB THAANY	1-5	RB SANI	13-30	RB SANI	3-29	RB AWAL	22-30
	JM AWAL	6-31	JM AWAL	1-13	JM AWAL	1-4	RB SANI	1-22
June	JM AWAL	1-4	JM AWAL	14-29	JM AWAL	5-30	RB SANI	23-29
	JM THAANY	5-30	JM SANI	1-14	JM SANI	1-4	JM AWAL	1-23
July	JM THAANY	1-3	JM SANI	15-29	JM SANI	5-30	JM AWAL	24-30
	RAJAB	4-31	RAJAB	1-16	RAJAB	1-5	JM SANI	1-24
August	RAJAB	1	RAJAB	17-30	RAJAB	6-29	JM SANI	25-29
	SHABAAN	2-31	SHABAN	1-17	SHABAN	1-7	RAJAB	1-26
September	RAMZAN	1-30	SHABAN	18-30	SHABAN	8-30	RAJAB	27-30
			RAMZAN	1-17	RAMZAN	1-7	SHABAN	1-26
October	SHAWAL	1-29	RAMZAN	18-30	RAMZAN	8-30	SHABAN	27-30
	QIDHA	30-31	SHAWAL	1-18	SHAWAL	1-8	RAMZAN	1-27
November	QIDHA	1-28	SHAWAL	19-29	SHAWAL	9-30	RAMZAN	28-29
	HIJJA	29-30	ZIQAD	1-19	ZIQAD	1-8	SHAWAL	1-28
December	HIJJA	1-28	ZIQAD	20-30	ZIQAD	9-29	SHAWAL	29-30
	MUHARRAM	29-31	ZILHAJ	1-20	ZILHAJ	1-10	ZIQAD	1-29

TABLE 1: CONVERTING ISLAMIC MONTHS TO GREGORIAN MONTHS (CONTD.)

Gregorian	2004		2003		2002		2001		2000		1999	
	Month	Dates	Month	Dates	Month	Dates	Month	Dates	Months	Dates	Months	Dates
January	ZIQAD ZILHAJ	8-29 1-9	SHAWAL ZIQAD	27-29 1-28	SHAWAL ZIQAD	17-30 1-17	SHAWAL ZIQAD	6-30 1-6	RAMZAN SHAWAL	24-30 1-24	RAMZAN SHAWAL	13-30 1-13
February	ZILHAJ MUHARAM	10-30 1-8	ZIQAD ZILHAJ	29-30 1-26	ZIQAD ZILHAJ	18-30 1-15	ZIQAD ZILHAJ	7-30 1-4	SHAWAL ZIQAD	25-30 1-23	SHAWAL ZIQAD	14-30 1-11
March	MUHARAM SAFAR	9-29 1-10	ZILHAJ MUHARAM	27-29 1-28	ZILHAJ MUHARAM	16-29 1-17	ZILHAJ MUHARAM	5-29 1-6	ZIQAD ZILHAJ	24-29 1-24	ZIQAD ZILHAJ	12-29 1-13
April	SAFAR RB AWAL	11-30 1-10	MUHARAM SAFAR	29-30 1-28	MUHARAM SAFAR	18-30 1-17	MUHARAM SAFAR	7-30 1-6	ZILHAJ MUHARAM	25-29 1-25	ZILHAJ MUHARAM	14-30 1-13
May	RB AWAL RB SANI	11-29 1-12	SAFAR RB AWAL	29-30 3-29	SAFAR RB AWAL	18-30 1-18	SAFAR RB AWAL	7-29 1-8	MUHARAM SAFAR	26-29 1-27	MUHARAM SAFAR	14-29 1-15
June	RB SANI JM AWAL	13-30 1-12	RB AWAL RB SANI	1-2 3-30	RB AWAL RB SANI	19-29 1-19	RB AWAL RB SANI	9-30 1-8	SAFAR RB AWAL	28-30 1-27	SAFAR RB AWAL	16-29 1-16
July	JM AWAL JM SANI	13-30 1-13	JM AWAL JM SANI	1-29 1-2	RB SANI JM AWAL	20-30 1-20	RB SANI JM AWAL	9-29 1-10	RB AWAL RB SANI	28-29 1-29	RB AWAL RB SANI	17-29 1-18
August	JM SANI RAJAB	14-29 1-15	JM SANI RAJAB	3-30 1-3	JM AWAL JM SANI	21-29 1-22	JM AWAL JM SANI	11-29 1-12	JM AWAL JM SANI	1-30 1	RB SANI JM AWAL	19-30 1-19
September	RAJAB SHABAN	16-30 1-15	RAJAB SHABAN	4-29 1-4	JM SANI RAJAB	23-29 1-23	JM SANI RAJAB	13-30 1-12	JM SANI RAJAB	2-29 1-2	JM AWAL JM SANI	20-29 1-20
October	SHABAN RAMZAN	16-30 1-16	SHABAN RAMZAN	5-30 1-5	RAJAB SHABAN	24-30 1-24	RAJAB SHABAN	13-29 1-14	RAJAB SHABAN	3-30 1-3	JM SANI RAJAB	21-30 1-21
November	RAMZAN SHAWAL	17-29 1-17	RAMZAN SHAWAL	6-29 1-6	SHABAN RAMZAN	25-29 1-25	SHABAN RAMZAN	15-30 1-14	SHABAN RAMZAN	4-29 1-4	RAJAB SHABAN	22-30 1-21
December	SHAWAL ZIQAD	18-30 1-18	SHAWAL ZIQAD	7-30 1-7	RAMZAN SHAWAL	26-30 1-26	RAMZAN SHAWAL	15-29 1-16	RAMZAN SHAWAL	5-30 1-5	SHABAN RAMZAN	22-29 1-23

TABLE 1: CONVERTING ISLAMIC MONTHS TO GREGORIAN MONTHS (CONTD.)

Gregorian	1998		1997		1996		1995		1994		1993	
	Month	Dates	Month	Dates	Month	Dates	Month	Dates	Months	Dates	Months	Dates
January	RAMZAN SHAWAL	1-29 1-2	SHABAN RAMZAN	21-29 1-21	SHABAN RAMZAN	15-29 1-10	SHABAN RAMZAN	3-30 1-4	RAJAB SHABAN	19-29 1-20	RAJAB SHABAN	5-29 1-7
February	SHAWAL ZIQAD	3-29 1	RAMZAN SHAWAL	22-29 1-20	RAMZAN SHAWAL	11-30 1-9	RAMZAN SHAWAL	5-29 1-3	SHABAN RAMZAN	21-30 1-18	SHABAN RAMZAN	8-30 1-5
March	ZIQAD ZILHAJ	2-30 1-2	SHAWAL ZIQAD	21-30 1-21	SHAWAL ZIQAD	10-29 1-11	SHAWAL ZIQAD	4-30 1-4	RAMZAN SHAWAL	19-29 1-20	RAMZAN SHAWAL	6-29 1-7
April	ZILHAJ MUHARAM	3-29 1-3	ZIQAD ZILHAJ	22-30 1-21	ZIQAD ZILHAJ	12-30 1-11	ZIQAD ZILHAJ	5-29 1-5	SHAWAL ZIQAD	21-30 1-20	SHAWAL ZIQAD	8-30 1-7
May	MUHARAM SAFAR	4-30 1-4	ZILHAJ MUHARAM	22-29 1-23	ZILHAJ MUHARAM	12-29 1-13	ZILHAJ MUHARAM	6-30 1-6	ZIQAD ZILHAJ	21-29 1-22	ZIQAD ZILHAJ	8-29 1-9
June	SAFAR RB SANI	5-29 1-5	MUHARAM SAFAR	24-30 1-23	MUHARAM SAFAR	14-30 1-13	MUHARAM SAFAR	7-29 1-7	ZILHAJ MUHARAM	23-29 1-22	ZILHAJ MUHARAM	10-30 1-11
July	RB AWAL RB SANI	6-30 1-6	SAFAR RB AWAL	24-29 1-25	SAFAR RB AWAL	14-30 1-14	SAFAR AWAL	8-30 1-8	MUHARAM SAFAR	23-29 1-24	MUHARAM SAFAR	12-29 1-13
August	RB SANI JM AWAL	7-29 1-8	RB AWAL RB SANI	26-30 1-26	RB AWAL RB SANI	15-30 1-15	RB AWAL RB SANI	9-29 1-10	SAFAR RB AWAL	25-30 1-25	SAFAR RB AWAL	14-30 1-14
September	JM AWAL JM SANI	9-30 1-8	RB SANI JM AWAL	27-29 1-27	RB SANI JM AWAL	16-29 1-16	RB SANI JM AWAL	11-30 1-10	RB AWAL RB SANI	26-29 1-27	RB AWAL RB SANI	15-29 1-15
October	JM SANI RAJAB	11-30 1-10	JM AWAL JM SANI	28-30 1-28	JM AWAL JM SANI	17-30 1-17	JM AWAL JM SANI	11-29 1-12	RB SANI JM AWAL	28-30 1-29	RB SANI JM AWAL	16-30 1-16
November	RAJAB SHABAN	11-30 1-10	JM SANI RAJAB	29-30 1-28	JM SANI RAJAB	18-29 1-18	JM SANI RAJAB	13-30 1-12	JM SANI	1-30	JM AWAL JM SANI	17-29 1-17
December	SHABAN RAMZAN	11-29 1-12	RAJAB SHABAN	29 1-30	RAJAB SHABAN	19-29 1-20	RAJAB SHABANS	13-29 1-14	RAJAB SHABAN	1-29 1-2	JM SANI RAJAB	18-30 1-18

TABLE 1: CONVERTING ISLAMIC MONTHS TO GREGORIAN MONTHS (CONTD.)

