

Appendix vii

Dear Respondent,

I am Ashima Sharma, a Ph.D. student of the Department of Home Management, Faculty of Home Science, M.S. University of Baroda, Baroda. I am conducting a research study on the impact of technology on the rural homemakers. My main purpose is to ascertain in what ways technology has helped rural women especially the household, farm, health and communication technology and if it has not helped then what problems it has created for rural home makers. Overall, the purpose is to ascertain how technology has affected their quality of life.

In order to make this study a success I seek your help and co-operation. I hope you will provide me with the necessary and correct information. On my part I assure you that information provided by you will be kept confidential and used only for research purpose.

Thanking you in anticipation for your co-operation.

Yours sincerely,

(Ashima Sharma)

Research Guide:

Prof. (Dr.) Kamala Srinivasan.

**RURAL WOMEN AND TECHNOLOGY—
A COST-BENEFIT ANALYSIS WITH FOCUS ON STATUS OF WOMEN
AND FAMILY RESOURCE DEVELOPMENT**

Interview Schedule

For Office Use

Interview Schedule Number

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Type of Village

1. Agriculturally Backward
2. Agriculturally Advanced

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Work Status of the Homemaker

1. Housewife
2. Unpaid family worker
3. Paid worker
4. Self employed

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Literacy Level of the Homemaker

1. Illiterate
2. Literate

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Type of Farmers

1. Landless
2. Small Farmers
3. Medium Farmers
4. Large Farmers
5. Non-Farmers

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Name of the Homemaker

Name of the Spouse

Name of the Street/Locality

House Number (if any)

Any particular identification

of the House
of the Lane

Signature of the Investigator

Date of filling the Schedule

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Demographic and Social Profile**For Office Use**

Kindly inform me of your marital status.

1. Married - 3. Separated
3. Widowed 4. Divorced

Is your's nuclear or a joint' family?

1. Nuclear 2. Joint

Please tell me how many people are living with you at present and sharing food?

Number of Males

Number of Females

How old are you and your spouse at present?
(Record in actual years)

Homemaker's Age

Spouse's Age

How old were you and your spouse when you got married?

Homemaker's age at marriage

Spouse's age at marriage

Married Life Span

Would you please tell me which religion you and you spouse are following?

1. Hinduism **Homemaker's Religion**
2. Islam
3. Sikhism **Spouse's Religion**
4. Christianity
5. Any other (specify)

To which caste do you and your spouse belong?

1. Brahmin **Homemaker's Caste**
2. Kshatriya
3. Baniya **Spouse's Caste**
4. Jat
5. Yadav
6. Gujjar
7. Scheduled Caste
8. Any other (specify)

Joint Family consists of husband, wife, children and in-laws.

Nuclear Family consists of husband wife and their unmarried children only.

For Office Use

8 Please tell me about your and your spouse's educational qualification

- | | | |
|-----------------------|--------------------------|----------------------|
| 1 Illiterate | Homemaker's | <input type="text"/> |
| 2 Literate/Primary | Educational Level | |
| 3 Middle | | |
| 4 Secondary | Spouse's | <input type="text"/> |
| 5 Below Graduate | Educational Level | |
| 6 Graduate | | |
| 7 Post-Graduate | | |
| 8 Any other (specify) | | |

9 Would you please tell what is your and your spouse's main activity?

(Note: This information will be filled on the basis of how homemaker and spouses perceives it.)

- | | | | |
|--|----------------------|----------------------|----------------------|
| 1 Cultivator | Homemaker's | <input type="text"/> | <input type="text"/> |
| 2 Agricultural labourer | Main Activity | | |
| 3. Skilled worker | | | |
| 4 Craftsman/Artisan | | | |
| 5 Casual labourer | Spouse's | <input type="text"/> | <input type="text"/> |
| 6 Government/Semi-Govt service(Class I & II) | Main Activity | | |
| 7 Government/Semi-Govt. service (Class III & IV) | | | |
| 8 Professional and Technicians | | | |
| 9 Unemployed | | | |

11. Old and Disabled person

12 Student

13. Petty Business (Household)

14 Business

15 Housewife

16 Domestic servant

17 Any other (specify)

10 Would you please inform me what is your and your spouse's secondary activity? (Code key is same as Sl. No. 9)

Homemaker's Secondary Activity

Spouse's Secondary Activity

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

11. Household Family Structure

Kindly tell me about the composition of your family (Leaving aside information about yourself and your spouse).

