

Respondents: Family members (FGD)

Code: FMF

Location: Aurangabad

Date: 24/12/17

**1. Acceptability of mothers discussing their health issues within the household**

“First of all they should ask help from the husband, we will tell him if we are unwell. If not him, the mother in law. The *gotni*, etc...we will tell them, look we have such and such problem. First and foremost the husband, then the female relatives.”

“I’d tell my husband first, then others.”

“I tell my mother in law first. Then my husband, then others who know in the house that its hurting...”

[lots of coughing over the recorder]

“I would tend to the issue myself – not him.”

“he might be outside, what would one do then, other than go to the hospital oneself.”

“I would tell my mother in law, then the husband. Then go to the hospital.”

“I would tell my husband. Then the mother-in law, others in my parents’ home.”

“The husband, mother in law...mostly the ladies.”

“I’m alone – I have two young girls. I would tell my husband, and he would tell me to take one of the younger girls to the hospital with me, follow the nurses’ advice. I’d follow the health care provider’s advice on what to do. If what they do helps, then that’s good, else if I can find a solution here, I would try that first...I have younger girls, a young son who lives in Aurangabad.”

“I would not tell my older male relatives. I would feel ashamed. Women can talk to women best, about their health concerns, illnesses, they understand best because they are women/girls. Not with the father in law and other older relatives.”

[Jumble of voices, respondents speaking over one another...Mansha asks them to speak one by one]

“If I were unwell I’d call my *Bhabhi* [sister in law, brother’s wife] to come get me and take me get medication for my ailment. This is what we do within ourselves.”

“We would reach out to the in-laws, but they say nowadays [?] that we should look after ourselves, that they aren’t able to do so anymore.”

“I have always taken care of myself, I don’t have a mother in law, so I would tell my husband, or my *gotni*.”

“No, not with the older brother in law.” [others chiming in to agree]

“No we wouldn’t share these things with the brother in laws and fathers in law. I’d feel ashamed. There are things to talk about with them and this is not one of those topics.”

“When someone is unwell, and they [an older male relative] is a guardian, what’s the harm in talking about the illness? If it’s a fever or a cold, there no issue. But we wouldn’t talk about personal health issues. Imagine a woman is pregnant, she’ll tell her father-in law, mother-in law, sister-in law, neighbors, whoever is needed.”

“if there’s any issue I would speak to my mother in law, sister in law, why would I speak to the brothers in law? No, I’d speak to the women.”

“A woman would feel ashamed talking about these issues with the brothers in law.”

“No the mother in law informs the brother- and father-in law about the issues.”

“I fell ill with a cold, I told my family members.... spent Rs. 50,000 on getting treatment [respondent appears to be complaining at this point]...nobody is going to help you [---]...you can do labour etc...[starts arguing with other respondent?]”

“It would be toughest to speak to the father in law.”

“father in law...brother in law.”

## 2. Acceptability of mothers discussing their health issues OUTSIDE the household

“my daughter in law [lives outside the house]”

“my sister in law, my daughter in law – she helps me with everything, and vice versa” [appears to be pointing to someone present in the group]

“sister in law.”

“If she’s there for me, I’m there for her!” [appears to be responding to afore mentioned respondent]

“I tell my *gotni*”

“I take everyone along...my husband and son live outside. Look [---], I help her, she helps me, I help her, she will help me, that’s the system that works here.”

“If I have to go to the hospital, I tell my *gotni*, I tell her that I need to go and she takes me. Wherever it might be, the hospital, the bazaar, we go together.”

“We both go together, she is my *gotni*, and we don’t [live with] our parents in law. She tells me separately, look this is what has happened...take me, so they take me out.”

“I don’t step out, I don’t haven’t made friends outside the house yet...I wouldn’t know who to go to.”

“she’s my oldest sister in law’s daughter in law...”  
[jumble of voices...]

“sister in law.”

“I’d tell aunty, nearby. My mother.”

“My family lives in a different village, I tell people nearby.”

“No there’s no such thing – if I have an issue I will share it with people outside, if I’m sick. I can tell my daughter in law, sister in law, mother in law too. I tell her too, in our normal/casual conversation.”

[NEW ENTRANTS ASKED SEPARATELY]

“*gotni*, mother-in laws....*gotni*” [everybody seems to agree]

[RESPONDENTS speaking together:] “If there’s no one else we can talk to men...if we need some help or something we can speak to men.”