Gregorian	1992		1991		1990		1989		1988		1987	
	Months	Dates	Months	Dates	Months	Dates	Months	Dates	Months	Dates	Months	Dates
January	JM SANI RAJAB	25-30 1-25	JM SANI RAJAB	16-30 1-16	JM SANI RAJAB	3-30 1-3	JM AWAL JM SANI	23-30 1-23	JM AWAL JM SANI	12-30 1-12	RB SANI JM AWAL	30 1-29
February	RAJAB SHABAN	26-29 1-24	RAJAB SHABAN	17-29 1-15	RAJAB SHABAN	4-29 1-2	JM SANI RAJAB	24-29 1-22	JM SANI RAJAB	13-30 1-12	JM SANI	2-29
March	SHABAN RAMZAN	25-30 1-25	SHABAN RAMZAN	16-30 1-15	SHABAN RAMZAN	3-29 1-4	RAJAB SHABAN	23-30 1-23	RAJAB SHABAN	13-30 1-13	JM SANI RAJAB	30 1-29
April	RAMZAN SHAWAL	26-29 1-25	RAMZAN SHAWAL	16-29 1-17	RAMZAN SHAWAL	5-30 1-4	SHABAN RAMZAN	24-30 1-23	SHABAN RAMZAN	14-30 1-14	SHABAN RAMZAN	2-30 1
May	SHAWAL ZIQAD	26-30 1-26	SHAWAL ZIQAD	18-30 1-18	SHAWAL ZIQAD	5-29 1-6	RAMZAN SHAWAL	24-29 1-25	RAMZAN SHAWAL	15-30 1-15	RAMZAN SHAWAL	2-30 1-2
June	ZIQAD ZILHAJ	27-29 1-27	ZIQAD ZILHAJ	19-29 1-19	ZIQAD ZILHAJ	7-30 1-6	SHAWAL ZIQAD	26-30 1-25	SHAWAL ZIQAD	16-29 1-16	SHAWAL ZIQAD	3-29 1-3
July	ZILHAJ MUHARAM	28-30 1-28	ZILHAJ MUHARAM	20-30 1-20	ZILHAJ MUHARAM	7-29 1-8	ZIQAD ZILHAJ	26-29 1-27	ZIQAD ZILHAJ	17-30 1-17	ZIQAD ZILHAJ	4-30 1-4
August	MUHARAM SAFAR	29 1-30	MUHARAM SAFAR	21-29 1-22	MUHARAM SAFAR	9-29 1-10	ZILHAJ MUHARAM	28-30 1-28	ZILHAJ MUHARAM	18-30 1-18	ZILHAJ MUHARAM	5-29 1-6
September	RB AWAL RB SANI	1-29 1-1	SAFAR RB AWAL	23-30 1-22	SAFAR RB AWAL	11-30 1-10	MUHARAM SAFAR	29 1-29	MUHARAM SAFAR	19-29 1-19	MUHARAM SAFAR	7-29 1-7
October	RB SANI JM AWAL	2-30 1-2	RB AWAL RB SANI	23-29 1-23	RB AWAL RB SANI	11-30 1-11	SAFAR RB AWAL	30 1-30	SAFAR RB AWAL	20-30 1-20	SAFAR RB AWAL	8-30 1-8
November	JM AWAL JM SANI	3-29 1-3	RB SANI JM AWAL	24-30 1-22	RB SANI JM AWAL	12-30 1-11	RB SANI	1-30	RB AWAL RB SANI	21-30 1-20	RB AWAL RB SANI	9-29 1-9
December	JM SANI RAJAB	4-30 1-4	JM AWAL JM SANI	23-29 1-24	JM AWAL JM SANI	12-29 1-11	JM AWAL JM SANI	1-29 1-2	JM SANI JM AWAL	21-29 1-22	JM SANI JM AWAL	10-29 1-11

TABLE 1: CONVERTING ISLAMIC MONTHS TO GREGORIAN MONTHS (CONTD.)

Gregorian	1986		1985		1984		1983		1982		1981	
	Months	Dates	Months	Dates	Months	Dates	Months	Dates	Months	Dates	Months	Dates
January	RB SANI JM AWAL	19-29 1-20	RB SANI JM AWAL	8-29 1-9	RB AWAL RB SANI	26-30 1-26	RB AWAL RB SANI	16-30 1-16	RB AWAL RB SANI	5-30 1-5	SAFAR RB AWAL	23-29 1-24
February	JM AWAL JM SANI	21-30 1-18	JM AWAL JM SANI	10-30 1-7	RB SANI JM AWAL	27-29 1-26	RB SANI JM AWAL	17-29 1-15	RB SANI JM AWAL	6-29 1-4	RB AWAL RB SANI	25-30 1-22
March	JM SANI RAJAB	19-29 1-20	JM SANI RAJAB	8-29 1-9	JM AWAL JM SANI	27-30 1-27	JM AWAL JM SANI	16-30 1-16	JM AWAL JM SANI	5-30 1-5	RB SANI JM AWAL	23-29 1-24
April	RAJAB SHABAN	21-29 1-21	RAJAB SHABAN	10-30 1-9	JM SANI RAJAB	28-29 1-28	JM SANI RAJAB	17-29 1-17	JM SANI RAJAB	6-29 1-6	JM AWAL JM SANI	25-30 1-24
May	SHABAN RAMZAN	22-30 1-22	SHABAN RAMZAN	10-29 1-11	RAJAB SHABAN	29-30 1-29	RAJAB SHABAN	18-30 1-18	RAJAB SHABAN	7-30 1-7	JM SANI RAJAB	25-29 1-26
June	RAMZAN SHAWAL	23-30 1-22	RAMZAN SHAWAL	12-30 1-11	RAMZAN	1-30	SHABAN RAMZAN	19-29 1-19	SHABAN RAMZAN	8-29 1-8	RAJAB SHABAN	27-29 2-26
July	SHAWAL ZIQAD	23-29 1-24	SHAWAL ZIQAD	12-29 1-13	SHAWAL ZIQAD	1-29 1-3	RAMZAN SHAWAL	20-30 1-20	RAMZAN SHAWAL	9-30 1-9	SHABAN RAMZAN	27-29 1-28
August	ZIQAD ZILHAJ	25-30 1-25	ZIQAD ZILHAJ	14-30 1-14	ZIQAD ZILHAJ	3-30 1-2	SHAWAL ZIQAD	21-29 1-22	SHAWAL ZIQAD	10-29 1-11	RAMZAN SHAWAL	29-30 1-29
September	ZILHAJ MUHARAM	26-30 1-25	ZILHAJ MUHARAM	15-29 1-15	ZILHAJ MUHARAM	4-29 1-4	ZIQAD ZILHAJ	23-30 1-22	ZIQAD ZILHAJ	12-30 1-11	ZIQAD	1-29
October	MUHARAM SAFAR	26-30 1-26	MUHARAM SAFAR	16-30 1-16	MUHARAM SAFAR	5-30 1-5	ZILHAJ MUHARAM	23-29 1-24	ZILHAJ MUHARAM	12-29 1-13	ZILHAJ MUHARAM	1-29 1-2
November	SAFAR RB AWAL	27-29 1-27	SAFAR RB AWAL	17-29 1-17	SAFAR RB AWAL	6-29 1-6	MUHARAM SAFAR	25-30 1-24	MUHARAM SAFAR	14-30 1-13	MUHARAM SAFAR	3-30 1-2
December	RB AWAL RB SANI	28-29 1-29	RB AWAL RB SANI	18-30 1-18	RB AWAL RB SANI	7-30 1-7	SAFAR RB AWAL	25-30 1-25	SAFAR RB AWAL	14-29 1-15	SAFAR RB AWAL	3-29 1-4

TABLE 1: CONVERTING ISLAMIC MONTHS TO GREGORIAN MONTHS (CONTD.)

