

Annex

SOCIOLOGY OF HEALTH AND ILLNESS: A Case study of Banigama Village Development Committee of Eastern Nepal

Interview Schedule/Questionnaire

(Please make a note that your answers will be kept strictly confidential and will be used only for academic purposes).

Ward No.

Religion:

Settlement Name:

Educational Status:

Caste/Ethnicity:

Occupation:

Name of Respondent:

Marital Status:

Age of Respondent: Age : (Yrs.)

Organizational Affiliation (If any):

Sex:

1. General HH Characteristics:

S.No	Name of Family Member	Sex	Relation to Head of HH	Age	Marital Status	Educational Status				Occupation
						Lit.	Illiterate	School	College	
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										

Sex : M= Male; F = Female

Marital Status: M = Married; S = Single

2. Your land holding size? Please check

<0.5 ha.	<input type="checkbox"/>	0.75 bigha	<input type="checkbox"/>
0.6- 1 ha.	<input type="checkbox"/>	0.75 –1.5 bigha	<input type="checkbox"/>
1-3 ha.	<input type="checkbox"/>	1.5-4.5 bigha	<input type="checkbox"/>
3.-5 ha.	<input type="checkbox"/>	4.5 – 7.5 bigha	<input type="checkbox"/>
>5 ha	<input type="checkbox"/>	>7.5 bigha	<input type="checkbox"/>

3. Tenural Status (please check)

Owner	<input type="checkbox"/>
Owner-Tenant	<input type="checkbox"/>
Tenant	<input type="checkbox"/>
Share Cropper	<input type="checkbox"/>
Landless labourer	<input type="checkbox"/>

4. Type of House

Pacca	<input type="checkbox"/>
Kachha	<input type="checkbox"/>

5. HH Possession: (please check)

TV	<input type="checkbox"/>
Motorcycle	<input type="checkbox"/>
Radio	<input type="checkbox"/>
Bicycle	<input type="checkbox"/>
Others (specify, if any)	<input type="checkbox"/>

6. Family Structure

Nuclear	<input type="checkbox"/>
Extended	<input type="checkbox"/>

7. Number of children currently enrolled in school/college?

Number	<input type="checkbox"/>
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Drinking Water and Sanitation; and Dietary Habit

1. Where do you fetch water for drinking and cleaning purposes (bathing)? Please check.

Drinking

Pipeline

Tubewell

Pond

River. River let

Others (please specify)

Bathing

Pipeline

Tubewell

Pond

River. River let

Others (please specify)

2. How much time do you require to fetch water: (Please check)

<15 minutes

15 minutes – Half hour

Half hour

3. How do you judge the water quality by appearance? (Please check)

Good

Turbid

Bad Smell

Sandy

4. Do you have toilet?

Yes

No

- a) If not, why not (please check)?

No need

Lack of knowledge

Lack of money

Other defecating place

Ignorance

Others (please specify)

5. Where do you defecate, if you don't have toilet? (Please check)

- Bush
- Open space
- Others (specity)
- River/Riverlet
- Road Side

6. What type of woven do you have? (Please check)

- Traditional woven
- Smokeless Improved
- Husk power based
- Coal based
- Gas
- Kerosene stove
- Bio-gas
- Other (specify)

7. How many meals are you managing for your HH members in a day ? (Please check)

- Tea
- Breakfast
- Lunch
- Tiffin
- Dinner

8. How do you rate the food at your household?

- Spicy
- Normal
- Less Spicy
- Others (specify)

Poverty and Income

1. How many earning members are there in your family?

Number of earning members

2. Could you please give the annual gross income of your HH from all the sources? (Please check)

Rs. 5,000 – Rs. 10,000

Rs. 10,001 – Rs. 15,000

Rs. 15001 – Rs. 20,000

Rs 20,001 – Rs. 25,000

Rs. 25,001 – and above

3. Do you (at HH level) save money?

Yes

No

a) If Yes, how much could you save last year? (please check)

Rs. 5,000 – Rs. 10,000

Rs. 10,001 – Rs. 15,000

Rs. 15001 – Rs. 20,000

Rs 20,001 – Rs. 25,000

Rs. 25,001 – and above

Health and Illness

1. Record the disease during the last six months faced by your HH member(s)

Measles	<input type="text"/>
Cough	<input type="text"/>
Worms	<input type="text"/>
Stomach Pain	<input type="text"/>
Fever	<input type="text"/>
Respiratory problem	<input type="text"/>
Dysentery/Diarrhea	<input type="text"/>
Skin Sores	<input type="text"/>
Aching	<input type="text"/>
Headache	<input type="text"/>
Others (Pls. Specify):	<input type="text"/>

2. Your opinion regarding Health/Healthy? (Probe the three dimension of health and note only the felt perception: Belief/perception).