“I can speak to my grandsons.”

“Yes we can get help from men only if it’s necessary....but not if not necessary.”

### **3. Acceptability of mothers discussing their Children’s health issues within the household**

“We’ll speak to our guardians, in my case the father in law, the mother in law...”

“mother in law...”

“my husband...that the child has a fever and such”

“My husband lives outside...I would reach out to other family members, women relatives. When I need to take steps ahead, then I would reach out to a man.”

“husbands” [RESPONDENTS SAY REPEATEDLY]

“if the child is unwell...then yes we can reach out to the father in law. If the husband isn’t home...”

[RESPONDENTS SPEAKING TOGETHER] “No...there isn’t any such issue...we’ll tell him, the brother in law, that the child is unwell... everybody will talk about the child.”

“Earlier we used to reach out to the Anganwadi. We do tell them our difficulties...”

“We usually speak to the [mothers in law]”

“They ask us for money also...[RESPONDENTS start speaking over each other]...no, no...they are earning...they ask for money, they see us, we get scared [?] so we give it to them...”

**4. Acceptability of mothers discussing their Children's health issues OUTSIDE the household**

“*gotni*, mother in law” [everybody seems to agree, repeat the same]

“I don't tell anyone, I just ask the doctor, can you control this or not? They say yes, then okay, else we take the child to Aurangabad.”

“we talk to everyone....no it's not difficult talking about the child....yes [---], we talk to [fathers and brothers in law]. When needed, we talk to them, there's no issue in talking to them if needed.”

“I talk to everyone...aren't we telling you? ... I'm telling you...”

“Yes, there's no problem talking about the child...if you are talking about a child's problems, we have to deal with it, no?”

**5. Comfort level of mothers discussing their health issues with a FEMALE INTERVIEWER in a household survey**

“No, what's the issue in talking to a woman?” [RESPONDENTS MURMURING IN AGREEMENT]

**6. Comfort level of mothers discussing their health issues with a MALE INTERVIEWER in a household survey**

“I'd feel ashamed...”

“Those women who can, will share their issues with a man...”

“If there's an emergency, why not share the issues with a man? Everybody talks openly to doctors...”

“only if it's a necessity, will we speak...”

“We'd feel ashamed”

“No, we wouldn't be able to...”

**7. Factors influencing a mother's response during a household survey**

“All of these things are important.”

“We wouldn't speak to men...”

“We can talk to women most easily...” [FIRST priority?]

“we can talk to everyone.”

“Education is also very important...if its an educated woman...”

“Education and female gender are equally important...”

“Knowledge is most important” [Number 1, gender relegated to number 2]

“it should be open...it cannot happen under closed doors...that’s when people can speak freely.”

“age is also important...”

“first of all education, then gender, ...[laughing]”

“[---] can I go now?” [No comes the response, just three more]

“What we need is a school. Why else have you come? We need a school, open field, we need roads...what else do we need?” [respondents started saying yes, murmuring in agreement]

“If someone comes they will need a place to sit, what else?”

[Interviewer says: No, right? Say no then - RESPONDENTS murmuring “no”]

“If someone was there, the male relatives were standing behind us we wouldn’t have been able to speak...” [Place, number 3]

“No problem...with the place being open...but no, to live the place should be closed...no to talk, it should be open.”

“no its easier to talk to women [about pregnancy]”

“with women...its easier to tell women about child birth preparation”

“You should be able to talk to both men and women about children!”

[Respondents murmur: “with women” on child birth, contraception repeatedly, murmuring to everyone]

“You can talk to everyone about the child’s health...” [everyone seems to agree]

“It should eb a woman [Anganwadi [---]]” [everyone says together]

“Nicoria[?]...swelling...when the period is irregular...these are things we cant talk to a man about this”

“[---] we are not ashamed to talk to men”

“some people have issues with their period...an illness is an illness”

**8. Any specific health issues that a mother should not be discussing with a female or male interviewer during a household survey**

“You’re the first ones to come here [---]” [everyone speaks together]

**9. Expectation from mothers to answer in a certain way to certain questions?**

**10. Gender of the interviewer in your community during HH surveys.**

“Yes, we’d feel ashamed talking to man...”

“No there’s no difference in asking the question...”