S. No.	Name of the family member	Relation with the homemaker	Age (in years)	Educational Level	Marital Status	Main Activity	Secondary Activity	Monthly Income (in Rs.)
1.	_____	1. _____	____ ____	____	____	____ ____	____ ____	____ ____ ____ ____
2.	_____	____	____ ____	____	____	____ ____	____ ____	____ ____ ____ ____
3.	_____	____	____ ____	____	____	____ ____	____ ____	____ ____ ____ ____
4.	_____	____	____ ____	____	____	____ ____	____ ____	____ ____ ____ ____
5.	_____	____	____ ____	____	____	____ ____	____ ____	____ ____ ____ ____
6.	_____	____	____ ____	____	____	____ ____	____ ____	____ ____ ____ ____
7.	_____	____	____ ____	____	____	____ ____	____ ____	____ ____ ____ ____
8.	_____	____	____ ____	____	____	____ ____	____ ____	____ ____ ____ ____

NOTE:

- (a) **Relationship with :** 1. Son 2. Daughter 3. Mother-in-law 4. Father-in-law
Homemaker 5. Daughter-in-law 6. Brother-in-law 7. Grandchild 8. Any other (specify)
- (b) Unmarried will be coded as 5.
- (c) For rest similar codes as of the homemaker will be used.
- (d) Main and Secondary activities will be filled as perceived by the respective members or adult person in the family

12 Are you aware of any organisation working for the welfare of the village?

1. No 2. Yes

13 If yes, then please state which of the following organisation exist in your village and of which organisation you are a member?

Organisation	Existence		Membership	
	1. No	2. Yes	1. No	2. Yes
Village Panchayat				
Religious Committee				
Co-operative Society				
Mahila Mandal				
Any other (specify)				

Economic Profile of the homemaker and the Household.

14 If you are a paid worker or self-employed kindly tell me what is your monthly income? (in Rs)

15 Please tell me the monthly income of the family from all sources? (in Rs.)

From Land

From Livestock

From Employment

From Business

Any other (specify)

Total monthly income of the Family

16 Who has got control over earnings?

1 Spouse

6. Other female member

2. Homemaker

7. 1 + 3

3 Joint

8. 1 + 5

4 Children

10. 2 + 6

5 Other male members

11. Any other (specify)

17. Do you save money for future?

1. No — 2. Yes

18 If yes, where do you keep money?

1 At home

2 With friends and neighbours

3. In post office

4. In bank

5 Any other (specify)

For Office Use 413

Type of Fertilizers/ Insecticides	Quantity Used per season (kg./Ltrs.)	Source from* where purchased
Farm Yard Manure		
Rabi	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Kharif	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Chemical Fertilizers		
Rabi	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Kharif	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Pesticides/Insecticides		
Rabi	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Kharif	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

* Source from where purchased

- | | |
|--|----------------------------|
| 1. Local shop | 4. Agricultural University |
| 2. Shop in the nearby city | 5. Home made |
| 3. Agricultural Agencies
like KRIBHCO/IFFCO | 6. Any other (specify) |

25. Please tell me the quantity of crops generally produced during the season, how much quantity is put for sale and its money's worth in Rs.

Type of Crop	Quantity produced per season (in quintal)	Quantity Sold per season (in quintal)	Money value of quantity sold per season (in Rs.)
Food Crops*			
Rabi	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Kharif	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Cash Crops			
Rabi	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Kharif	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Others**			
Rabi	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Kharif	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

* Food Crops — Wheat, Rice, Bajra, Maize etc.

* Cash Crops — Sugarcane, Oilseeds etc.

** Others — Fodder Crops etc.

For Office Use

6. Please inform me about the quantity of vegetables and fruits grown, the quantity sold and its worth in money.

Types of vegetables and fruits	Quantity produced per season (in kg.)	Quantity sold per season (in kg.)	Money value of sold items (in Rs.)
Vegetables			
Rabi	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Kharif	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Roots and tubers			
Rabi	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Kharif	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Fruits			
Summer	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Winter	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

7. Do you own livestock?

1. No

2. Yes

8. If yes, please tell me about the type and number of animals owned.

Type of Animal Owned	Total Number Owned	
Milch Animals (Cows & Buffaloes)	<input type="text"/>	<input type="text"/>
Draught Animals (Bullocks, Camels etc.)	<input type="text"/>	<input type="text"/>
Poultry (Chicken & Ducks)	<input type="text"/>	<input type="text"/>
Other Animals (Goat, Sheep, Pig)	<input type="text"/>	<input type="text"/>

29. If you own milch animals and poultry, would you please tell me the quantity of milk or eggs which you get in a week on an average, how much out of that do you sell and how much money do you receive for the quantity sold?