3. Your opinion regarding ill/illness?

4. In your opinion, why do people get sick (probe)? Please check?

- a) When the god/goddess/deities become unpleased
- b) Lack of proper hygiene and sanitation in the homestead and surroundings
- c) It is a natural phenomena
- d) Others (please, specify, if any) _____

5. What is the normal and general health-seeking behavior? Where do you/ or for your HH members, seek help when get sick? (Please check)

- a) Traditional/Faith healer
- b) Grocery
- c) Medical shop
- d) Knowledgeable person
- e) Quacks
- f) Health worker
- g) Seek the help from health-post
- h) Visit hospital at the district HQs
- i) Private Qualified health Practitioner

6. Are you aware of the services of FCHV, TBA, MCHW, VHW and other health workers in your village?

Yes

No

7. How far is the health post form your house? Please check.

Within half an hour

More than half an hour

8. How many people in your household got sick during this year? _____ number

9. During this year, how many times you/your HH members visited the health post for treatment? _____ times.

10. In your opinion, what type of illness does occur because of unpleased deities and other misfortunes?

a)

b)

c)

11. What health seeking pattern you believe on?

Traditional/Faith healer

Modern Treatment

a) Give the reasons for the preference of traditional healers.

b) Give the reasons for the preference of modern health practices.

12. Have the entire child been immunized against polio, measles, tuberculosis, diphtheria, tetanus?

Yes

No

a) If not, please give the reason (s) ?

b) If you could not immunize your any children against any one/two/three/four/five diseases mentioned above, please give the reasons ?

13. Who decides for seeking the help of modern health facilities when any HH member get sick?

14. In case of female household member, when (at what stage) and who realizes that she is sick? (Probe the phenomena): _____

a) Who and when (at what stage) decides to consult modern health facilities for her? (Probe the phenomena): _____

15. Please name the three modern health facilities, which you have consulted for treatment for you and your household members during the last one year. (Probe all the possible modern health facilities)

<u>Name of Health Facilities</u>	<u>Frequency of Consultation</u>
1.	1.
2.	2.
3.	3.

16. Assess the status of health services at your health post nearby? Check the relevant one.

Very Good	<input type="checkbox"/>	Giver reasons: _____
Good	<input type="checkbox"/>	Giver reasons: _____
Fair	<input type="checkbox"/>	Giver reasons: _____
Poor	<input type="checkbox"/>	Giver reasons: _____

Question to be Administered to women

1. What is good health / Healthy / situation for you ? (Probe on all the three-physical, mental and social-dimensions of health and observe the reaction and eventually note only the mentioned perception: belief and perception).

2. What is a state of illness (probe: And note only the felt perception)

3. During the last year, how many times you took the help of modern health practitioner for your treatment against sickness ? Times

- a) Who has had decided to consult him/her ?

- b) Please name the three modern health facilities, which you have consulted for your treatment during the last year ? (Probe all the possible modern health facilities).

Name of Health facility

Frequency of consultation

- | | |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

Questions to be Administered to MWRA: (15-49 Years of age)

1. How old are you at present?

Age:..... Years:

2. What was your age at marriage?

Age:.....Years:

3. Have you ever been pregnant ?

Yes

No

a) If yes, how many times you been pregnant

Times

4. How old you were at the time of first Pregnancy ?

Age:..... Years:

5. Did you have miscarriage?

Yes

No

a) If yes, how many miscarriage did you have ?

Number(s)

6. Is there any child who died below the age of one year?

Yes

No

7. How old you were when you were pregnant last time ?

Age:..... Years:

8. Did you have/had ante-natal check-up during the pregnancy ?

Yes

No

9. Please state the number of living children?

Son :
 Daughter :
 Total :

10. Where and in what circumstances did you give birth (s) ?

Times

a) At home in the absence of Trained TBA	<input type="text"/>	<input type="text"/>
a) At home in the presence of Trained TBA	<input type="text"/>	<input type="text"/>
b) At health post	<input type="text"/>	<input type="text"/>
c) At hospital	<input type="text"/>	<input type="text"/>

11. In case of delivery at HP/Hospital who had made decision for taking you either to a health post/hospital for delivery ? Please check only the relevant one ?

Father	<input type="text"/>
Male HH member	<input type="text"/>
Mother	<input type="text"/>
Female HH member	<input type="text"/>
Father-in-law	<input type="text"/>
Mother-in-law	<input type="text"/>
Husband	<input type="text"/>
Myself	<input type="text"/>
Others: (Please specify)	<input type="text"/>

12. Do you have separate sleeping room for husband and wife?

Yes	<input type="text"/>
No	<input type="text"/>

a) If not, then when and how you engage in sexual intercourse ? Please check.