Gregorian	1980		1979		1978		1977		1976	
	Months	Dates	Months	Dates	Months	Dates	Months	Dates	Months	Dates
January	SAFAR RB AWAL	12-30 1-12	SAFAR RB AWAL	1-29 1-2	MUHARAM SAFAR	21-30 1-21	MUHARAM SAFAR	10-30 1-10	ZILHAJ MUHARAM	28-29 1-29
February	RB AWAL RB SANI	13-30 1-11	RB AWAL	3-30	SAFAR RB AWAL	22-30 1-19	SAFAR RB AWAL	11-29 1-9	MUHARAM SAFAR	30 1-28
March	RB SANI JM AWAL	12-29 1-13	RB SANI JM AWAL	1-29 1-2	RB AWAL RB SANI	20-30 1-20	RB AWAL RB SANI	10-30 30-10	SAFAR RB AWAL	29-30 1-29
April	JM AWAL JM SANI	14-30 1-13	JM AWAL JM SANI	3-30 1-2	RB SANI JM AWAL	21-29 1-21	RB SANI JM AWAL	11-29 1-11	RB AWAL RB SANI	30 1-29
May	JM SANI RAJAB	14-29 1-15	JM SANI RAJAB	3-29 1-4	JM AWAL JM SANI	22-30 1-22	JM AWAL JM SANI	12-29 1-13	JM AWAL JM SANI	1-30 1
June	RAJAB SHABAN	16-30 1-15	RAJAB SHABAN	5-30 1-4	JM SANI RAJAB	23-29 1-23	JM SANI RAJAB	14-30 1-13	JM SANI RAJAB	2-29 1-2
July	SHABAN RAMZAN	16-29 1-17	SHABAN RAMZAN	5-29 1-6	RAJAB SHABAN	24-30 1-24	RAJAB SHABAN	14-30 1-14	RAJAB SHABAN	3-30 1-3
August	RAMZAN SHAWAL	18-30 1-18	RAMZAN SHAWAL	7-30 1-7	SHABAN RAMZAN	25-29 1-26	SHABAN RAMZAN	15-29 1-16	SHABAN RAMZAN	4-29 1-5
September	SHAWAL ZIQAD	19-29 1-19	SHAWAL ZIQAD	8-29 1-8	RAMZAN SHAWAL	27-30 1-26	RAMZAN SHAWAL	17-30 1-16	RAMZAN SHAWAL	6-30 1-5
October	ZIQAD ZILHAJ	20-30 1-20	ZIQAD ZILHAJ	9-30 1-9	SHAWAL ZIQAD	27-29 1-28	SHAWAL ZIQAD	17-29 1-18	SHAWAL ZIQAD	6-29 1-7
November	ZILHAJ MUHARAM	21-29 1-21	ZILHAJ MUHARAM	10-29 1-10	ZIQAD ZILHAJ	29-30 1-28	ZIQAD ZILHAJ	19-30 1-18	ZIQAD ZILHAJ	8-30 1-7
December	MUHARAM SAFAR	22-30 1-22	MUHARAM SAFAR	11-30 1-11	ZILHAJ MUHARAM	29 1-30	ZILHAJ MUARRAM	19-29 1-20	ZILHAJ MUHARAM	8-29 1-9

TABLE 1: CONVERTING ISLAMIC MONTHS TO GREGORIAN MONTHS (CONTD.)

Gregorian	1975		1974		1973		1972		1971	
	Months	Dates	Months	Dates	Months	Dates	Months	Dates	Months	Dates
January	ZILHAJ MUHARAM	17-29 1-18	ZILHAJ MUHARAM	6-29 1-7	ZIQAD ZILHAJ	25-29 1-26	ZIQAD ZILHAJ	13-29 1-14	ZIQAD ZILHAJ	3-30 1-3
February	MUHARAM SAFAR	19-30 1-16	MUHARAM SAFAR	8-30 1-5	ZILHAJ MUHARAM	27-30 1-24	ZILHAJ MUHARAM	15-30 1-13	ZILHAJ MUHARAM	4-29 1-2
March	SAFAR RB AWAL	17-30 1-17	SAFAR RB AWAL	6-29 1-7	MUHARAM SAFAR	25-30 1-25	MUHARAM SAFAR	14-29 1-15	MUHARAM SAFAR	3-29 1-4
April	RB AWAL RB SANI	18-29 1-18	RB AWAL RB SANI	8-30 1-7	SAFAR RB AWAL	26-29 1-26	SAFAR RB AWAL	16-30 1-15	MUHARAM SAFAR	5-29 1-4
May	RB SANI JM AWAL	19-30 1-19	RB SANI JM AWAL	8-29 1-9	RB AWAL RB SANI	27-30 1-27	RB AWAL RB SANI	16-29 1-17	RB AWAL RB SANI	5-29 1-6
June	JM AWAL JM SANI	20-30 1-19	JM AWAL JM SANI	10-30 1-9	RB SANI JM AWAL	28-29 1-28	RB SANI JM AWAL	18-29 1-18	RB SANI JM AWAL	7-30 1-6
July	JM SANI RAJAB	20-29 1-21	JM SANI RAJAB	10-29 1-11	JM AWAL JM SANI	29-30 1-29	JM AWAL JM SANI	19-30 1-19	JM AWAL JM SANI	7-29 1-8
August	RAJAB SHABAN	22-30 1-22	RAJAB SHABAN	12-30 1-12	RAJAB SHABAN	1-29 1-2	JM SANI RAJAB	20-29 1-21	JM SANI RAJAB	9-30 1-9
September	SHABAN RAMZAN	23-29 1-23	SHABAN RAMZAN	13-29 1-13	SHABAN RAMZAN	3-30 1-2	RAJAB SHABAN	22-30 1-21	RAJAB SHABAN	10-30 1-9
October	RAMZAN SHAWAL	24-30 1-24	RAMZAN SHAWAL	14-30 1-14	RAMZAN SHAWAL	3-29 1-4	SHABAN RAMZAN	22-29 1-23	SHABAN RAMZAN	10-29 1-11
November	SHAWAL ZIQAD	25-29 1-25	SHAWAL ZIQAD	15-29 1-15	SHAWAL ZIQAD	5-30 1-4	RAMZAN SHAWAL	24-30 1-23	RAMZAN SHAWAL	12-30 1-11
December	ZIQAD ZILHAJ	26-29 1-27	ZIQAD ZILHAJ	16-30 1-16	ZIQAD ZILHAJ	5-30 1-5	SHAWAL ZIQAD	24-30 1-24	SHAWAL ZIQAD	12-30 1-12

TABLE 1: CONVERTING ISLAMIC MONTHS TO GREGORIAN MONTHS (CONTD.)

Gregorian	1970		1969		1968		1967		1966	
	Months	Dates	Months	Dates	Months	Dates	Months	Dates	Months	Dates
January	SHAWAL ZIQAD	22-30 1-22	SHAWAL ZIQAD	11-29 1-12	RAMZAN SHAWAL	29 1-30	RAMZAN SHAWAL	19-30 1-19	RAMZAN SHAWAL	8-30 1-8
February	ZIQAD ZILHAJ	23-29 1-21	ZIQAD ZILHAJ	13-30 1-10	ZIQAD	1-29	SHAWAL ZIQAD	20-29 1-18	SHAWAL ZIQAD	9-29 1-7
March	ZILHAJ MUHARAM	22-30 1-22	ZILHAJ MUHARAM	11-29 1-12	ZILHAJ MUHARAM	1-30 1	ZIQAD ZILHAJ	19-30 1-19	ZIQAD ZILHAJ	8-30 1-8
April	MUHARAM SAFAR	23-29 1-23	MUHARAM SAFAR	13-30 1-12	MUHARAM SAFAR	2-30 1	ZILHAJ MUHARAM	20-30 1-19	ZILHAJ MUHARAM	9-30 1-8
May	SAFAR RB AWAL	24-30 1-24	SAFAR RB AWAL	13-29 1-14	SAFAR RB AWAL	2-29 1-3	MUHARAM SAFAR	20-30 1-20	MUHARAM SAFAR	9-29 1-10
June	RB AWAL RB SANI	25-29 1-25	RB AWAL RB SANI	15-30 1-14	RB AWAL RB SANI	4-30 1-3	SAFAR RB AWAL	21-29 1-21	SAFAR RB AWAL	11-30 1-10
July	RB SANI JM AWAL	26-30 1-26	RB SANI JM AWAL	15-30 1-15	RB SANI JM AWAL	4-29 1-5	RB AWAL RB SANI	22-30 1-22	RB AWAL RB SANI	11-29 1-12
August	JM AWAL JM SANI	27-29 1-28	JM AWAL JM SANI	16-29 1-17	JM AWAL JM SANI	6-30 1-6	RB SANI JM AWAL	23-29 1-24	RB SANI JM AWAL	13-29 1-14
September	JM SANI RAJAB	29-30 1-28	JM SANI RAJAB	18-30 1-17	JM SANI RAJAB	7-29 1-7	JM AWAL JM SANI	25-29 1-25	JM AWAL JM SANI	15-30 1-14
October	RAJAB SHABAN	29-30 1-29	RAJAB SAHBAN	18-29 1-19	RAJAB SHABAN	8-30 1-8	JM SANI RAJAB	26-30 1-26	JM SANI RAJAB	15-29 1-16
November	RAMZAN	1-30	SHABAN RAMZAN	20-30 1-19	SHABAN RAMZAN	9-29 1-9	RAJAB SHABAN	27-29 1-27	RAJAB SHABAN	17-30 1-16
December	RAMZAN SHAWAL	1-29 1-2	RAMZAN SHAWAL	20-29 1-21	RAMZAN SHAWAL	10-30 1-10	SHABAN RAMZAN	28-30 1-28	SHABAN RAMZAN	17-29 1-18

TABLE 1: CONVERTING ISLAMIC MONTHS TO GREGORIAN MONTHS (CONTD.)

