Name of state	Sub-centre	Primary Health	Community Health	Total
		Centre	Centre	
Arunachal Pradesh	273	65	20	358
Assam	5109	610	100	11219
Manipur	420	69	16	505
Meghalaya	413	85	13	511
Mizoram	346	58	9	413
Nagaland	302	46	9	357
Tripura	539	58	11	608
Northeast in	7042	991	178	8211
aggregate				

Appendix – 1: Health Care Providing Institutions in North East India

Appendix 2 : QUESTIONNAIRE

SI.N	o.
	A PART OF DOCTORAL RESEARCH PROGRAMME
	DEPARTMENT OF SOCIOLOGY, ASSAM UNIVERSITY, SILCHAR
۸ (	Jayeeta Sen STUDY ON HEALTH CULTURE AND HEALTH SEEKING BEHAVIOUR IN BARAK VALLEY
Α.	WITH REFERENCE TO HEPATITIES AND GALL BLADDER STONE
1.	How long have you been suffering from Jaundice. (i) One week (ii) More than a week (iii) 2-3 weeks (iv) One month (v) More than a month (vi) More than 3 months (vii)
2.	How long have you been suffering from Gall stone ? (i) One week (ii) More than a week (iii) 2-3 weeks (iv) One month (v) More than a month (vi) More than 3 months (vii)
<b>3</b> .	Have you undergone operations? (i) Yes (ii) No
4.	(If yes) when have you undergone operations?
5.	<ul><li>(If you are suffering from Jaundice) Is it the first time that you have the attack of Jaundice ?</li><li>(i) Yes (ii) No</li></ul>
6.	(If no) when did you suffer last ? (i) Last year (ii) Two years ago (iii) More than 2 years ago.
7.	(If suffering from Jaundice) Have you suffered from Gallstone earlier ? (i) Yes (ii) No
<b>8</b> .	(If yes) When did you suffer ? (i) Last year (ii) Two years ago (iii) More than 2 years ago.
<b>9</b> .	(If you are suffering from Gallstone) is it the first time that you have suffered ? (i) Yes   (ii) No
10.	(If you are suffering from gallstone) When did you suffer last ? (i) Last year (ii) Two years ago (iii) More than 2 years ago.
11.	(If you are suffering from gallstone) Have you suffered from Jaundice earlier? (i) Yes (ii) No
12.	(If yes) When did you suffer ? (i) Last year (ii) Two years ago (iii) More than 2 years ago.
13.	If you are already suffered from jaundice whom did you consult. (i) Alleleopathy (ii) Homoeopathy (iii) Unani (iv) Any other
14.	Are you pregnant ? (In case of women) (i) Yes   (ii) No
15.	(If yes) What is the duration of featus ?
BAC	CKGROUND
16.	Name of the respondent
17.	Sex (i) Male (ii) Female
	Location of residence
19.	Age
20.	Education (i) Illiterate (ii) Primary (iii) Secondary (iv) H.S.S.L.C. (v) Graduate (vi) More than graduate

(i) liliterate (ii) Primary (iii) S (v) Technical (vi) Any other

- 21. Marital Status :-(i) Married (ii) Unmarried (iii) Divorce (iv) Widow
- 22. Religion :-(i) Hindu (ii) Muslim (iii) Christian (iv) Jain (v) Any other.
- 23. Social status :-(i) Brahmmin (ii) Kayastha (iii) Vaisya (iv) Sudra (v) OBC (vi) SC (vii) Any other
- Occupation :(i) Unemployed (ii) Student (iii) Self employed (iv) Businessman
  (v) Private service (vi) Govt. service.
- 25. Details of family members :-

SI.No.	Name	Relationship	Sex	Age	Education	Occupation	Su	ffer from
	· · · · · · · · · · · · · · · · · · ·						Jaundice	Gallbladder stone
1								
· 2				 				
3								
4								
5								
6								