When family members are out	<input type="text"/>
When children fell asleep	<input type="text"/>
Others (Specify)	<input type="text"/>

13. Did you ever play for being esteemed before having intercourse?

Yes	<input type="text"/>
No	<input type="text"/>

14. It is whose urge to have sex ?

Husband

Wife

Joint

15. Did you ever ask your husband to use condom ?

Yes

No

a) If yes, did he listen to you ?

Yes

No

16. When you are tired and you may like to rest/sleep, in such circumstances do you have to undergo sexual intercourse by your husband's will ?

Yes

No

a) If yes, please check ?

In most of the instances

Rare only

Family Planning: Question

1. Have you ever heard of the family planning devices?

Yes

No

2. Which of the following(s) FP devices you know? (Please check only the devices you have heard/known).

Pills

Copper T

Injection (Depo-)

Foaming Tablet (Kamal)

Condom

Norplant

Laparoscopy (Minilap)

Vasectomy

Calendar Method

Withdrawal method

3. How do you know about this method? (Please check the source of information)

Radio

Magazines/newspaper

Hospital

Grocery

Pan shop (bittle nut)

Medical shop

Cycle doctor

Husband

Wife

Friend/Relatives

Neighbour

Others/specify

4. Are you or your husband/wife currently using any contraceptive?

Yes

No

a) If yes, which method you are adopting (Please check) ?

Pills

Copper T (IUD)

Depo.

Norplant

Condom

Withdrawal method

Sterilization

b) What are the sources from where you brought contraceptives? (Please check)

Pan shop Grocery Medical shop

Health Worker Health Post Hospital

Husband brings Others (specify)

c) Who decides for the selection and use of Contraceptives? (Plases check)

Husband Wife Jointly

d) What are the reasons for using Contraceptives?

Maintain Better economic Condition

Better care of child

Better education to children

For adequate food to children

Good health of mother and child

Others (Please specify, if any)

5. Is there any side effect from the currently using contraceptive?

Yes

No

a) If yes, Please mention the side effects which you have noticed? (Please check)

- | | |
|-----------------------|--------------------------|
| Backache | <input type="checkbox"/> |
| Weakness | <input type="checkbox"/> |
| Nausea | <input type="checkbox"/> |
| Weight loss | <input type="checkbox"/> |
| P/V White discharge | <input type="checkbox"/> |
| Excessive bleeding | <input type="checkbox"/> |
| Spot bleeding | <input type="checkbox"/> |
| Pain in lower abdomen | <input type="checkbox"/> |
| Others (specify) | <input type="checkbox"/> |

6. If you are not using any method, Why not ? (Please check).

- | | |
|--|--------------------------|
| Desire for child | <input type="checkbox"/> |
| Religious taboo | <input type="checkbox"/> |
| Social Stigma | <input type="checkbox"/> |
| Due to regular absence of Husband | <input type="checkbox"/> |
| Not preferd by husband | <input type="checkbox"/> |
| Loss of Sexual Pleasure/enjoyment | <input type="checkbox"/> |
| Negligence | <input type="checkbox"/> |
| Could not think/Don't know | <input type="checkbox"/> |
| Lack of Separate room for husband and wife | <input type="checkbox"/> |
| Others (Specify) | <input type="checkbox"/> |

7. In your opinion, what should be the interval (birth spacing) between child ?

- | | |
|------------|--------------------------|
| One year | <input type="checkbox"/> |
| Two year | <input type="checkbox"/> |
| Three year | <input type="checkbox"/> |
| Four year | <input type="checkbox"/> |
| Five year | <input type="checkbox"/> |

8. Will you be sterilized after having adequate number of children?

- | | | | |
|-----|--------------------------|----|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

a) If yes, Who should be Sterilized?

- | | | | |
|---------|--------------------------|------|--------------------------|
| Husband | <input type="checkbox"/> | Wife | <input type="checkbox"/> |
|---------|--------------------------|------|--------------------------|

9. If not, Why not? Pls. Check.

Fear

Feel Weak

Lack of Know-how

Husband does not want

Others (specify)

Knowledge about HIV / AIDS

1. Have you heard of AIDS?

Yes

No

a) If yes, how did you know about AIDS (Source) for the first time? Pls. Check?

Radio

TV

Newspaper/Magazines

Spouse (Husband / Wife)

Relatives / Friends

Health Workers

Others (Pls. Specify)

2. Do you know how AIDS transmit?

Yes

No

3. Is there any AIDS patient in your Village?

Yes

No

Don't know

a) If yes, who are they?

Male

Female

Their Locale _____

Knowledge About TB / Cancer and Blindness

1. Do you know how TB transmit?

Yes

No

2. Is there any TB patients in your Village?

Yes

No

Don't know

a) If yes, who are they and how many?

Male

Female

Their Locale

3. Do you know about cancer?

Yes

No

a) If yes, who are they and how many?

Yes

No

Don't know

Their Locale _____

4. Is there any blind person(s) in your Village ?

Yes

No

Don't know

a) If yes, their locale _____