“if you al ask, you’ll ask us what the issue is with us, with the child, we will tell the woman, so we can tell the man too.”

**Observations**

There should be some way for children to study close by...

We have to walk very far in order to reach the nearest school.

Even the anganwadi is so far away.

There’s no anganwadi nearby, they don’t get anything, they don’t get any food....”

[People speaking over each other, respondents]

“the village needs an anganwadi...its getting difficult to educate our children”

\* For FGD (identifiers)

Respondents: Mothers (FGD)

Code: MO

Location: Aurangabad

Date: 23/12/17

### 1. Acceptability of mothers discussing their health issues within the household

“At home, my husband is there, I tell him...my mother-in law but never the father-in law”

“I don't have a mother-in law, or a father in-law, my husband is there, I tell him.  
No there's no one else.”

“I tell my husband. My mother...Who else can we tell?”

“Yes, swellings...”

“Father in law – not him.” [Laughter follows]

“We speak to our *gotnis*...[jumble of voices]...If things aren't alright won't we speak to women in the village?”

“Haven't I told you? I wouldn't tell my father, my father in law...Listen, if it's my personal health issue how can I possibly tell them? [Muted] how can I tell my father in law?”

“I can tell my *devar*/younger brother in law” [breaks off into laughter.]

“We can tell the in laws...[jumble of voices with interviewers and respondents speaking over each other] If we fall sick, obviously we tell our families, everyone, don't we? Don't they take us [to the PHC/hospital/to get health care?] So then? [sounding agitated]”

“I wouldn't tell my father-in laws, uncles-law [starts laughing]”

“If everybody opens their mouths, everyone will get some grain [something]...if nobody opens, nobody will get anything. [laughter, sounds of agreement...]”

[Respondents speaking in quick succession] “We'll tell, won't we? ...We'll tell our mothers-in law... We'll tell our sisters-in law, we'll tell [women] in the village...we'll go to the hospital and get check ups done....We will not speak to gents/men....no I mean the other male relatives [aside from our husbands], the brothers-in law, fathers-in law.”

“Didn’t I/we say, we wouldn’t tell the fathers-in law and uncles etc.?  
Wouldn’t we tell them if need be?”

“No I don’t, neither father- nor mother-in law. I have a *gotni*. Yes...Why  
wouldn’t I? If there isn’t anyone at home of course I will....Yes, then we will  
tell them [if no one else is at home]”

“We will tell our *gotnis*. If she doesn’t [agree], we will tell someone else at  
home. I told you already. I wouldn’t tell my father in law. Mine is the same, I  
would tell my [mother in law, sister in law] ...”

“You’d tell the mother in law. These have to do with [private parts], why  
would you tell the father in law? If there’s an issue/illness, we will tell...It’s  
difficult [respondents start speaking over each other, voices jumbled]”

“Of course we will feel ashamed, how can we possibly tell fathers in law such  
things? We can tell our mothers-in law, they can share such things...One feels  
ashamed! We are to remain secluded and maintain respect. How can one share  
such things...”

#### **4. Acceptability of mothers discussing their health issues OUTSIDE the household**

“We won’t tell our mothers-in law, we will tell our fathers-in law” [said  
mockingly, laughter follows]

Respondents murmur by turns: [“*gotni*”, “*gaon ghar*/house in the village”  
“mother in law” “doctor who visits the village”]

“Yes, they us...they come and say, if something happens you must tell such  
and such, you must do this...we tell ASHA workers only....our mothers at  
home.”

“Outside the house [laughing] only our sahelis/female friends. Female friends,  
sisters-in law, [staff at the] hospital.”

“I don’t have anyone to speak to outside the house”

“I wouldn’t speak to the male in laws...father and uncles in law... Tell us how  
can we speak to uncles and male in laws in their house? How can we?”

We can’t speak to other men, we feel ashamed to be talking about such things  
in front of them...we can talk to our female relatives, sisters in law”

“Of course, we can speak. If we are sick won’t we tell them?...fathers-  
mothers-, brothers-in law, uncles, we should all speak to them...”

“We would tell them if need be, take me to the hospital. [Yes, I’d tell them to take me to the hospital.] We would tell them to take us to the hospital.”

**5. Acceptability of mothers discussing their Children’s health issues within the household**

“I would speak to my Mother in law, husband, other family members. If none of them are there I would have to take care of it myself.”