Type of Animal	Quantity per week		Amount sold per week		Money value of amount sold (in Rs.)	
	Eggs (No.)	Milk (Ml)	Eggs (No.)	Milk (Ml)	Eggs (No.)	Milk (Ml)
Milch Animal	*	□□□	*	□□□	*	□□□
Chicken	□□□	*	□□□	*	□□□	*
Duck						

30. Please tell me whether you possess the following items, if yes, then what is the frequency of use of the items and who uses them most of the times/

Items	Possession 1. No. 2. Yes	Frequency of use*	Person using it**
Bullock Cart	□□□	□□□	□□□
Bicycle	□□□	□□□	□□□
Radio/ Transistor	□□□	□□□	□□□
Television	□□□	□□□	□□□
VCR/VCP	□□□	□□□	□□□
Vicky/Moped	□□□	□□□	□□□
Scooter/ Motorcycle	□□□	□□□	□□□
Car/Jeep	□□□	□□□	□□□
Telephone	□□□	□□□	□□□

* Frequency of use: 1. Rarely 2. Occasionally 3. Often.

** Person using it most of the times:

1. Males 2. Males and Children
3. Homemaker 4. All 5. Any other (specify)

1. Interview-cum-Observation sheet for recording housing and kitchen conditions/facilities.

1. **Nature of Occupancy**

1. Rented 2. Owned

2. **Type of House**

1. Hut 4. Pucca
2. Kucha 5. Pucca Big House
3. Semi Pucca

3. **Type of Material used for Roof**

1. Thatched 4. Asbestos
2. Tar Sheets 5. R.C.C.
3. Corougated Tin 6. Any other (specify)

4. **Type of Material used for Walls**

1. Mud 4 Cement
2. Clay 5. Bricks
3. Mud & Cement 6. Any other (specify)

5. **Type of Material used for Floor**

1. Mud 4. Tiles
2. Mud & Cement 5. Cement and Tiles
3. Cement 6. Any other (specify)

6. **Number of Rooms**

(Record actual number)

7. **Type of Kitchen**

1. Corner of the room
2. Outdoor/shifting cooking area
3. Separate kitchen

8. **Area of the Kitchen**

(record actual area in square feet)

9. **Electricity in the House**

1. No 2. Yes

10. **Electricity in the Kitchen/cooking area**

1. No 2. Yes

11. **Water connection inside the House**

1. No 2. Yes

12. **Tollet inside the House**

1. No 2. Yes

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*For Office Use***13. Separate cattle shed**

1. No 2. Yes

14. Ventilation inside the Kitchen

1. No 2. Yes

15. Number of ventilators inside the Kitchen

(Record the actual number)

16. Smoke outlet inside the Kitchen

1. No 2. Yes

17. Door in the Kitchen

1. No 2. Yes

18. Number of Doors in the Kitchen

(Record the actual number)

19. Storage space inside the Kitchen

1. No 2. Yes

20. Adequacy of storage space inside the Kitchen

1. Inadequate 2. Adequate

21. Cooking Centre

1. No 2. Yes

22. Sink Centre/Platform

1. No 2. Yes

23. Preparation Centre

1. No 2. Yes

24. Provision for Water Disposal in the Kitchen

1. No 2. Yes

25. Provision for Garbage Disposal in the Kitchen

1. No 2. Yes

[illegible]

Household Technology:

33. Please check from the following the type of technology available in your household, by whom it is being used and what is the frequency of use?

List of Household	Frequency of use	Person using it
Technology items	1. Rarely 2. Sometimes / Monthly 3. Weekly 4. Daily	1. Paid help 2. Other male members 3. Other female members 4. Spouse 5. Home maker 6. Female Child 7. Male Child

For Cooking

1. Wood Stove		
2. Wick Stove		
3. Pressure Stove		
4. Smokeless Chulah		
5. Biogas Chulah		
6. LPG Stove		
7. Solar Cooker		
8. Any other (specify)		

For Grain Grinding

1. Manual grain grinder	<input type="text"/>	<input type="text"/>
2. Electric grain grinder	<input type="text"/>	<input type="text"/>
3. Any other (specify)	<input type="text"/>	<input type="text"/>

For fetching of Water

1. Community well	<input type="text"/>	<input type="text"/>
2. Community handpump	<input type="text"/>	<input type="text"/>
3. Handpump inside the house	<input type="text"/>	<input type="text"/>
4. Community water taps	<input type="text"/>	<input type="text"/>
5. Tap connection inside the house	<input type="text"/>	<input type="text"/>
6. Any other (specify)	<input type="text"/>	<input type="text"/>

