

Code no-.....

| S.N                                                        | Questions                                                                          | Coding Categories                                                                                                                                        | Skip |
|------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>SECTION1: Socio-demographic characteristics/factors</b> |                                                                                    |                                                                                                                                                          |      |
| 101                                                        | How old were you in your last birthday?                                            | <input type="text"/> <input type="text"/>                                                                                                                |      |
| 102                                                        | How old were you when you get married?                                             | <input type="text"/> <input type="text"/>                                                                                                                |      |
| 103                                                        | Type of marriage                                                                   |                                                                                                                                                          |      |
| 104                                                        | Duration of marriage                                                               |                                                                                                                                                          |      |
| 105                                                        | How old were you when you firstly got pregnant?                                    | <input type="text"/> <input type="text"/>                                                                                                                |      |
| 106                                                        | How many living children do you have?<br>If yes, how many boys and how many girls? | Boy <input type="text"/> Girl <input type="text"/>                                                                                                       |      |
| 107                                                        | Age of previous children                                                           |                                                                                                                                                          |      |
| 108                                                        | What is the type of your family?                                                   | Nuclear.....1<br>Joint.....2<br>Extended.....3                                                                                                           |      |
| 109                                                        | How many members are in your family?                                               | <input type="text"/> <input type="text"/>                                                                                                                |      |
| 110                                                        | The house you live in, is it rented or your own or other?                          | Own house.....1<br>Rent.....2<br>Other.....3                                                                                                             |      |
| 111                                                        | Could you please tell me about your educational status?                            | Illiterate .....1<br>Literate.....2<br>Primary.....3<br>lower Secondary.....4<br>Secondary.....5<br>Intermediate.....6<br>Bachelor.....7<br>Master.....8 |      |
| 112                                                        | Could you please tell me about your occupational status?                           | Specify.....                                                                                                                                             |      |
| 113                                                        | Which ethnicity do you belong?                                                     | Brahmin.....1<br>Chettri.....2<br>Janjati.....3<br>Dalit .....4<br>Others_____8<br>(Specify)                                                             |      |
| 114                                                        | Which religion do you follow?                                                      | Hindu.....1<br>Buddhist.....2<br>Muslim .....3<br>Christian.....4                                                                                        |      |

|                                              |                                                                                        |                                                                                                                                                          |       |
|----------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
|                                              |                                                                                        | Others_____8<br>(Specify)                                                                                                                                |       |
| 115                                          | What is the main source of your household income?                                      | Agriculture.....1<br>Business.....2<br>Service.....3<br>Labor.....4<br>Abroad.....5<br>Other_____8<br>(Specify)                                          |       |
| 116                                          | Could you please tell me about the educational status of your husband?                 | Illiterate .....1<br>Literate.....2<br>Primary.....3<br>lower Secondary.....4<br>Secondary.....5<br>Intermediate.....6<br>Bachelor.....7<br>Master.....8 |       |
| 117                                          | Could you please tell me about the occupational status of your husband?                | Specify.....                                                                                                                                             |       |
| <b>SECTION2: Pregnancy Related Variables</b> |                                                                                        |                                                                                                                                                          |       |
| 201                                          | Month of pregnancy?                                                                    | <input type="text"/>                                                                                                                                     |       |
| 202                                          | How many times had you visited for ANC for this pregnancy?                             | <input type="text"/> <input type="text"/>                                                                                                                |       |
| 203                                          | Before this pregnancy did you suffer from any health problem?                          | Yes.....1<br>No.....2                                                                                                                                    | → 206 |
| 204                                          | What types of health problem did you suffer?                                           | .....<br>(Specify)                                                                                                                                       |       |
| 205                                          | Did you suffer from any health problem since (other than pregnancy related) pregnancy? | Yes.....1<br>No.....2                                                                                                                                    |       |
| 206                                          | Which health problem/complication do you have?                                         | (Specify)                                                                                                                                                |       |
| 207                                          | Did you receive treatment for this?                                                    | Yes.....1<br>No.....2                                                                                                                                    |       |
| 208                                          | Do you have any health problem related to pregnancy?                                   | Yes.....1<br>No.....2                                                                                                                                    | → 209 |
| 209                                          | Which health problem/complication do you have, related to pregnancy?                   | .....<br>(Specify)                                                                                                                                       |       |
| 210                                          | Had you planned for this pregnancy?                                                    | Yes.....1<br>No.....2                                                                                                                                    | → 211 |
| 211                                          | Is this your wanted pregnancies?                                                       | Yes.....1<br>No.....2                                                                                                                                    |       |
| 212                                          | Did you have miscarriage in previous time?                                             | Yes.....1<br>No.....2                                                                                                                                    | → 213 |
| 213                                          | How many times?                                                                        | 1 time.....1                                                                                                                                             |       |