“Yes we will tell them.” [Respondent voices jumbled but agreeing: There’s no shame in that].

“Yes, with children if there’s a cold or a fever of course we can call our husbands, then tell the mother in law, father in law, etc. If its about internal things, how can we tell? No there’s no shame” [in talking about the child’s issues.]

**2. Acceptability of mothers discussing their Children’s health issues OUTSIDE the household**

“There was this time that two men came from Patna and asked us: how long have you been with a man, how many childbirths have you had? It was uncomfortable.”

“Yes, they had come. It felt a little strange. We felt shy all through but in the end we shared the details with them about our children. They asked us how long ago we’d given birth etc. They wrote, like [you are doing], we stared at our mobiles.”

**3. Comfort level of mothers discussing their health issues with a FEMALE INTERVIEWER in a household survey**

“yes...with women we would be able to talk freely about anything.”

“We’d able to talk to women more than men.”

**4. Comfort level of mothers discussing their health issues with a MALE INTERVIEWER in a household survey**

“They wouldn’t be talking about bad things. With men we wouldn’t talk about such things. The colds, coughs etc, we would be able talk about? Yes about that we would feel not ashamed. But not about internal and private things...”

**5. Factors influencing a mother's response during a household survey**

“Education is important. And also gender. A survey worker must be a woman.”

“If the male enumerator is an educated like you, my husband will allow me to talk but if there is a less educated male enumerator, my husband will start asking questions. But if there is a female enumerator, he will have no problem in sending me.”

“Place is important, yes, but education of the person is more important”

“The gender is important. The enumerator should be a woman. For example, today I wouldn’t have talked to a man in place of you.”

“Age doesn’t matter”

**6. Any specific health issues that a mother should not be discussing with a female or male interviewer during a household survey**

“I’d want to talk to my husband...”

“ With a woman...”

“Everybody will say the same thing, ‘with a woman’. “

“ If you ask, everyone will agree on the same thing.” [laughter]

“Its such a question, we wouldn’t talk to men about such things.”

**7. Expectation from mothers to answer in a certain way to certain questions?**

“So with your own man, is there an issue...”

“They shouldn’t tell men.”

“you mean something that women shouldn’t talk about...with men?”

**8. Gender of the interviewer in your community during HH surveys.**

“Would men ask us about ourselves in such detail, the way you have?”

“One surveyor was asking about our personal issues, the way they were. They spoke to us with ease. We were feeling ashamed but they said – tell us slowly.

“Yes, but we felt so ashamed speaking to them so we avoided their questions and ended the conversation quickly.”

Respondents: Mothers (FGD)

Code: MO

Location: Aurangabad

Date: 19/12/17

## **1. Acceptability of mothers discussing their health issues within the household**

“To the husband, mother in law...with my sister-in-law”

“Husband, sisters in law..., yes that is okay”

“I wouldn’t talk to my fathers and male in laws...if need be we will tell them that we need to go to the doctor”

“There’s no such distinction in the house...if we need to speak to elders, juniors, we will speak”

“I can speak to most people in the house...there’s no hesitation”

“I speak to everyone...other than my father in law”

“I speak to my son, husband...but not father in law...ill tell my mother in law, sisters in law”

“I wouldn’t tell them...because...how can I do that?”

“I wouldn’t tell the children. They would go and report it to their mothers”

“I’d feel ashamed to speak to [the male in laws]”

The husband, mother-in law, sister-in law, mother in law’s sister, whoever’s the guardian, she will speak to them. Everybody has issues, but people try to hide them. From [gossip] one finds out that the family visited a doctor, to get treatment.

Who will share personal issues with a father in law? A woman may speak to her husband’s younger brother or her own brother, asking for help to get treated. Who wants to stay unwell?

## **2. Acceptability of mothers discussing their health issues OUTSIDE the household**

“my sisters in law [gotni]...friends”

[AWW is present, acknowledged] “ we speak to the anganwadi workers....”

“If it’s an emergency we call the ASHA, tell them we need help. People help out where possible., with ambulances, medical visits, money isn’t always important. What’s important is that there be safety.”

“I’d tell my mother...”