For Care of Animal		
1 Manual Fodder cutter	<input type="text"/>	<input type="text"/>
2. Electric Fodder cutter	<input type="text"/>	<input type="text"/>
3. Any other (specify)	<input type="text"/>	<input type="text"/>
For Milk Processing		
1 Manual Milk churner	<input type="text"/>	<input type="text"/>
2. Electric Milk churner	<input type="text"/>	<input type="text"/>
3 Electric Mixer and Grinder	<input type="text"/>	<input type="text"/>
4. Any other (specify)	<input type="text"/>	<input type="text"/>

34. Rural Women's Work Pattern

Activity and related Tasks	Person* mainly responsible for the task	Frequency** of task performance	Person from*** whom help is received	Amount of time spent on a typical* day (in minutes)	Distance from house to place of work
1. Personal Care	*	*	*	<input type="text"/> <input type="text"/> <input type="text"/>	*
2. Child Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	*
3 Kitchen Activities					
(i) Grinding of grains	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	*
(ii) Cooking	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	.
(iii) Dish Washing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	*

Care of Clothes

(i) Washing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(ii) Stitching & Repairing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	*

Care of House

(i) Cleaning of House	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	*
(ii) Construction/Repair of House	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	*

Economically Extended Activities

(i) Fetching of water	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(ii) Fetching of Fuelwood	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(iii) Collecting/Making cowdung cakes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Livestock Activities

(i) Care of Animals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	*
(ii) Chaffing the Fodder	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	*
(iii) Milking the cattle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	*
(iv) Processing the Milk	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	*

Marketing

Accounting and Budget Keeping	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	*
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Job outside the House

(i) Unpaid work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
(ii) Paid work	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

11 Social Activities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	.
12 Community Activities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	.
13 Religious Activities					.
14 Rest	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	.
15 Leisure	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	.
16 Sleep	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	.

* Code Nos. are same as Sl. No. 33.

35 Tell me through your practical experience what all problems have you faced while using modern household technological items and how of ten have you faced the problems?

List of Problems	Extent of Problem Faced*
1 Increase in electricity bill.	<input type="text"/>
2 Frequent power cuts render electrical gadgets non-operational.	<input type="text"/>
3 Difficult to operate the gadget due to lack of proper knowledge of operation.	<input type="text"/>
4. More time has to be spent in care and maintenance of electrical gadgets.	<input type="text"/>
5 Frequent breakdowns and high cost of repair.	<input type="text"/>
6. Difficulty in getting the gas cylinder refilled.	<input type="text"/>
7. Biogas becomes non-operational during winter as production of gas decreases.	<input type="text"/>
8. All types of foods cannot be cooked in solar cooker.	<input type="text"/>
9. Filling of water from community tap consumes more time because of the rush.	<input type="text"/>
10. Difficult to operate milk churner for less quantity of milk.	<input type="text"/>

* Extent of Problem Faced: 1. Rarely 2. Sometimes 3. Often.

36 Tell me through your practical experience what all benefits have you experienced after using household technologies?

Benefits	1. No 2. Yes
1. Reduction in drudgery of household work.	<input type="checkbox"/>
2. Saving of time and energy.	<input type="checkbox"/>
3. Don't have to work a long distance in order to fetch water.	<input type="checkbox"/>
4. Don't have to fetch fuelwood.	<input type="checkbox"/>
5. Use of fuel efficient devices is economical.	<input type="checkbox"/>
6. Don't have to cook in a smokeful environment.	<input type="checkbox"/>
7. Income generating activities can be pursued in leisure time.	<input type="checkbox"/>
8. Job outside home is possible.	<input type="checkbox"/>
9. Better quality of life	<input type="checkbox"/>
10. Any other (specify)	<input type="checkbox"/>

37. Please tell me the sources of information through which you came to know about the household technology and also the extent of your contact with them.

Sources of Information	Contact 1. No 1. Yes	Extent of Accessi- bility*	Source/s Accessibility to whom?''
1. Friends and neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. District Extension specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Block Development officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Agricultural Development Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Anganwadi worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Advertisement on Radio & Television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Training programme attended by you regarding household technology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Kisan mela	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Any other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Extent of Contact 1. Rarely 2. Sometimes 3. Often
 ** Accessibility: 1. Only Males 2. Only Females 3. Both

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Agricultural Technology

(NOTE These questions will be asked of those respondents who have agriculture as their main or secondary activity. Code '0' for not applicable.)