Gregorian	1965		1964		1963		1962		1961	
	Months	Dates	Months	Dates	Months	Dates	Months	Dates	Months	Dates
January	SHABAN RAMZAN	27-30 1-27	SHABAN RAMZAN	15-30 1-15	SHABAN RAMZAN	4-30 1-4	RAJAB SHABAN	23-30 1-23	RAJAB SHABAN	12-29 1-13
February	RAMZAN SHAWAL	28-30 1-26	RAMZAN SHAWAL	16-30 1-14	RAMZAN SHAWAL	5-29 1-3	SHABAN RAMZAN	24-29 1-22	SHABAN RAMZAN	14-29 1-12
March	SHAWAL ZIQAD	26-29 1-27	SHAWAL ZIQAD	15-29 1-16	SHAWAL ZIQAD	4-29 1-5	RAMZAN SHAWAL	23-29 1-24	RAMZAN SHAWAL	13-30 1-13
April	ZIQAD ZULHAJ	28-30 1-27	SHAWAL ZIQAD	17-29 1-17	SHAWAL ZIQAD	6-30 1-5	SHAWAL ZIQAD	25-30 1-24	SHAWAL ZIQAD	14-29 1-14
May	ZULHAZ MUHARAM	28-29 1-29	ZULHAZ MUHARAM	18-30 1-18	ZULHAZ MUHARAM	6-29 1-7	ZIQAD ZULHAZ	25-29 1-26	ZIQAD ZULHAZ	15-30 1-15
June	MUHARAM SAFAR	30 1-29	MUHARAM SAFAR	19-29 1-19	MUHARAM SAFAR	8-29 1-8	ZULHAZ MUHARAM	27-30 1-26	ZULHAZ MUHARAM	16-29 1-16
July	SAFAR RB AWAL	30 1-30	SAFAR RB AWAL	20-29 1-21	SAFAR RB AWAL	9-30 1-9	MUHARAM SAFAR	27-29 1-28	MUHARAM SAFAR	17-30 1-17
August	RB SANI JM AWAL	3-30 1-3	RB AWAL RB SANI	22-30 1-22	SAFAR RB AWAL	10-29 1-11	SAFAR RB AWAL	29-30 1-29	SAFAR RB AWAL	18-20 1-29
September	JM AWAL JM SANI	4-29 1-4	RB SANI JM AWAL	23-29 1-23	RB SANI JM AWAL	12-30 1-11	RB SANI	1-30	RB AWAL RB SANI	20-30 1-19
October	JM SANI RAJAB	5-30 1-5	JM AWAL JM SANI	24-30 1-24	JM AWAL JM SANI	12-30 1-12	JM AWAL	1-30	RB SANI JM AWAL	20-30 1-20
November	RAJAB SHABAN	6-29 1-6	JM SANI RAJAB	25-29 1-25	JM SANI RAJAB	13-29 1-13	JM SANI RAJAB	2-29 1-2	JM AWAL JM SANI	21-29 1-21
December	SHABAN RAMZAN	7-30 1-7	RAJAB SHABAN	26-30 1-26	RAJAB SHABAN	14-30 1-14	RAJAB SHABAN	3-30 1-30	JM SANI RAJAB	22-30 1-22

TABLE 1: CONVERTING ISLAMIC MONTHS TO GREGORIAN MONTHS (CONTD.)

Gregorian	1960		1959		1958		1957		1956	
	Months	Dates	Months	Dates	Months	Dates	Months	Dates	Months	Dates
January	RAJAB SHABAN	2-30 1-2	JM SANI RAJAB	21-30 1-21	JM SANI RAJAB	10-29 1-11	JM AWAL JM SANI	29 1-30	JM AWAL JM SANI	7-30 1-17
February	SHABAN RAMZAN	3-29 1-2	RAJAB SHABAN	22-29 1-20	RAJAB SHABAN	12-30 1-9	RAJAB	1-28	JM SANI RAJAB	18-29 1-16
March	RAMZAN SHAWAL	3-30 1-3	SHABAN RAMZAN	21-30 1-21	SHABAN RAMZAN	10-30 1-10	RAJAB SHABAN	29-30 1-29	RAJAB SHABAN	17-30 1-18
April	SHAWAL ZIQAD	4-29 1-4	RAMZAN SHAWAL	22-30 1-21	RAMZAN SHAWAL	11-30 1-10	SHABAN RAMZAN	30 1-29	SHABAN RAMZAN	19-29 1-19
May	ZIQAD ZILHAJ	5-30 1-5	SHAWAL ZIQAD	22-29 1-23	SHAWAL ZIQAD	11-29 1-12	SHAWAL ZIQAD	1-30 1-	RAMZAN SHAWAL	20-30 1-20
June	ZILHAJ MUHARAM	6-30 1-5	ZIQAD ZILHAJ	24-30 1-23	ZIQAD ZILHAJ	13-30 1-12	ZIQAD ZILHAJ	2-29 1-2	SHAWAL ZIQAD	21-29 1-21
July	MUHARAM SAFAR	6-29 1-7	ZILHAJ MUHARAM	24-29 1-25	ZILHAJ MUHARAM	13-29 1-14	ZILHAJ MUHARAM	3-30 1-3	ZIQAD ZILHAJ	22-30 1-22
August	SAFAR RB AWAL	8-30 1-8	MUHARAM SAFAR	26-30 1-26	MUHARAM SAFAR	15-30 1-15	MUHARAM SAFAR	4-29 1-5	ZILHAJ MUHARAM	23-29 1-24
September	RB AWAL RB SANI	9-29 1-9	SAFAR RB AWAL	27-29 1-27	SAFAR RB AWAL	16-29 1-16	SAFAR RB AWAL	6-29 1-6	MUHARAM SAFAR	25-29 1-25
October	RB SANI JM AWAL	10-30 1-10	RB AWAL RB SANI	28-30 1-28	RB AWAL RB SANI	17-29 1-18	RB AWAL RB SANI	7-30 1-7	SAFAR RB AWAL	26-30 1-26
November	JM AWAL RB SANI	11-29 1-11	RB SANI JM AWAL	29- 1-29	RB SANI JM AWAL	19-30 1-18	RB SANI JM AWAL	8-29 1-8	RB AWAL RB SANI	27-29 1-27
December	JM SANI RAJAB	12-30 1-12	JM AWAL JM SANI RAJAB	30 1-29 1	JM AWAL RB SANI	19-29 1-20	JM AWAL JM SANI	9-30 1-9	RB SANI JM AWAL	28-30 1-28

TABLE 1: CONVERTING ISLAMIC MONTHS TO GREGORIAN MONTHS (CONTD.)

Gregorian	1955		1954		1953		1952		1951		1950	
	Months	Dates	Months	Dates	Months	Dates	Months	Dates	Months	Dates	Months	Dates
January	JM AWAL	6-29	RB SANI	25-29	RB SANI	15-30	RB SANI	3-29	RB AWAL	22-29	RB AWAL	12-30
	JM SANI	1-7	JM AWAL	1-26	JM AWAL	1-15	JM AWAL	1-4	RB SANI	1-23	RB SANI	1-12
February	JM SANI	8-30	JM AWAL	27-30	JM AWAL	16-29	JM AWAL	5-30	RB SANI	24-30	RB SANI	13-29
	RAJAB	1-5	JM SANI	1-24	JM SANI	1-14	JM SANI	1-3	JM AWAL	1-21	JM AWAL	1-11
March	RAJAB	6-30	JM SANI	25-30	JM SANI	15-30	JM SANI	4-29	JM AWAL	22-29	JM AWAL	12-30
	SHABAN	1-6	RAJAB	1-25	RAJAB	1-15	RAJAB	1-5	JM SANI	1-23	JM SANI	1-12
April	SHABAN	7-29	RAJAB	26-29	RAJAB	16-29	RAJAB	6-30	JM SANI	24-30	JM SANI	13-30
	RAMZAN	1-7	SHABAN	1-26	SHABAN	1-16	SHABAN	1-5	RAJAB	1-23	RAJAB	1-12
May	RAMZAN	8-29	SHABAN	27-29	SHABAN	17-30	SHABAN	6-29	RAJAB	24-29	RAJAB	13-29
	SHAWAL	1-9	RAMZAN	1-28	RAMZAN	1-17	RAMZAN	1-7	SHABAN	1-25	SHABAN	1-14
June	SHAWAL	10-30	RAMZAN	29-30	RAMZAN	18-29	RAMZAN	8-30	SHABAN	26-30	SHABAN	15-30
	ZIQAD	1-9	SHAWAL	1-28	SHAWAL	1-18	SHAWAL	1-7	RAMZAN	1-25	RAMZAN	1-14
July	ZIQAD	10-29	SHAWAL	29-	SHAWAL	19-29	SHAWAL	8-29	RAMZAN	26-30	RAMZAN	15-30
	ZILHAJ	1-11	ZIQAD	1-29	ZIQAD	1-20	ZIQAD	1-9	SHAWAL	2-26	SHAWAL	1-15
August	ZILHAJ	12-29	ZILHAJ	2-30	ZIQAD	21-30	ZIQAD	10-30	SHAWAL	27-29	SHAWAL	16-29
	MUHARAM	1-13	MUHARAM	1-2	ZILHAJ	1-21	ZILHAJ	1-10	ZIQAD	1-28	ZIQAD	1-17
September	MUHARAM	14-30	MUHARAM	3-29	ZILHAJ	22-30	ZILHAJ	11-30	ZIQAD	29-30	ZIQAD	18-30
	SAFAR	1-13	SAFAR	1-3	MUHARAM	1-21	MUHARAM	1-10	ZILHAJ	1-28	ZILHAJ	1-17
October	SAFAR	14-29	SAFAR	4-30	MUHARAM	22-29	MUHARAM	11-29	ZILHAJ	29	ZILHAJ	18-29
	RB AWAL	1-15	RB AWAL	1-4	SAFAR	1-23	SAFAR	1-12	MUHARAM	1-30	MUHARAM	1-19
November	RB AWAL	16-30	RB AWAL	5-30	SAFAR	24-30	SAFAR	13-30	SAFAR	1-29	MUHARAM	20-29
	RB SANI	1-15	RB SANI	1-4	RB AWAL	1-23	RB AWAL	1-12	RB AWAL	1	SAFAR	1-20
December	RB SANI	16-30	RB SANI	5-30	RB AWAL	24-30	RB AWAL	13-29	RB AWAL	2-30	SAFAR	21-30
	JM AWAL	1-16	JM AWAL	1-5	RB SANI	1-24	RB SANI	1-14	RB SANI	1-2	RB AWAL	1-21