“I talk to only the ASHA worker and no one else. Due to my sense of shame, I do not talk to anyone outside the house. There are 1 or 2 people in the neighbourhood; I do not talk to them, so now even they don’t talk... I do not talk to men because I feel shy. Also I can absolutely not talk to a man who is an outsider.”

“They’ll speak to sisters-in law in their village, their sisters. They’ll call their parents on the phone and tell them, that’s how it works.”

“Mother, brother’s wife, sister, at home and outside with the ASHAs, they will talk.”

### **3. Acceptability of mothers discussing their Children’s health issues within the household**

“Not the father-in law [her father in law has passed away? Isn’t there?]” About my child – not with the father-in law because he isn’t there [anymore]

“Father in law, mother in law”

“Husband”

“We’d tell them, the child is unwell with a fever, cough, cold, help me get good treatment for the child.... I’d tell my younger brother in law, sister in law.”

“They will say that the child’s cough, cold, fever etc should be treated. They will ask brother-in law and sisters to come with them to get the child treated.”

“I’d tell my parents in law...my husband”

If the husband is there she will talk first and foremost to the husband about the child being unwell.

### **4. Acceptability of mothers discussing their Children’s health issues OUTSIDE the household**

“If needed we’d ask relatives outside the house, older male relatives [chachas] for money to treat the child...”

“We’d ask for help taking the child to the hospital...”

[side discussion breaks out into the logistics of taking a child to the hospital, and the need to get help, resources for the same]

“Its hard to step out by ourselves...but if the child is unwell, how can we leave it be? We have to do something, go and ask for help in order to [take the child for treatment/hospitalization]”

“I don’t step out of the house. The parents in law step out, they would speak.”

“I would tell people outside [about the child’s health]”

[Long pause after Interviewer asks who they shouldn’t be speaking to outside the house, eventually some discussion between participants... first reaction is inaudible]

“I wouldn’t talk to men” “no, no” “I might be able to speak...not on my issues, personal...”

“speaking about the child is fine...” “we’d speak to the mother-in law, obviously...but who else would we go to, speak to?”

“She’ll tell whoever she has to outside the house, the husband, they’ll talk to the community, talk to other men. I have two children, a boy and a girl, and no husband, so I do whatever I have to in order to educate them.”

##### **5. Comfort level of mothers discussing their health issues with a FEMALE INTERVIEWER in a household survey**

“If it was men, no! We feel afraid of men. If its women we can speak to them openly. We won’t speak to men.”

“Outside the house women wont be able to share their problems with other men, only with their sisters in law.”

“We don’t step out of the house...what will we say?”

“They’ll talk to women, not men”

“They’ll talk to sisters in law, sisters, etc outside the house, not men.”

##### **6. Comfort level of mothers discussing their health issues with a MALE INTERVIEWER in a household survey**

[Interviewer asks for consensus – everybody says no, they wouldn't speak to men]

“We can't speak openly, comfortably...because we feel ashamed, embarrassed in front of them” [Others agree]

“Outside the house they'll talk to everyone when to comes to the child”

“They don't step out of the house, so other than speaking to her in-laws [who can they] speak to.”

Everybody agrees that if the need be, women will reach out to men outside (their family) for the child. Generally women speak to women about their issues, not to men. They won't speak to men because they feel uncomfortable, its inconvenient, they won't be able to open up.

## **7. Factors influencing a mother's response during a household survey**

“Age comes first...the name...second...the place”

“If a man came we may not have come...” [interviewer starts taking consensus – this is the most important. Woman over man is the most important.]

“who the person is matters the most, who is present here...men shouldn't be present. That's easier.”

“Yes [they should be educated...more important than age]”

“whether the person is older or not, that should be respected...[participants confirm that they wouldn't speak to the interviewers if they spoke badly]...there are lots of women/ madams who speak to us rudely, of course we wouldn't respond to them.”

“I've left my parents in law at home...[something about the parents in law being spoken to respectfully, participant appears to be confused about the question]”

“The first thing needed is women (workers). When its men they hardly come over. The next is that other people shouldn't be present. If a man's present the women won't be able to open up. Third, they should be educated. Fourth is about age, and the fifth is that the space needs to be mutually convenient for everyone accessing it.”

## **8. Any specific health issues that a mother should not be discussing with a female or male interviewer during a household survey**

There are restrictions as, when the women talk to men, people start complaining to their families (*shikayat*): ‘you’re a woman, you should be talking to women [about such things]’

**9. Expectation from mothers to answer in a certain way to certain questions?**

“They should talk with respect, talk nicely.”