38. Please check from the following the type of agricultural technology available to you and by whom it is being used. State the year of purchase of agricultural technology item also.

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List of Agricultural Technology Items	Possession 1. No 2. Yes	Accessibility 1. Only males 2. Only females 3. Both	Year of Purchase
Pre-Harvest			
For Land Preparation			
1. Wooden Plough	<input type="text"/>	<input type="text"/>	*
2. Tractor	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
3. Disc Harrow	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
4. Cultivator	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
5. Leveller	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
6. Any other (specify)	<input type="text"/>	<input type="text"/>	*
For Sowing			
1. Dropping of seed behind the plough	<input type="text"/>	<input type="text"/>	*
2. Seed driller	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
3. Any other (specify)	<input type="text"/>	<input type="text"/>	*
For Transplanting			
1. Manual	<input type="text"/>	<input type="text"/>	*
2. Use of Trans-planter in rice	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

For Watering

- | | | | |
|---------------------------|----------------------|----------------------|---|
| 1. Manual | <input type="text"/> | <input type="text"/> | * |
| 2. Tubewell | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |
| 3. Any other
(specify) | <input type="text"/> | <input type="text"/> | * |

For Weeding

- | | | | |
|--|----------------------|----------------------|---|
| 1. Use of Local
handtools | <input type="text"/> | <input type="text"/> | * |
| 2. Rotary weeder,
wheel hoe for
new crops. | <input type="text"/> | <input type="text"/> | * |
| 3. Use of granu-
lar herbicides | <input type="text"/> | <input type="text"/> | * |

Harvesting

- | | | | |
|---|----------------------|----------------------|---|
| 1. Use of local
sickle in
cereal crops | <input type="text"/> | <input type="text"/> | * |
| 2. Improved
serrated
sickle. | <input type="text"/> | <input type="text"/> | * |
| 3. Mechanical
harvestor for
cereal crops. | <input type="text"/> | <input type="text"/> | * |
| (i) Tractor
operated | <input type="text"/> | <input type="text"/> | * |
| (ii) Combine
harvestor. | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |

For Office Use

For Office Use

**Post Harvest
Threshing**

- | | | | |
|--|----------------------|----------------------|---|
| 1. Manual operation or trampling by animals | <input type="text"/> | <input type="text"/> | * |
| 2. Paddle Thresher for paddy. | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |
| 3. Mechanical thresher for most of the crops | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |

Winnowing

- | | | | |
|-------------|----------------------|----------------------|---|
| 1. Manual | <input type="text"/> | <input type="text"/> | * |
| 2. Winnower | <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> |

Transportation

- | | | | |
|--------------------------|----------------------|----------------------|---|
| 1. Carrying load on head | <input type="text"/> | <input type="text"/> | * |
| 2. Bullock Cart | <input type="text"/> | <input type="text"/> | * |
| 3. Tractor trolley | <input type="text"/> | <input type="text"/> | * |

Storage of Grains

- | | | | |
|-------------------|----------------------|----------------------|---|
| 1. Mud containers | <input type="text"/> | <input type="text"/> | * |
| 2. Gunny bags | <input type="text"/> | <input type="text"/> | * |
| 3. Metal bins | <input type="text"/> | <input type="text"/> | * |

39 Please inform me for performing the following farm related activities how much time do you spend during the season and also the person mainly responsible for the task.

Farm Activities & Related Tasks	Amount of time spent during the season (minutes/day)			Person mainly responsible for the task
A. Pre-Harvest				
1. Land Preparation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Sowing/Plantation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Weeding	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Watering	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Fertilization	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Harvesting	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Post-Harvesting				
1. Threshing				
2. Winnowing/Cleaning	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Storage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Marketing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Person mainly responsible for the task.

1. Paid help 2. Only male members 3. Only females
 4. 1 + 2 5. 1 + 3 6. 2 + 3 7. 1 + 2 + 3

40. Please tell me through your practical experience have you ever faced any of the following problems?

Problems	Frequency with which faced*
1. Non-availability of work in agriculture.	<input type="text"/>
2. Irregular job.	<input type="text"/>
3. Lack of technical knowhow to operate machines.	<input type="text"/>
4. Lack of access to training facilities in agricultural field.	<input type="text"/>
5. Women are hired to perform more time and energy consuming tasks on the farm.	<input type="text"/>
6. Women are the last one to be hired and first one to be fired.	<input type="text"/>
7. Less wages are given to females as compared to males for equal hours of work.	<input type="text"/>
8. Extension agencies neglect female cultivators.	<input type="text"/>
9. Lack of introduction of modern technology in female intensive areas like transplanting.	<input type="text"/>
10. Any other (specify)	<input type="text"/>