TABLE 2: HINDU MONTHS CORRESPONDING TO GREGORIAN MONTHS

Corresponding Gregorian Months	Corresponding Hindu Months (2006)	Corresponding Hindu Months (2007)	Corresponding Hindu Months (2008)
January	PAUSH/ MAGH	PAUSH/ MAGH	MAGH/ PHALGUN
February	MAGH/ PHAGUN	MAGH/ PHAGUN	PHALGUN/ CHAITRA
March	PHAGUN/ CHAIT	PHAGUN/ CHAIT	CHAITRA/ VAISHAKH
April	CHAIT/ BAISAKH	CHAIT/ BAISAKH	VAISAKH/ JYAISHTHA
May	BAISAKH/ JETH	BAISAKH/ JETH	JYAISHTHA/ ASHADHA
June	JETH/ ASHADH	JETH	ASHADHA/ SHRAVANA
July	ASHADH/ SAWAN	JETH/ ASHADH	SHRAVANA/BHADRAPAD
August	SAWAN/ BHADO	ASHADH/ SAWAN	BHADRAPAD/ ASHWIN
September	BHADO/ ASHVIN	SAWAN/ BHADO	ASHWIN/ KARTIK
October	ASHVIN/ KARTIK	BHADO /ASHVIN	KARTIK/MARGASHIRSHA
November	KARTIK/ AGHAN	ASHVIN/ KARTIK	MARGASHIRSHA/ PAUSH
December	AGHAN/ PAUSH	KARTIK/MARGSHISH	PAUSH/ MAGH

Table 2A: HINDU FESTIVALS CORRESPONDING TO GREGORIAN MONTHS

Hindu Festivals	Corresponding Gregorian Months (2006)	Corresponding Gregorian Months (2007)	Corresponding Gregorian Months (2008)
MAKAR SAKRANTI/PONGAL	January	January	January
MAHASHIVRATRI/HOLI	February/March	February/March	May
GUDI PADWA/RAMNAVMI	March/April	March	April
MAHABIR JAYANTI	March	March	April
BUDDHA PURNIMA	May	May	May
NAGAPANCHAMI	July/ August	August	August
NARIAL PURNIMA/RAKSHA BANDHAN	July/August	August	August
JANAMASHTMI	September	September	September
GANAPATI	August/September	September	September
DUSSEHRA	September/October	October	October
DIWALI/CHHATH PUJA	October/November	November	October
AYYAPPA FESTIVAL	December/January	January	January

TABLE 3: THE ISLAMIC MONTHS CORRESPONDING TO MAJOR ISLAMIC FESTIVALS

<u>Islamic Festival</u>	<u>Islamic Month</u>
MUHARRAM	MUHARRAM
ID-UL-FITR	SHAWAL
ID-UL-ZOHA	ZILHAJ
SHAB-BE-RAAT	SHABAN
RAMZAN	RAMZAN
MILADUL NABI	RB AWAL

APPENDIX B:

Occupational Categories

DIVISION 1 SCIENTIFIC, MEDICAL, EDUCATIONAL, AND OTHER PROFESSIONALS

- 00 PHYSICAL SCIENTISTS**
 - Physicist
 - Chemists (Excluding Pharmaceutical Chemists)
 - Geologists and Geophysicists
 - Meteorologists
 - Physical Scientists

- 01 PHYSICAL SCIENCE**
 - Physical Science Technicians
 - Physical Science Technicians, n.e.c.

- 02 ARCHITECTS, ENGINEERS, TECHNOLOGISTS AND SURVEYORS**
 - Architects and Town Planners
 - Civil Engineers
 - Electrical & Electronic Engineers
 - Mechanical Engineers
 - Chemical Engineers
 - Metallurgists
 - Mining Engineers
 - Industrial Engineers
 - Surveyors
 - Architects, Engineers, Technologists & Surveyors, n.e.c.

- 03 ENGINEERING TECHNICIANS**
 - Draughtsmen
 - Civil Engineering Overseer and Technicians
 - Electrical & Electronic Engineers Overseer and Technicians
 - Chemical Engineering Technicians
 - Metallurgical Technicians
 - Mining Technicians
 - Survey Technicians
 - Engineering Technicians, n.e.c

- 04 AIRCRAFT AND SHIPS OFFICERS**
 - Aircraft Pilots
 - Flight Engineers
 - Flight Navigators
 - Ship, Deck officers & pilot
 - Ship, Engineers
 - Aircraft and Ship Officers, n.e.c.

- 05 LIFE SCIENTISTS**
 - Biologists, Zoologist, Botanists & related Scientists
 - Bacteriologists, Pharmacologists & related Scientists
 - Silviculturist
 - Agronomists & Agriculture Scientists
 - Life Scientist, n.e.c.

- 06 LIFE SCIENCE TECHNICIANS**
 - Life Science Technicians
 - Life Science Technicians, n.e.c.

- 07 PHYSICIANS AND SURGEONS**
Physicians & Surgeons, Allopathic
Physicians & Surgeons, Ayurvedic
Physicians & Surgeons, Homeopathic
Physicians & Surgeons, Unani
Dental Surgeon
Veterinarians
Pharmacists
Dieticians & nutritionists
Public health physicians
Physicians & Surgeons, n.e.c.
- 08 NURSING AND OTHER MEDICAL AND HEALTH TECHNICIANS**
Vaccinators, inoculator, medical assistants
Dental assistants
Veterinary assistants
Pharmaceutical assistants
Nurses
Midwives & health visitors
X-ray technicians
Ophthalmatrists & opticians
Physio-therapists & occupational therapists
Nursing sanitary & other medical & health technicians, n.e.c.
- 09 SCIENTIFIC, MEDICAL AND TECHNICAL PERSONS, OTHER**
Scientific, medical & technical person, others
- 10 MATHEMATICIANS, STATISTICIANS AND RELATED WORKERS**
Mathematicians
Statisticians
Actuaries
System analysts & programmers
Statistical investigators & related workers
Mathematicians, statisticians and related workers
- 11 ECONOMISTS, AND RELATED WORKERS**
Economists
Economic investigators & related workers
Economists & related workers, n.e.c.
- 12 ACCOUNTANTS, AUDITORS AND RELATED WORKERS**
Accountants & auditors
Cost & works accountants
Accountant, auditors & related workers, n.e.c.
- 13 SOCIAL SCIENTISTS AND RELATED WORKERS**
Sociologists and anthropologists
Historians, anthologists & political scientists & related workers
Geographers
Psychologists
Librarians, archivists & curators
Physiologists, translators & interpreters
Personal & occupational specialists
Labour, social welfare & political workers
Social scientists & related workers, n.e.c.
- 14 JURISTS**
Lawyers
Judges & magistrate
Law assistant
Jurists (including petition writers), n.e.c.
- 15 TEACHERS**
Teachers, university & colleges
Teachers, higher secondary & high school
Teachers, middle school
Teachers, primary school

Teachers, pre-primary
 Teachers, special education
 Teachers, craft
 Teachers, n.e.c.

16 POETS, AUTHORS, JOURNALISTS AND RELATED WORKERS

Poets, Authors & Critics
 Editors & journalists
 Poets, Authors, Journalists & related workers, n.e.c.

17 SCULPTORS, PAINTERS, PHOTOGRAPHERS, AND RELATED CREATIVE ARTISTS

Sculptors, Painters & related artists
 Commercial artists, Interior decorators & designers
 Movie camera operators
 Photographers, other
 Sculptors, Painters, Photographers & related creative artists, n.e.c.

18 COMPOSERS AND PERFORMING ARTISTS

Composers, musicians & singers
 Choreographers & Dancers
 Actors
 Singer & Film Directors & Producers (Performing Arts)
 Circus performers
 Composers & Performing artists, n.e.c.

19 PROFESSIONAL WORKERS, n.e.c.

Ordained Religious Workers
 Non-Ordained Religious Workers
 Astrologers, Palmists & Related Workers
 Athletes, Sportsmen & Related Workers
 Professional Workers, n.e.c.

DIVISION 2 ADMINISTRATIVE, EXECUTIVE AND MANAGERIAL WORKERS

20 ELECTED AND LEGISLATIVE OFFICIALS

Elected Officials, Union Govt
 Elected Officials, State Govt.
 Elected Officials, Local Bodies
 Elected Officials, n.e.c.