“Elders should be talked to with respect. Are they going to talk with a [chip on their shoulder] or nicely [with love]? If we speak well, they/others will speak well too.”

**10. Gender of the interviewer in your community during HH surveys.**

“Women should come...[some confusion]” [interviewer asks for consensus: everybody says mostly women come]

“Women and men can do the same job, right? If we don’t have the self-confidence/reliance to work as well as men, we wouldn’t be able to do it.”

“Women should come for surveys. Women don’t do men’s work madam, they can conduct question answer sessions more relaxedly, that’s why they would be better at the job. Talking about delivery and family planning is easy with women, not so with men. Talking about the child’s health, that can be done with both parents. Talking about personal illnesses is easier with women too. AWWs, ASHAs who are women are needed for that.”

“Talking to women, like you, makes it easier for women to open up and also understand [the issues], whereas with men talking, women aren’t able to do that or understand what they need to.”

Respondents: Family members (FGD)

Code: FMF

Location: Aurangabad

Date: 20/12/17

**1. Acceptability of mothers discussing their health issues within the household**

“I would tell my mother in law, husband, ...and my *gotni*”.

“I’d tell my husband...and my *gotni*, my mother in law isn’t there [anymore/passed away].”

“Either we would tell our mothers, our sisters in law, our sisters, etc...but how can we possibly tell our fathers, our brothers? ...we will tell our mothers, and they will share with our fathers that this has happened to us...how can we speak to them, its embarrassing.”

“our personal issues, we cannot share with our fathers- and brothers-in law! Only if we are in an emergency situation, when neither the husband nor mother in law are listening to us/around, then we will have to share our troubles with them [male in laws]. How can one possibly share such things with them otherwise?”

“Does one share personal health concerns with male in laws? There is such a thing as shame/dignity...other than our husbands, how can we possibly speak to anyone else/any other man?”

“I’d tell my mother in law...”

“we wouldn’t tell our fathers, brothers...other men...”

## **2. Acceptability of mothers discussing their health issues OUTSIDE the household**

“how would we talk to a boy, a young boy? What could a grown woman possibly tell him?” [laughing at the interviewer]

“You’d speak to your *gotni*, mother-in law [if she lives outside]”

“Yes, yes, we got to the ASHAs, [ANMs]...[-----] mother...we don’t know her name...we don’t have that information either” [somebody volunteers ‘-----’]

## **3. Acceptability of mothers discussing their Children’s health issues within the household**

[respondents chattering, inaudible.... interviewers request them to speak one by one]

“If the child is unwell I’d speak to my mother-in law...and the whole family”

“Yes I agree...”

“I’d speak to my mother in law...”

“I’d tell the father, the parents-in law, everyone at home...”

**4. Acceptability of mothers discussing their Children's health issues OUTSIDE the household**

"I'd even tell my neighbors if the need be..."

"I'd tell people outside, whoever...is [concerned] that my child is unwell..."

"I'd tell everyone...that my child is unwell...I'd tell whoever can [help]."

"I'd take help from whoever, a man, because you need help to get to the hospital."

"Yes...we can talk about the child with anyone...but no [not about ourselves, not with male in laws]."

**5. Comfort level of mothers discussing their health issues with a FEMALE INTERVIEWER in a household survey**

"I've only ever see people like [women] come to ask...we'd only speak to women..."

**6. Comfort level of mothers discussing their health issues with a MALE INTERVIEWER in a household survey**

"It wouldn't be easy to talk to men..."

"It would be difficult to talk to men...embarrassing."

"If need be...we would have to talk to doctors...if need be we would have to talk men about our concerns..."

**7. Factors influencing a mother's response during a household survey**

"no...we wouldn't talk if it was a man...[if you two were men]...didn't we say?"

"we'd feel afraid to talk to men..."

"ladies...ladies..." [number one, after a long explanation, consensus arrived at]

"first...the place....then age..."

[interviewers spending considerable time trying to explain the question to them ]

“if a 15 year old girl comes, what can we possibly explain to her? She will look for girls her age, wont she? What will we tell her?”