*Frequency with which faced. 1. Rarely 2. Sometimes 3. Often

41. Please inform me through your practical experience how agricultural technology has benefitted you?

Benefits	1. No. 2. Yes
1. Production of crops has increased due to use of HYV.	<input type="checkbox"/>
2. Increase in household earnings.	<input type="checkbox"/>
3. Better consumption level.	<input type="checkbox"/>
4. Improved standard of living.	<input type="checkbox"/>
5. Workload of women on farms has decreased.	<input type="checkbox"/>
6. Drudgery of agricultural work has reduced.	<input type="checkbox"/>
7. Less labour has to be employed.	<input type="checkbox"/>
8. Crop is protected by use of pesticides and insecticides.	<input type="checkbox"/>
9. Multiple cropping is possible.	<input type="checkbox"/>
10. Any other (specify)	<input type="checkbox"/>

42. Please tell me the sources through which you got the information regarding agricultural technology the extent of contact and the person to whom the sources are accessible?

Sources of information	Contact 1. No 2. Yes	Extent of of Contact*	Accessi- bility**
1. Friends and Neighbour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Agricultural Extension worker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. District Extension specialist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Agricultural Development Officers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Block Development officer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Programmes on Television like Krishi Darshan etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Programmes on Radio.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Agencies like KRIBHCO/IFFCO etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Any other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Extent of Contact: 1. Rarely 2. Sometimes 3. Often.

**Accessibility: 1. Only male members 2. Only female members 3. Both.

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Health Technology

43. Please state your health status at present.

1. Normal
2. Pregnant
3. Lactating

44. Weight of the homemaker.
(Record in kilograms)45. Height of the homemaker.
(Record in cms.)

46. Please tell me what type of medical facility is available in your village and also in case of illness of the family members where do you take them?

Type of Medical Facility	Availability 1. No 2. yes it	Person Using
Vaids/Hakims	<input type="text"/>	<input type="text"/>
Community Health Workers	<input type="text"/>	<input type="text"/>
Birth attendant/Dai	<input type="text"/>	<input type="text"/>
Registered Medical Practitioner	<input type="text"/>	<input type="text"/>
PHC/Sub-Centre	<input type="text"/>	<input type="text"/>
Government Hospital	<input type="text"/>	<input type="text"/>
Private Nursing Home	<input type="text"/>	<input type="text"/>
Any other (specify)	<input type="text"/>	<input type="text"/>

Person using it 1. Adult 2. Male child 3. Adult female
 4. Female Child 5. 1 + 2 6. 1 + 2 + 3 7. All.

For Office Use

10

Family Planning

47. Nowadays couples adopt different methods to avoid pregnancy when they do not want to have children. This is called "family planning" "contraception" or "birth control". Have you ever heard of it?

1. No
2. Yes

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48 If yes, then please tell me what methods of family planning do you know about, how much you know about them, are you using it at present and if you have discontinued then state the reasons?

Methods of family planning	Have Heard 1 No 2 Yes	Knowledge 1.A little 2.Somewhat 3.Fully	Use of present 1.No 2.Yes	If discontinued reasons 1.Side-effect 2.Not-effective 3.Went for permanent method
For Females				
Oral pill	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copper I /Loop	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rhythm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Jelly/Cream Foaming tablet	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tubectomy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
For Males				
Condom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vasectomy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

49 If you have adopted any of the family planning methods did it had any undesirable effect upon you or your husband?

1. No

2. Yes

If yes, what effect did it have?

Effects	Person being affected 1. Homemaker 2. Spouse 3. Both
1. Experienced Severe nausea/ Stomach problems	<input type="text"/>
2. Excessive bleeding	<input type="text"/>

- | | |
|------------------------------|----------------------|
| 3. Weakness | <input type="text"/> |
| 4. Dizziness or Headache | <input type="text"/> |
| 5. Change in skin or hair | <input type="text"/> |
| 6. Unable to do heavy work | <input type="text"/> |
| 7. Decreased masculinity | <input type="text"/> |
| 8. Decreased femininity | <input type="text"/> |
| 9. Reduction in sexual urge | <input type="text"/> |
| 10. Other symptoms (specify) | <input type="text"/> |

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50. Has adoption of any of the family planning methods had any positive effect upon you or your spouse?

1. No

2. Yes

If yes, what effect did it had on you?