|                                           |                                                               |                                                                                         |       |
|-------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------|
|                                           |                                                               | 2 times.....2<br>3 times.....3<br>More than 3 times.....4                               |       |
| 214                                       | Have you ever done abortion?                                  | Yes.....1<br>No.....2                                                                   |       |
| 215                                       | How many abortions have you done?                             | <input type="text"/>                                                                    |       |
| <b>SECTION3: Family Related Variables</b> |                                                               |                                                                                         |       |
| 301                                       | Do you currently smoke cigarette?                             | Yes.....1<br>No.....2                                                                   | →303  |
| 302                                       | If yes, how often do you smoke?                               | Sometimes.....1<br>Often .....2                                                         |       |
| 303                                       | Do you drink alcohol?                                         | Yes.....1<br>No.....2                                                                   | → 305 |
| 304                                       | If yes, how often do you drink?                               | Sometimes.....1<br>Often .....2                                                         |       |
| 305                                       | Does your husband have smoking habit?                         | Yes.....1<br>No.....2                                                                   | → 307 |
| 306                                       | If yes, how often does he smoke?                              | Sometimes.....1<br>Often .....2                                                         |       |
| 307                                       | Does your husband have alcohol drinking habit?                | Yes.....1<br>No.....2                                                                   | → 309 |
| 308                                       | If yes, how often does he drink?                              | Sometimes.....1<br>Often .....2                                                         |       |
| 309                                       | How many hours do you sleep?                                  | Below 4 hours .....1<br>4 to 6 hours.....2<br>7 to 8 hours.....3<br>Above 8 hours.....4 |       |
| 310                                       | Do you take rest in day time?                                 | Yes.....1<br>No.....2                                                                   |       |
| 311                                       | Are you satisfied with your marital life?                     | Yes.....1<br>No.....2                                                                   |       |
| 312                                       | Did you face any stressful life events in previous year?      | Yes.....1<br>No.....2                                                                   |       |
| 313                                       | Currently are you accompanied by your husband?                | Yes.....1<br>No.....2                                                                   |       |
| <b>SECTION4: Cultural Related Factors</b> |                                                               |                                                                                         |       |
| 401                                       | What do you expect from this pregnancy, a any or boy or girl? | Boy .....1<br>Girl .....2<br>Any .....3<br>Don't know.....4                             | 403   |
| 402                                       | Why do think you want to have boy/girl?                       | .....                                                                                   |       |
| 403                                       | Is there such preference in your family/husband?              | Yes.....1<br>No.....2                                                                   |       |

|     |                                                           |                                                             |  |
|-----|-----------------------------------------------------------|-------------------------------------------------------------|--|
| 404 | What is the preference by your family/husband?            | Boy .....1<br>Girl .....2<br>Any .....3<br>Don't know.....4 |  |
| 405 | Are you worried of their expectation from this pregnancy? | Yes.....1<br>No.....2                                       |  |
| 406 | What's type of behavior of your husband's with you?       | Controlling.....1<br>Flexible.....2                         |  |

### EDINBURG POSTNATAL DEPRESSION SCALE (EPDS)

We would like to know how you are feeling. Please mention which comes closest to how you have felt in the past 7 days, not just how you feel today.