“This is the women’s place...this is where we sit, so why wouldn’t we come here? That is the place where men sit, would we go and sit there and talk? No, right?” [Place becomes number 2]

“If they weren’t educated, what could we possibly speak to you about? What would you write down?” [education becomes number 3]

**8. Any specific health issues that a mother should not be discussing with a female or male interviewer during a household survey**

“On child birth...we would prefer to speak to a woman..”

“On contraception...we would prefer to speak to women, [---], these are women’s issues...”

“on children, we can speak to everyone...”

“Yes [ASHA [---] should be a woman...”

“It would be okay if it were a man...”

“If there are questions on tetanus injections etc, they’ll ask us, how many days has it been etc, ...if it was a man we would be embarrassed! If it was a woman it would be a much more comfortable conversation, wouldn’t it? We’d just get up and go shame-faced [if it were a man].”

**9. Expectation from mothers to answer in a certain way to certain questions?**

When men survey, other men talk to them, else older women talk to them only.

**10. Gender of the interviewer in your community during HH surveys.**

“Both come....”

“[---], mostly men come...listen to me, since I’ve gotten married and come here, I’ve noticed that mostly its men who come”

“You see, you’re talking to us, explaining everything. Men just talk in their own lingo, in their own way and go away [they don’t explain anything].”

**Observations**

“Women should come to talk to us, no [---]?”

Respondents: Family members (FGD)

Code: FMM

Location: Aurangabad

Date: 20/12/17

### **1. Acceptability of mothers discussing their health issues within the household**

“she will talk to her husband...she will talk to her husband”

“she will talk to her husband, her children, her parents...”

“my wife talk to her family members...if it's a woman's issue she will talk to a woman”

“she can talk to her husband or mother in law”

“If she has some issue or problem/sadness, she will tell me, and if I have some issue or problem, I will tell her. We share with each other. ”

“she will tell me if she has a problem...”

[one response is inaudible]...”we would ask her, are you okay, what happened? We'd take her [for treatment]”

“Women speak to each other, and if not other women they tell their husbands, only then can she get some relief for her problem.”

“It's better if they speak to their families or their husbands. They would be able to decide if there's money or not [for the issue].”

“Women speak to other women in their families, [especially] their mothers-in law.”

“On internal/intimate issues, women speak to their husbands, mothers-in law. They would share with us, and if we have any sadness [troubles] we would share that with them. When it comes to children they speak to each other and work together to get a solution”

### **2. Acceptability of mothers discussing their health issues OUTSIDE the household**

“she will speak to her *gotni*, her husband, they will decide what the illness is and whether they need to go to get treatment, we will help her treat it. If she asks for help we will take her.”

“Outside the house, she will speak to a woman. If there’s no one, only men, she won’t be able to speak to them. She will have to go to a hospitable.”

“She will have to speak to someone who she is comfortable with, who understands her.”

“[she will have to go to a hospital]...if need be she has to speak to the men. Wont we tell them what our problems are, where our aches and pains are? If there’s a neighbor who can help, if there’s no family, won’t they help us? They will know how to help us, right?...[appears to become confused, needs explanation in between]...”

“She would speak to her brothers, her husband’s brothers for help. Outside the house, we have brothers, brothers in law[younger], if she falls ill she has to take their help.”

“The daughter in law wouldn’t speak directly ...she’d have to tell me, and I’d tell them because we cant get help without them.”

“When we fall ill we need medication, who will take us [if not men?]...”

“she would tell if she falls ill...”

[interviewer starts speaking over the respondent, unable to hear, noise levels and echos increase]

“Women speak to [Anganwadi and ASHAs]” [respondents murmuring in agreement]

“They take advice from their sisters-in law and female relatives in the village, elder sisters, in laws, describing the issue to them, and ask if they should go to the doctor or not.”

“They will talk to women. Imagine, if there isn’t anyone to talk to, they will not talk openly to a man, she will ask that we “please call him” instead.”

“Whoever she considers to be close outside the house, she will speak to that person, no matter if it’s a man or a woman.”

“She speaks to someone who is in the know. If that doesn’t work, she asks for recommendations for someone who is knowledgeable in these matters.”

“If the husband earns he is likely living elsewhere. In that case, a woman won’t share her issues with male relatives, in-laws, brother, included.”

### **3. Acceptability of mothers discussing their Children’s health issues within the household**

“women can speak to men...children will speak to their mothers first, right?”  
[noise increases, some responses are inaudible, everybody speaking over each other]

“she can speak to the in laws”

“yes she can go to the brother in law...father in law.”