Effects	Person being affected 1. Homemaker 2. Spouse 3. Both
1. Control of Fertility	<input type="text"/>
2. Better health status of self	<input type="text"/>
3. Better standard of living as limited members are there.	<input type="text"/>
4. Better education for children	<input type="text"/>
5. Employment outside home is possible as there are fewer children to take care of	<input type="text"/>
6. Availability of time for self development.	<input type="text"/>
7. Better health status of children	<input type="text"/>

52. Please tell me do you have contact with following sources?
If yes, what is the extent of contact, how much you have learnt about family planning from these sources? How important were the following sources in stimulating you to have a favourable attitude towards family planning?

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Source of Information	Contact with the 1 No 2. Yes	Learning about family planning*	Stimulated about family planning**
1. Home visit by community health workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Advertisement on radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Advertisement on television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Newspaper/ Magazines/ Booklets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Signs and Posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Talking with husband	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Talking with friends, relatives and neighbours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Talking with doctor at PHC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. District Extension worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Any other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Learning about family planning:

1. A little
2. Some what
3. Complete/fully

** Stimulated about family planning?

1. A little
2. Some what
3. Fully

53 What was the strongest motivation for you to adopt family planning methods?

1. My sister underwent operation and had no problem.
2. Monetary incentive given by the government.
- 3 Ability to work outside in gainful employment.

☐

- 4 Better standard of living of family.
5. Better health status of self.
- 6 Better health status of existing children.
- 7 Any other (specify)

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Information Regarding Children

54. Would you please tell me how many children were born and out of the total children born how many are still alive?

Total number of children born

Number of males

Number of females

Total number of children alive

Number of males

Number of females

55. If there has been any incidence of under five mortality in your family would you please tell me what was the cause of mortality?

- 1 Constant pregnancy.
- 2 lack of frequent pregnancy check ups.
- 3 Delivery by untrained dai
- 4 Lack of post-natal care.
- 5 Doctor's negligence.
- 6 Lack of medical care.
- 7 lack of immunization.
- 8 Severe diarrhoea and dehydration.
- 9 Any other (specify)

Immunization

56 Have you got your child/children immunised?

Order of birth	Sex of the Child: 1. Male 2. Female	Immunization 1. No 2. Yes
First Child	<input type="text"/>	<input type="text"/>
Second Child	<input type="text"/>	<input type="text"/>
Third Child	<input type="text"/>	<input type="text"/>

For Office Use

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57. Are you aware against which disease your child has been immunized?

1. Not at all aware 3. Partially aware
2. Slightly aware 4. Fully aware

58. If you have got them immunized, then state against what diseases have you got them immunized from where you got them information regarding immunization and also from which agency you got them immunised?

Diseases	Source of Information*	Immunizing Agency**
1. Tuberculosis (BCG)	<input type="checkbox"/>	<input type="checkbox"/>
2. Diphtheria, Whooping cough, Tetanus (DPT)	<input type="checkbox"/>	<input type="checkbox"/>
3. Poliomyelitis (oral drops)	<input type="checkbox"/>	<input type="checkbox"/>
4. Measles	<input type="checkbox"/>	<input type="checkbox"/>

*Source of Information:

1. Friends and Neighbours.
2. Village Health workers.
3. District Extension Specialist.
4. Advertisement on Radio.
5. Advertisement on Television.
6. Any other (specify)

**Immunizing Agency:

1. Sub Centre
2. PHC
3. General Hospital
4. Private Practitioner
5. Any other (specify)

59. If you have not got your child immunized then please inform me why you did not get him/her immunised?

Reason for Non-Immunization	1. No	2. Yes
1. No aware of immunization	<input type="checkbox"/>	<input type="checkbox"/>
2. Scared to give injection to small children	<input type="checkbox"/>	<input type="checkbox"/>
3. PHC is far from house	<input type="checkbox"/>	<input type="checkbox"/>
4. Immunization facility is not available in the village.	<input type="checkbox"/>	<input type="checkbox"/>
5. Elder members of the family are not in favour of immunization.	<input type="checkbox"/>	<input type="checkbox"/>
6. Any other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

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60. **Consumption Expenditure Pattern of the Household.**

Please tell me the average quantity of food items consumed and the amount spent by you on them per month and also on fuel.