- 26. Type of Family :-(i) Nuclear (ii) Joint
- 27. Total family income \_\_\_\_\_
- 28. Type of house :(i) Pucca (R.C.C.) (ii) Assam Type (iii) Semi Pucca (iv) Kachha.
- 29. Type of toiler :-(i) Sanitary (ii) Kachha (iii) Open space
- Source of water : (i) PHE (ii) Ringwell (iii) Hand pump (iv) River/Cannal (v) Pond
- 31. How do you process water for consumption
  (i) Boiling (ii) Without boiling (iii) Filtering water boiling (iv) Filtering without boiling.
- 32. Do you use same pond/well for drinking water and other domestic purposes :-(i) Yes (ii) No

#### AWARENESS (Jaundice)

33. What do you think is the source of Jaundice

	-	<u>Yes</u>	No	<u>Don't know</u>
(i)	Bed food	(i)	(ii)	(iii)
(ii)	Bed water	(i)	(ii)	(iii)
(iii)	By physical contact	(i)	(ii)	(iii)
(iv)	Using same cloths, utensils			
	of infected person	(i)	(ii)	(iii)
(v)	By drinking alcohol	(i)	(ii)	(iii)
(vi)	Sexual contact	(i)	(ii)	(iii)

34.	Which organ of body is related to Jaundice	9		
	<ul> <li>(i) Liver</li> <li>(ii) Heart</li> <li>(iii) Kidney</li> <li>(iv) Eyes</li> </ul>	Yes (i) (i) (i) (i)	No (ii) (ii) (ii) (ii)	Don't know (iii) (iii) (iii) (iii)
35.	How Jaundice is detected ?		_ <u></u> .	
36.	What are the symptoms of Jaundice ?		······································	
37.	Have you heard of Hepatities B ? (i) Yes (ii) No			
38.	Is it related to :-			D
	(i) Jaundice	Yes (i)	No (ii)	Don't know (iii)
	(ii) Gall Stone	(i)	(ii)	(iii)
	(iii) Any other	(i)	(ii)	(iii)
39.	(If yes) What is the source of information (i) News Paper (ii) Radio (iii) T.V. (iv) W (vi) Friends & relatives (vii) Any other	all poster		
40.	Do you know any other varieties of hepatit (i) Yes (ii) No	tis :-		
41.	(If yes) What are these ?			
42.	Is there any Vaccine for HBV (i) Yes (ii) No (iii) Don't know			
43.	<ul> <li>How hepatitis is transmitted to others.</li> <li>(i) Blood transmission</li> <li>(ii) Contaminated water</li> <li>(iii) Fecal matter</li> <li>(iv) Saliva</li> <li>(v) Sexual relation</li> <li>(vi) Sputam/Cough</li> <li>(vii) Gall stone</li> <li>(viii) Infected needle or syringe</li> </ul>			
44.	What do you think is the source of gall sto	one?		
	<ul> <li>(i) Bed food</li> <li>(ii) Bed water</li> <li>(iii) By physical contact</li> <li>(iv) Using cloths, utensils etc.</li> <li>(v) By drinking alcohol</li> <li>(vi) Sexual contact</li> </ul>			
<i>:</i> 45.	Is gall blader any organ of body ?	Yes	No	Don't know
<b>~46</b> .	How gall stone is detected ? (i) X-Ray (ii) Sonography (iii) Blood Test	(iv) ECG		
-47.	What are the symptoms of gall stone ? (i) Valley pain – Vomiting (ii) Gas - Acidity	/ (iii) Feve	r (iv) Diarrhoea	
FO	OD HABIT			

48. Are you vegeterian or non-vegeterian (i) Veg. (ii) Non-Veg. 49. What type of oil do you use for cooking ?(i) Mustard (ii) Sunflower (iii) Soyabin (iv) Groundnut (v) Any other.