21 ADMINISTRATIVE AND EXECUTIVE OFFICIALS GOVERNMENT AND LOCAL BODIES

Administrative & Executive Officials, Union Govt.
 Administrative & Executive Officials, State Govt.
 Administrative & Executive Officials, Quasi Govt.
 Administrative & Executive Officials, Local Bodies
 Administrative & Executive Officials, Govt. & Local Bodies, n.e.c.

22 WORKING PROPRIETORS, DIRECTORS AND MANAGERS, WHOLESALE AND RETAIL TRADE

Working Proprietors, Directors & Managers, Wholesale Trade
 Working Proprietors, Directors & Managers, Retail Trade
 Working Proprietors, Directors & Managers, Wholesale & Retail Trade, n.e.c.

23 DIRECTORS AND MANAGERS, FINANCIAL INSTITUTIONS

Directors & Managers, Bank
 Directors & Managers, Insurance
 Directors & Managers, Financial Institutional, n.e.c.

24 WORKING PROPRIETORS, DIRECTORS AND MANAGERS MINING CONSTRUCTION, MANUFACTURING AND RELATED CONCERNS

Working Proprietors, Directors & Managers, Mining, Quarrying and Well Drilling
 Working Proprietors, Directors & Managers, Construction
 Working Proprietors, Directors & Managers, Electricity, Gas and Water
 Working Proprietors, Directors & Managers, Manufacturing
 Working Proprietors, Directors & Managers, Mining, Construction, Manufacturing & Related concerns, n.e.c.

- 25 **WORKING PROPRIETORS, DIRECTORS MANAGERS AND RELATED EXECUTIVES, TRANSPORT. STORAGE AND COMMUNICATION**
Working Proprietors, Directors & Managers & Related Executives, Transport
Directors & Managers & Related Executive, Communication
Working Proprietors, Directors, Managers & Related Executives, Other Services
- 26 **WORKING PROPRIETORS, DIRECTORS AND MANAGERS, OTHER SERVICES**
Working Proprietors, Directors & Managers, Lodging & Catering Services
Working Proprietors, Directors & Managers, Recreation and Entertainment
Working Proprietors, Directors & Managers & Related Executives, Other Services
- 29 **ADMINISTRATIVE, EXECUTIVE AND MANAGERIAL WORKERS, n.e.c.**
Administrative, Executive & Managerial Workers, n.e.c.

DIVISION 3 and 4 CLERICAL AND RELATED WORKERS

- 30 **CLERICAL AND OTHER SUPERVISORS**
Clerical Supervisors (Office), Superintendents, Head Clerks & Section Heads
Other supervisors (Inspectors, etc.)
Ministerial and Office Assistants
Clerical and Other Supervisors, n.e.c.
- 31 **VILLAGE OFFICIALS**
Village Officials
- 32 **STENOGRAPHERS, TYPIST AND CARD AND TAPE PUNCHING OPERATORS**
Stenographer & Steno Typists
Typists
Teletypists (Teleprinter Operators)
Card and Tape Punching Machine Operators
Stenographers, Typists and Card and Tape Punching Operators, n.e.c.
- 33 **BOOK KEEPERS, CASHIERS AND RELATED WORKERS**
Book-keepers & Accounts Clerks
Cashiers
Book-keepers, Cashiers & Related Workers, n.e.c.
- 34 **COMPUTING MACHINE OPERATORS**
Book-keeping & Calculating Machine Operators
Automatic Data Processing Machine Operators
Computing Machine Operators, n.e.c.
- 35 **CLERICAL AND RELATED WORKERS**
Clerks, General
Store-keepers & Related Workers
Receptionists
Library Clerks
Time keepers
Coders
Ticket sellers
Ticket collectors, Checkers & Examiners
Office Attendants, (Peons Daftrics etc.)
Clerical and Related Workers (including Proof Readers & CopyHolders), n.e.c.
- 36 **TRANSPORT AND COMMUNICATION SUPERVISORS**
Station Masters & Station Superintendent, Transport
Post Masters, Telegraph Masters & Other Supervisors
Transport Conductors & Guards, n.e.c.
- 37 **TRANSPORT CONDUCTORS AND GUARDS**
Guards and Brakemen, Railway
Conductors, Transport
Transport Conductors & Guards, n.e.c.

- 38 MAIL DISTRIBUTORS AND RELATED WORKERS**
Postmen
Messengers & Dispatch Riders
Mail Distributors & Related Workers, n.e.c.
- 39 TELEPHONE AND TELEGRAPH OPERATORS**
Telephone Operators
Telegraphists & Signallers
Radio Communication & Wireless Operators
Telephone & Telegraph Operators, n.e.c.
- 40 MERCHANTS AND SHOPKEEPERS, WHOLESALE AND RETAIL TRADE**
Merchants and shopkeepers, Wholesale Trade
Merchants and shopkeepers, Retail Trade
Merchants and shopkeepers, Wholesale and Retail Trade, n.e.c.
- 41 MANUFACTURERS, AGENTS**
Sales Supervisors
Purchasing Agents
Selling Agents
Manufacturers Agents, n.e.c.
- 42 TECHNICAL SALESMEN AND COMMERCIAL TRAVELLERS**
Technical Salesmen and Service Advisors
Commercial Travellers
Technical Salesmen and Commercial Travellers, n.e.c.
- 43 SALESMEN, SHOP ASSISTANTS AND RELATED WORKERS**
Salesmen, Shop Assistants and Demonstrators
Street Vendors, Canvassers and News Vendors
Salesmen, Shop Assistants & Related Workers, n.e.c.
- 44 INSURANCE, REAL ESTATE, SECURITIES AND BUSINESS SERVICE, SALESMEN AND AUCTIONEERS**
Agents & Salesmen, Insurance
Agents, Brokers and Salesmen, Real Estate
Agents, Brokers, Securities and Shares
Agents, Brokers and Salesmen, Advertising & Other Business Services
Auctioneers
Valuers and Appraisers
Insurance, Real Estate, Securities & Business Service/ Salesmen and Auctioneers, n.e.c.
- 45 MONEY LENDERS AND PAWN BROKERS**
Money Lenders (Including Indigenous Bankers)
Pawn Brokers
Money Lenders & Pawn Brokers, n.e.c.
- 49 SALES WORKERS, n.e.c.**
Sales Workers, n.e.c.

DIVISION 5 SERVICE WORKERS

- 50 HOTEL AND RESTAURANT KEEPERS**
Hotel and Restaurant Keepers
- 51 HOUSE KEEPERS, MATRON AND STEWARDS (DOMESTIC & INSTITUTIONAL)**
House Keepers, Matrons and Stewards
- 52 COOKS, WAITERS, BARTENDERS AND RELATED WORKERS (DOMESTIC & INSTITUTIONAL)**
Cooks & Cook-Bearers
Butlers, Bearers & Walters
Bartenders & Related Workers
Cooks, Walter, Bartenders, and Related Workers (Domestic & Institutional), n.e.c.

- 53 MAIDS AND RELATED HOUSE KEEPING SERVICE WORKERS, n.e.c.**
 Ayah, Nurse, Maids
 Domestic Servants
 Maids and Related House Keeping Service Workers, n.e.c.
- 54 BUILDING CARETAKERS, SWEEPERS, CLEANERS AND RELATED WORKERS**
 Building Caretakers
 Sweepers, Cleaners & Related Workers
 Watermen
 Building Caretakers, Sweepers, Cleaners and Related Workers, n.e.c.
- 55 LAUNDERERS, DRY-CLEANERS AND PRESSERS, n.e.c.**
 Laundrymen, Washermen & Dhobis
 Dry-Cleaners and Pressers
 Launderers, Dry-Cleaners and Pressers, n.e.c.
- 56 HAIR DRESSER, BARBERS, BEAUTICIANS AND RELATED WORKERS**
 Hair Dressers, Barbers, Beauticians & Related Workers
- 57 PROTECTIVE SERVICE WORKERS**
 Fire Fighters
 Policemen and Detectives
 Customs Examiners, Patrollers and Related Workers
 Protection Force, Home Guards and Security Workers
 Watchmen, Chowkidars & Gate Keepers
 Protective Service Workers, n.e.c.
- 59 SERVICE WORKERS**
 Guides
 Undertakers & Embalmers
 Service Workers, n.e.c.

DIVISION 6 FARMERS, FISHERMEN, HUNTERS, LOGGERS AND RELATED WORKERS

- 60 FARM PLANTATION, DAIRY AND OTHER MANAGERS AND SUPERVISORS**
 Farm Managers & Supervisors, Crop Production
 Managers, Plantation
 Farm Managers, Horticulture
 Farm Managers, Livestock Farm
 Farm Managers, Dairy Farm
 Farm Managers, Poultry Farm
 Farm Managers & Supervisors n.e.c-
- 61 CULTIVATORS**
 Cultivators (Owners)
 Cultivators (Tenants)
 Cultivators n.e.c.
- 62 FARMERS, OTHER THAN CULTIVATORS**
 Planters
 Livestock Farmer
 Dairy Fanners
 Poultry Farmers
 Insect Rearers
 Orchard, Vineyard & Related Workers
 Farmers, Other than Cultivators, n.e.c.
- 63 AGRICULTURAL LABOURER**
 Agricultural Labourers
- 64 PLANTATION LABOURERS & RELATED WORKERS**
 Plantation Labourers
 Tappers (Palm, Rubber Trees etc.)
 Plantation Labourers & Related Workers, n.e.c.