Items of Expenditure	Average Quantity Consumed (in kg.)		Average Amount Spent (in Rs.)		
A. Food Items					
1. Cereals					
2. Pulses					
3. Vegetables					
4. Milk & Milk products					
B Fuel					
1. Wood					
2. Cowdung cakes					
3. Coal					
4. Kerosene					
5. Gas					
6. Petrol/Diesel					

61. Please tell me the average amount spent by you on non-food items per month or year.

Non-Food Items	Average Amount Spent per month or year (in Rs.)			
1. Education of the Children				
(a) Fees				
(b) Stationery				
2. Health				
3. Leisure Time Activities				
4. Domestic Electricity				
5. Maintenance of house (per year)				
6. Rent of the house				
7. Clothing (per year)				
Total household expenditure per month (in Rs)				

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62. Decision Making Process

Usually in households certain issues like education of the children, purchase of farm implements, taking up employment outside home are done after careful thinking.

Important Issues Requiring Decision Making	Person Initiating the Problem	Consultation with Home-maker	Extent of Incorporation of Homemaker's suggestions	Satisfaction of Homemaker after reaching the decision
Household Related				
1. Education of Children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Purchase of electrical gadgets.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Annual purchase of food grains.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Purchase of house.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Purchase of household items like T.V., Radio, Vehicle etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Farm Related				
1. Purchase of land	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Purchase of cattle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Purchase of tractor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Purchase of improved farm implements.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Participation in availment of co-operative and credit facilities.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Related				
1. Decision to work for wages	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Important Issues Requiring Decision Making	Person [*] Initiating the Problem	Consultation ^{**} with Home- maker	Extent of ^{***} Incorpor- ation of Homemaker's suggestions	Satisfaction ^{****} of Homemaker after reaching the decision
2. Decision regarding expenditure of money.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Decision regarding savings and investments.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health Related				
1 Adoption of family planning methods	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Decision to get sterilised	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Immunization of children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

***Person initiating the Problem**

- 0. Not Applicable
- 1. Other male members
- 2. Other female members
- 3. Children
- 4. Spouse
- 5. Homemaker
- 6. Joint

*****Extent to which Homemaker's
suggestions are incorporated**

- 0 Not Applicable
- 1. Not at all
- 2. Partially
- 3. Mostly

****Consultation with Homemaker**

- 0. Not Applicable
- 1. No
- 2. Yes

******Satisfaction achieved
by Homemaker**

- 0. Not Applicable
- 1. Dissatisfied
- 2. Partially satisfied
- 4. Highly Satisfied

The following are some aspects of attitude of homemakers regarding different type of technologies. Please respond to what extent each statement corresponds with your own attitude i.e. whether you: 1. Strongly Disagree 2. Disagree 3. Undecided 4. Agree or 5. Strongly agree with it.

Statements	Response
1. Mechanisation of farming has thrown women out of their traditional employment.	<input type="checkbox"/>
2. Use of modern household technologies releases women from drudgery of household tasks	<input type="checkbox"/>
3. Birth control methods improve the status of women as it gives them control over fertility.	<input type="checkbox"/>
4. Use of high yielding varieties has not increased the earnings of the family.	<input type="checkbox"/>
5. As modern health technologies are costly hence they are beyond the reach of rural masses.	<input type="checkbox"/>
6. Improved farm implements save much of the time and labour of the farmers.	<input type="checkbox"/>
7. Immunization gives the child lifelong protection against certain diseases.	<input type="checkbox"/>
8. Extension services are geared towards welfare of the rural women.	<input type="checkbox"/>
9. There exists a knowledge gap between the promoters of technology and the beneficiaries.	<input type="checkbox"/>
10. Science and technology is capable of solving problems of rural women.	<input type="checkbox"/>
11. Even after immunization children develop diseases.	<input type="checkbox"/>
12. Maintenance cost is higher for electrical gadgets.	<input type="checkbox"/>
13. Technologies upgrades the traditional skills and open new vistas of jobs for rural women.	<input type="checkbox"/>

Statements	Response
14. Use of fuel efficient devices improves environmental and living conditions of rural areas and reduce health problems.	<input type="checkbox"/>
15. Green revolution has improved the level of living of rural population.	<input type="checkbox"/>
16. One should not take oral pill as it has harmful side effects.	<input type="checkbox"/>
17. Tide of technological change has emancipated rural women from heavy feminine burden of toil.	<input type="checkbox"/>
18. Television programmes promotes the traditional 'housewife' image of the women.	<input type="checkbox"/>
19. Leisure increases with the use of time and labour saving devices.	<input type="checkbox"/>
20. Radio and television are an important means of maintaining contact with outside world.	<input type="checkbox"/>
21. Modern household technologies increase the burden of homemaker as they require more care and maintenance.	<input type="checkbox"/>
22. Very few programmes related to family planning and immunization are shown on the television.	<input type="checkbox"/>