## 50. How frequently do you take the following items.

SI.No.	ltem	Daily	Six time	five time	four time	three time	twice	fortnightly
1.	Row fish							
2.	Dry fish							
3.	Chicken							
4.	Meat							
5.	Eggs							
6.	Milk							
7.	Dal		•					
8.	Ghee/Butter							
9.	Dalda		]				[	

51. How frequently do you take the following item in a day.

SI.No.	ltem	One Time	Two Time	Three time
1.	Rice			
2.	Roti			
3.	Milk			
4.	Fish			•
5.	Eggs .			
6.	Meat			
7.	Chicken			
<b>8</b> .	Dry fish			
9.	Ghee/Butter			
10.	Dal			•

- 52. Do you take pan ~ (i) Yes (ii) No
- 53. No. of pan you take in a day.
- 54. What type of pan do you take (i) Sadar gura (ii) Jarda (iii) Plain
- 55. Do you take alcohol (i) Yes (ii) No
- 56. Frequency of taking alcohol.
- 57. Do you smoke

  (i) Yes
  (ii) No

  58. What type, (if yes)
- (i) Bidi (ii) Cigarette (iii) Any other
- 59. No. of bidi/cigarette in a day.

## **SLEEPING HABIT**

- 60. How long do you sleep?
- 61. How do you rate the quality of your sleeping (i) Sound (ii) Disturbed (iii) Normal

- 62. Do you sleep at day also \_\_\_\_\_ (i) Yes (ii) No
- 63. (If yes), How long.

#### PHYSICAL WORK

- 64. Is these any type of physical exercise or body movement in your daily activities. (i) Games (ii) Nature of work (iii) No. of activity
- 65. If you play games, how frequently do you play (i) Daily (ii) 2 - 3 days in a week (iii) Once a week (iv) Occassionally
- 66. Do you have any domestic work.

### HEALTH SEEKING BEHAVIOUR

- 67. Whom do you first consult for treatment (i) Alleleopathy (ii) Homeopathy (iii) Ayurvedi (iv) Unani (v) Any other.
- 68. Whom did you consult first ? (i) Alleleopathy (ii) Homeopathy (iii) Ayurvedi (iv) Kabiraj (v) Unani (vi) Any other.
- 69. Are you satisfied with the treatment (i) Yes (ii) No
- 70. (If no) Whom do consult next time.
  (i) Alleleopathy (ii) Homeopathy (iii) Ayurvedi (iv) Unani (v) Any other.
- 71. (If no) What are the reasons for being satisfied
- 72. Do you consult doctor for general checkup frequently (i) Yes (ii) No
- 73. Why do you prefer for alleleopathy instead of Kabiraj (Jaundice) Homeopathy (Gall Stone).

Appendix – 3 PHOTOGRAPHS

# Appendix III

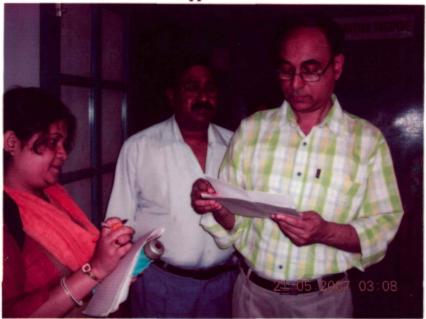


Photo 1 discussion with sugeon in Karimganj Red Cross Hospital



Photo 2 Jaundice patient lying in bed in Silchar Medical college.



Photo3.Doctor in Karimganj hospital is reading schedule



Photo 7. Jaundice patient lying in Silchar Medical College Hospital.



Photo 8. Gll Bladder stone patient lying in Redcross Hospital.



Photo 9.A severe jaundice patient in Karimganj Hospital.She is orphan also.



Photo4.patient in Karimganj Hospital



Photo 5.Gall Bladder stone patient lying in Kalyani Nursing Home



Photo 6.Gall Bladder stone patient at Kalyani Hospital



Photo 11.Inteacting with Healer



Photo 10. Interacting with doctor in Karimganj Hospital.