- 65 OTHER FARM WORKERS**
 Farm Machinery Operators
 Farm Workers, Animal, Birds and Insect Rearing
 Gardeners & Nursery Workers
 Other Farm Workers, n.e.c.
- 66 FORESTRY WORKERS**
 Foresters & Related Workers
 Harvesters & Gatherers of Forest Products (including Lac except Logs)
 Log fellers & Wood Cutters
 Charcoal Burners & Forest Product Processors
 Loggers & Other Forestry Workers, n.e.c.
- 67 HUNTERS AND RELATED WORKERS**
 Hunters
 Trappers
 Hunters and Related Workers, n.e.c.
- 68 FISHERMEN AND RELATED WORKERS**
 Fishermen, Deep Sea
 Fishermen, Inland & Coastal Workers
 Couch & Shell Gatherers, Sponge & Pearl Divers
 Fishermen & Related Workers, n.e.c.

**DIVISION 7-8-9 PRODUCTION AND RELATED WORKERS, TRANSPORT
 EQUIPMENT OPERATORS AND LABOURERS**

- 71 MINERS, QUARRYMEN, WELL DRILLERS & RELATED WORKERS**
 Supervisors & Foremen, Mining, Quarrying, Well Drilling & Related Activities
 Miners
 Quarrymen
 Drillers, Miners & Quarriers
 Shot Fire's
 Miners & Quarrymen, Other
 Well Drillers, Petroleum and Gas
 Mineral Treaters
 Miners & Quarrymen and Related Workers
- 72 METAL PROCESSORS**
 Supervisors & Foremen, Metal Smelting, Converting and Refining
 Metal Smelting, Converting and Refining Furnacemen
 Metal Rolling, Mill Workers
 Metal Melters & Reheaters
 Metal Casters
 Metal Molders & Core Makers
 Metal Annealers, Temperers & Case Hardeners
 Metal Drawers & Case Hardeners
 Metal Platters & Coasters
 Metal Processors
- 73 WOOD PREPARATION WORKERS AND PAPER MAKERS**
 Supervisors & Foremen, Wood Preparation and Paper Making
 Wood Treaters
 Sawyers, Plywood Makers & Related Wood Processing Workers
 Paper Pulp Preparers
 Paper Makers
 Wood Preparation and Paper Making Workers, n.e.c.
- 74 CHEMICAL PROCESSORS AND RELATED WORKERS**
 Supervisors & Foremen, Chemical Processing & Related Activities
 Crushers, Grinders & Mixers
 Cookers, Rosters & Related Heat Treaters
 Filter & Separator Operators
 Still & Reactor Operators
 Petroleum Refining Workers
 Chemical Processors & Related Workers, n.e.c.

- 75 SPINNERS, WEAVERS, KNITTERS, DYERS AND RELATED WORKERS**
Supervisors & Foremen, Spinning, Weaving, Knitting, Dyeing & Related Processes
Fiber Prepares
Spinners and Winders
Wrappers and Sizes
Weaving & Knitting Machine Setters & Pattern Card Prepares
Weavers & Related Workers
Carpet Makers & Finishers
Knitters
Bleachers, Dyers & Textile Printers and Finishers
Spinners, Weavers, Knitters, Dyers & Related Workers, N.E.
- 76 TANNERS, FELLMONGERS AND PELT DRESSERS**
Supervisors & Foremen, Tanning & Pelt Dressing
Tanners & Fellmongers
Pelt Dressers
Tanners, Fellmongers and Pelt dressing n.e.c
- 77 FOOD AND BEVERAGE PROCESSORS**
Supervisors & Foremen, Food & Beverage Processing
Crane Millers, Parchers & Related Workers
Crusher & Processors, Oil Seeds
Khandsari, Sugar & Gur Makers
Butchers & Meat Prepares
Food Preservers & Canners
Dairy Product Processors
Bakers, confectioners, candy & sweet Meat Makers & Other food Processors
Tea, Coffee & Cocoa Preparers
Brewers & Aerated Water & Beverage Makers
- 78 TOBACCO PREPARERS & TOBACCO PRODUCT MAKERS**
Supervisors & Foremen Tobacco Product Making
Tobacco Preparers
Cigar Makers
Cigarette Makers
Bidi Makers
Tobacco Preparers & Tobacco Product Makers n.e.c
- 79 TAILORS, DRESS MAKERS, SEWERS, UPHOLSTERERS & RELATED WORKERS**
Supervisors & Foremen, Tailoring, Dress Making, Sewing & Upholstery Work
Tailors, Dress Makers
For Tailors & Related Workers
Milliners, Hat and Cap Makers
Patten Makers & Cutters
Sewers & Embroiderers
Upholsters & Related Workers
Tailor, DressMakers, Sewers, Upholsters & Related Workers n.e.c.
- 80 SHOEMAKERS & LEATHER GOODS MAKERS**
Supervisors & Foremen, Shoe and Leather Goods Making
Shoemakers and Show Repairs
Show Cutters, Lasters, Sewers and Related Workers
Harness, Saddle Makers
Leather Cutters, Lasters and Sewers and Related Workers, n.e.c.
- 81 CARPENTERS, CABINET & RELATED WOOD WORKERS**
Supervisors & Foremen, Carpentry, Cabinet Making & Related Wood Working Process
Carpenters
Cabinet Makers
Wood Working Machine Operators
Cart Builders & Wheelwright
Coach & Body Builders
Ship wrights & Boat Builders
Carpenters, CabinetMakers & Related Workers, n.e.c.

- 82 STONE CUTTERS & CARVERS**
Supervisors & Foremen, Stone Cutting & Carving
Stone Cutters & Carvers
Stone Cutters and Carvers, n.e.c
- 83 BLACKSMITHS, TOOL MAKERS AND MACHINE TOOLS OPERATORS**
Supervisors & Foremen, Blacksmith, Tool making & Machine Tool Operations
Blacksmiths, Hammersmith's and Forging Press Operators
Metal Makers
Tool Makers & Metal Pattern Makers
Machine Tools Setters
Machine Tools Operators
Metal Cinders, Polishers & Tool Sharpers
Blacksmiths, Tool Makers & Machine Tool Operations n.e.c
- 84 MACHINERY FITTERS, MACHINE ASSEMBLERS AND PRECISION INSTRUMENT MAKERS (EXCEPT ELECTRICAL)**
Supervisors & Foremen, Machinery Fitting, Assembling Repairing & Precision Instrument Making (Exchange Electrical)
Watch, Clock & Precision Instrument Makers (Except Electrical)
Machinery Fitters & Machine assemblers
Motor Vehicle Mechanics
Aircraft engine Mechanics
Mechanics, repairmen, Other
Machinery Fitters, Machine Assemblers & Precision Instrument Makers (Except Electrical) n.e.c
- 85 ELECTRICAL FITTERS & RELATED ELECTRICAL & ELECTRONIC WORKERS**
Supervisors & Foremen, Electrical & Electronic Equipment Fitting, Assembling installing and repairing
Electrician, Electrical Fitters & Related Workers
Electronic Fitters
Electrical & Electronic Equipment Assemblers
Radio & Television Mechanics and Repairmen
Electrical Wiremen
Telephone & Telegraph Installers & Repairmen
Electric Linemen & Cable Jointers
Electrical Fitters & Related Electrical and Electronic Workers, n.e.c.
- 86 BROADCASTING STATION AND SOUND EQUIPMENT OPERATORS AND CINEMA PROJECTIONISTS**
Supervisors Broadcasting, Audio-Visual Projection and Sound Equipment Operations
Radio Broadcasting Television Operators
Sound Equipment Operators and Cinema Projectionists
Broadcasting Station and Sound Equipment Operators and Cinema Projectionists, n.e.c.
- 87 PLUMBERS, WELDERS, SHEET METAL & STRUCTURAL METAL PREPARERS AND ERECTORS**
Supervisors Broadcasting, Plumbing, Welding, Structural & Sheet Metal Working Plumbers & Pipe Fitters
Plumbers & Pipe Fitters
Welders and Flame Cutters
Sheet Metal Workers
Metal Plate & Structural Metal Workers
Plumbers, Welders, Sheet Metal & Structural Metal & Structural Metal Preparers & Erectors, n.e.c.
- 88 JEWELLERY & PRECIOUS METAL WORKERS AND METAL ENGRAVERS (EXCEPT PRINTING)**
Supervisors, Jewellery & Precious Metal Working
Jewellers, Goldsmiths & Silversmith
Jewellery Engineers
Other Metal Engravers (Excepting Printing)
Jewellery and Precious Metal Workers and Metal Engravers, n.e.c. (Except printing)

89 GLASS FORMERS, POTTERS & RELATED WORKERS
Supervisors & foremen glass forming, Pottery & Related Activities
Glass Formers, Cutters, grinders & finishers
Potters & Related Clay & Abrasive Formers
Glass & Ceramics Kilnmen
Glass Engravers & Etchers
Glass & Ceramics Painters and Decorators
Glass Formers, Potters and Related Workers, n.e.c

90 RUBBER AND PLASTIC PRODUCT MAKERS WORKERS
Supervisors & Foremen, Rubber & Plastics Product Making
Plastic Product Makers
Rubber Product Makers (Except Tire Makers & Vulcanizers)
Tire Makers & Vulcanizers
Rubber and Plastic Product Makers, n.e.c.