|                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. I have been able to laugh and see the funny side of things as much as I always could.<br><input type="radio"/> As much as I always could<br><input type="radio"/> Not quite so much now.<br><input type="radio"/> Definitely not so much now<br><input type="radio"/> Not at all | 2. I have looked forward with enjoyment to things.<br><input type="radio"/> As much as I ever did<br><input type="radio"/> Rather less than I used to<br><input type="radio"/> Definitely less than I used to<br><input type="radio"/> Hardly at all                                                                                              |
| 3. I have blamed myself unnecessarily when things went wrong.<br><input type="radio"/> Yes, most of the time.<br><input type="radio"/> Yes, some of the time<br><input type="radio"/> Not very often<br><input type="radio"/> No, never                                             | 4. I have been anxious or worried for no good reasons.<br><input type="radio"/> No, not at all.<br><input type="radio"/> Hardly, ever<br><input type="radio"/> Yes, sometimes<br><input type="radio"/> Yes, very often                                                                                                                            |
| 5. I have felt scared or panicky for no very good reason.<br><input type="radio"/> Yes, quite a lot<br><input type="radio"/> Yes, sometimes<br><input type="radio"/> No, not much<br><input type="radio"/> No, not at all                                                           | 6. Things have been getting on top of me:<br><input type="radio"/> Yes, most of the time I haven't been able to cope at all<br><input type="radio"/> Yes, sometimes I haven't been coping as well as usual<br><input type="radio"/> No, most of the time I have copied quite well<br><input type="radio"/> No, I have been coping as well as ever |
| 7. I have been so unhappy that I have had difficulty sleeping<br><input type="radio"/> Yes, most of the time<br><input type="radio"/> Yes, sometimes<br><input type="radio"/> Not very often<br><input type="radio"/> No, not at all                                                | 8. I have felt sad or miserable<br><input type="radio"/> Yes, most of the time<br><input type="radio"/> Yes, quite often<br><input type="radio"/> Not very often<br><input type="radio"/> No, not at all                                                                                                                                          |
| 9. I have been so unhappy that I have been crying<br><input type="radio"/> Yes, most of the time<br><input type="radio"/> Yes, quite often<br><input type="radio"/> Only occasionally<br><input type="radio"/> No, not at all                                                       | 10. The thought of harming myself has occurred to me.<br><input type="radio"/> Yes, quite often<br><input type="radio"/> Sometimes<br><input type="radio"/> Hardly ever<br><input type="radio"/> Never                                                                                                                                            |

---

Questions 3,5,6,7,8,9 and 10 are scored: statement 1 = 3 points, statement 2 = 2 points, statement 3 = 1 point and statement 4 = 0 points. A cut-off score of 10 has been shown to detect minor and major depression and a woman with this threshold will be approached for further interview with guideline below. If less than 10, thank the respondent and end the interview.

### **Interview Guidelines**

Thank you for making a time to participate in this study. Please do not hesitate to give answer and to tell what you feel or think. I will ensure that I won't disclose your identity for the information you will provide. The information you provide will cause no harm to you.

| <b>Guiding questions</b>                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Q1. Could you please tell me about your overall experience since becoming a pregnant?                                                                                                                               |
| Q2. When you first knew that you were pregnant how did you feel? Prompts: Were you Surprised or excited or worried?                                                                                                 |
| Q3. Whom did you share this to? Prompts: Reaction of family/husband/friends                                                                                                                                         |
| Q4. How are you feeling right now? Prompt 'why' for the response                                                                                                                                                    |
| Q5. A woman could have different expectations from her pregnancy after she knows about it. Could you tell me what yours was?                                                                                        |
| Q6. What do you think if this pregnancy will bring any changes in your live?                                                                                                                                        |
| Q7. What problems have emerged in your life since you became pregnant? Prompts: health, work, education, daily life. Why?                                                                                           |
| Q8. What are the things you wish to improve so that you can become happier than now?                                                                                                                                |
| We are about to finish the interview, and before that I would like to ask is there is anything you would like to share on the matter we just discussed?<br>Do you have any questions that you would like to ask me? |

Thank you for sharing your thoughts and experiences with me. It has been a great experience for me to interview you.

**Take care, Thank you!**