91 PAPER & PAPER BOARD PRODUCTS MAKERS
Supervisors & foremen Paper & Paper Board Product Making
Paper & Paper Board Product Makers
Paper and PaperBoard Product Makers n.e.c.

PRINTING AND RELATED WORKERS

Supervisors & Foremen, Printing & Related Work
Compositor
Type Setters & prototype Setters
Printing Pressmen
Stereo typers & Electro Typers
Engravers, Printing (Except Photo-engravers)
Photo Engravers
Book Binders & Related Workers
Photographic Darkroom Workers
Printing & Related Workers, n.e.c.

92 PAINTERS
Supervisors & Foremen, Painting
Painters, Constructions
Painters, Spray & Sign Writing
Painters, n.e.c.

PRODUCTION & RELATED WORKERS, n.e.c.

Supervisors & Foremen, Production & Related Activities n.e.c.
Musical Instrument Makers and Turners
Basketry Weavers & Brush Makers
Non-Metallic Mineral Products Makers
Production & Related Workers n.e.c.

BRICKLAYERS AND OTHER CONSTRUCTIONS WORKERS

Supervisors & Foremen, Bricklaying & other Construction Work
Bricklayers, Stone Masons & Tile setter,
Reinforced Concreters, Cement finishers & Terrazzo workers
Roofers
Parquetry workers
Plasterers
Insulators
Glaziers
Hut builders & thatchers
Well diggers & Construction workers, n.e.c.

93 STATIONERY ENGINES AND RELATED EQUIPMENT OPERATORS, OILERS AND GREASERS

Supervisors & Foremen stationary & related equipment operation
Stationary engine and related equipment operations
Boilermen and firemen
Oilers & Greasers (Including cleaners, motor vehicles)
Stationary engine and related equipment operators, n.e.c.

MATERIAL HANDLING & RELATED EQUIPMENT OPERATORS (LOADERS & UNLOADERS)

Supervisors & Foremen, material & freight handling & related equipment operation (Loaders and unloaders)
Loaders and unloaders
Riggers & Cable Splicers
Crane & Hoist operators
Earth moving & related machinery operators
Checkers, testers, sorters, weighters & counters
Packers, labellers & related workers
Material handling equipment operators, n.e.c.

94 TRANSPORT EQUIPMENT OPERATORS

Supervisor & foremen, Transport equipment operations
Ships & Deck ratings, Barge crew & Boatmen
Ships engine room ratings
Drivers railway
Firemen railway
Pointsmen, signalmen & shunters, railways
Tram car & motor vehicle drivers
Drivers, Animal & animal drawn vehicle
Cycle rickshaw drivers & rickshaw pullers
Transport equipment operators & drivers, n.e.c.

95 LABOURERS (Labourers, n.e.c.)

96 OTHER (New workers seeking employment, Workers reporting occupations unidentifiable or inadequately described)

97 NONE (Workers not reporting any occupation, including housewives, students, unemployed and retired)

98 DK (Don't know)

99 MISSING

[All the government workers/employees will come under the code – 21.
All military Service/defence personnel will come under the code – 57]

APPENDIX C

BRAND NAMES OF CONDOMS AND PILLS: CODE

PILLS	
FREE	
100	MALA-N
SOCIAL MARKETING PROGRAMME (SMP) BRANDS	
101	APSARA
102	ARPAN
103	CHOICE
104	ECROZ
105	MALA-D
106	PEARL

PILLS - COMMERCIAL BRANDS	
201	BANDHAN
202	DUOLUTON
203	FEMILON
204	LOETTE
205	NOVELON
206	OVRAL/OVRAL-G/ OVRAL-L
207	SAHELI
208	TRIQUILAR
996	OTHER PILL BRANDS

CONDOMS	
FREE	
300	NIRODH
SOCIAL MARKETING PROGRAMME (SMP) BRANDS	
301	AHSAS
302	BLISS
303	MASTI
304	MILAN
305	MITHUN LUXURY
306	NIRODH DELUXE/NIRODH LUBRICATED
307	SAWAN
308	TAMANNA
309	THRILL PREMIUM
310	USTAD
311	ZAROOR
312	ZAROOR RANGEELA
313	PICK ME
314	SUGAM

CONDOMS - COMMERCIAL BRANDS					
401	ADAM		437	HARMONY LOVE & SECURITY	
402	ALLNITE		438	HAWAIN HOLIDAY	
403	ALWAYS		439	HEAVEN	
404	ALWAYS DOTTED		440	HOT N SHOT	
405	BEACH BLONDE		441	INNOCENCE	
406	BLACK COBRA DOTTED		442	JOY	
407	BLACK PANTHER		443	Kama Sutra, KS Exotica, KS Extra Pleasure, KS Flared, KS Intensity, KS Silk, KS Smooth, KS Smooth	
408	BLUE MOON LUBRICATED		444	KENZO	
409	BODY TOUCH		445	KISS ME	
410	BULL/BULL DOG PLUS		446	Kohinoor, Kohinoor Feelers, Kohinoor , Ripple, Kohinoor Satin, Kohinoor Shild	
411	CARAMEL CURVES		447	KUPID ENSURE/KUPID EXOTICA	
412	CASANOVA PREMIUM		448	LATIN LOVER	
413	CHAMP		449	LIFE GUARD	
414	CHARM DOTTED		450	LONG LIFE	
415	CHERRY		451	LOVE AFFAIR	
416	CHERRY QUEEN		452	LOVE ME	
417	CLIMAX		453	LOVE TIME	
418	COBRA		454	MAHARAJA	
419	D SIRE		455	MARD	
420	DARLING		456	MATE	
421	DESIRE LATEX		457	MAUJ PREMIUM	
422	DIPPER		458	MIDNIGHT COWBOY	
423	DOOZ		459	Moods, Moods Handy, Moods Luxury, Moods Supreme	
424	DREAM		460	MOON LIGHT	
			461	MR CONDOM	
425	DUREX/DUREX FETHERLITE/DUREX FLAVOUR/DUREX GOSSAMER/DUREX SAHIB		462	NIGHT FIGHT	
426	ECSTASY-DELUXE		463	NIGHT LOVER	
427	ENJOY/ENJOY PREMIUM		464	NON STOP LOVE	
428	EROS COLLECTION		465	OZOMEN	
			466	PACIFIC PASSION	
429	FANTASY		467	PASSION	
430	FIRE N ICE		468	PIN UP	
431	FORTEX		469	PLAMORE	
432	FRENCH FEELING		470	PLANX	
433	FRENCH LOVE		471	PLAY BOY	
434	FUN TIME		472	PLAY GIRL	
435	GINGER GIRLIE		473	PLAYMATE	
436	GOLDE N GIRL		474	PREVENTOR	

CONDOMS - COMMERCIAL BRANDS				
475	PROTECTOR		500	SUZY
476	PROTEX PLUS		501	SWEET GIRL
477	PRUDENCE		502	SWEET HOME
478	PUSSI CAT		503	SWEET SIXTEEN
479	RAJA		504	SWEET TWENTY
480	RAKSHAK		505	SWEET WAR
481	RIA		506	SWEETY
482	ROMANCE		507	SWISS KISS
483	ROMANTIC		508	TEENMATE
484	SAFARI		509	TOGETHER
485	SAFEX		510	TONITE
486	SAJAN		511	TOUCH ME
487	SAPHIRE		512	TRUST
488	SATHI		513	U N ME
489	SEDUCTIVE		514	VEGA
490	SEXY NIGHT		515	VISION EXTRA SAFE
491	SEXY GIRL		516	VISION OF LOVE
492	SHARE		517	WAIKIKI WONDER
493	SHERA		518	WILD CAT LATEX
494	SIXTY NINE		519	WILD COUPLE
495	SOFT SKIN		520	WILD LOVE
496	SPANISH SURPRISE		521	XCITMENT
497	SPARSH		522	XXX
498	STUD DOTTED		523	YOUNG LOVERS
499	SUPER DX NIRODH		524	NYMPH
			996	OTHER CONDOM BRANDS

APPENDIX D

CROPS -CODE

Code	Crop
01	Paddy
02	Wheat
03	Jowar
04	Bajra
05	Maize
06	Ragi
07	Barley
08	Small millets
09	Gram
10	Tur
11	Other kharif pulses
12	Other rabi pulses
13	Groundnut
14	Sesamum
15	Rapeseed mustard
16	Castorseed
17	Nigerseed
18	Soyabean
19	Sunflower
20	Cotton
21	Jute
22	Mesta
23	Sugarcane
24	Potato
25	Onion
26	Banana
27	Tapioca
28	Sweet potato
29	Pepper
30	Ginger
31	Garlic

Code	Crop
32	Chilles
33	Turmeric
34	Arecanut
35	Coriander
36	Cardamom
37	Sunhemp
38	Tobacco
39	Guarseed and coconut
40	Korra
41	Vargu
42	Samai
43	Cheena
44	Kodan and kutki
45	Sawan
46	Trumba
47	Kangani
48	Kudroo
49	Sewal
50	Phoolan
51	Grim
52	Navane
53	Rake
54	Tea
55	Coffee
56	Rubber
57	Cashew nuts and cocoa
58	Opium
59	Arecanut
60	Flowers
96	Others_____ (specify)