“If the husband isn’t home, obviously she will speak to the mother in law, family members..”

“She will tell her husband that their child is unwell”

“They tell trusted elders and family members, like the in laws.”

OB – Everybody agreed that the elders in the house and village are consulted by women when it comes to the child’s welfare.

### **4. Acceptability of mothers discussing their Children’s health issues OUTSIDE the household**

“She could ask anyone, woman or man, if no one is at home, she can reach out to outsiders, for the sake of the child. In their case there’s no problem seeking out men.”

“We live outside, if something like this happens at home...she can speak to my mother. She lives outside the house.”

“She can speak to people outside...neighbours.”

“She’ll tell the doctor, and if the husband isn’t around, she’ll consult others [in her community], man or woman, for help.”

“We live outside, only those present in the village can help the woman.”

“At first they say ‘don’t tell the old lady’, and then go to the ‘*budhiya*’ [old woman] for help and advice.”

OB – Everyone agreed that in the case of the child, women can talk to everyone and that they receive support from all quarters as well.

##### **5. Comfort level of mothers discussing their health issues with a FEMALE INTERVIEWER in a household survey**

“A woman cannot reveal all the issues in front of a man. Its inconvenient to talk in front of them without a veil.”

“They’d feel ashamed to talk.”

“Women will feel uncomfortable talking to men, whereas they’ll talk openly with a woman.”

##### **6. Comfort level of mothers discussing their health issues with a MALE INTERVIEWER in a household survey**

“It would be tough for women to talk to men about such issues.”

[RESPONSES between 29:30 and 30:15 indecipherable]

“no, not with ease” [people seem to speak together, agreeing]

“how can a woman speak to a man?”

“she feels/would feel ashamed...”

“when women speak to men they feel shy, that’s why they cannot talk openly with men. Yes, with women, yes.”

“With a man, on children, she will be able to speak openly. ” [Respondents speaking together in agreement.]

“They can talk to young children at any point.”

Mostly everyone agreed that when it comes to children people talk about their illnesses openly.

##### **7. Factors influencing a mother's response during a household survey**

“Of course it would have an impact...if the place is open” [four people say]

“first of all its important that the surveyor is a woman...” [others agree that this is the most important, gender is number 1]

“the place should be quiet” [number 2]

“what is it?...men...”

“Education...” [yes, yes respondents agree...] [number 3]

“age is important, it has an impact...” [number 4]

“public place is important” [people speaking together] [number 5]

Everyone’s collective opinion – what’s important is:

- a) Having women workers is important
- b) The place to talk about health issues should be ‘right’ [safe/convenient/correct]
- c) There should be more education/literacy
- d) Others shouldn’t be present
- e) Age of the health worker is going to be key [experience?] a 15-year old girl cannot counsel a 40 year old woman

**8. Any specific health issues that a mother should not be discussing with a female or male interviewer during a household survey**

“I want to go home and eat...” [asked to stay back]

“Women wont hesitate to speak to other women, what’s the issue...”

“she will speak to men about these issues as well”

“not about her illness, how is that possible?”

“she is speaking to me, why will I not speak about myself?”

“no, she won’t speak to a man about her health.”

“she will speak to a woman about her health.” [people responding together]

“She will speak to the woman [on family planning]”

[jumbled voices, respondents being asked over and over to stay back.]

“[Anganwadi [---]] should be women...”

“Women shouldn’t have an issue talking other women. If a woman has to talk to a man she can manage a little, but how will she speak of her own ailment?”

Consensus among the group that:

- a) On childbirth, breastfeeding, women should talk with women
- b) On children they can talk to everyone, men and women included
- c) There should be women AWWs and ASHAs to talk to as well.

d) They should talk to women on family planning too

OB – Again, everybody agreed that women can talk about their personal health concerns with women alone.

**9. Expectation from mothers to answer in a certain way to certain questions?**

“Women wouldn’t feel ashamed talking to other women, whereas with men they wouldn’t be able to talk without feeling embarrassed and shame. Many women will want to wear their veil or not answer at all if it’s a man asking the questions.”

**10. Gender of the interviewer in your community during HH surveys.**

“No one has come here before...no people have come before.”

“surveys are conducted by teachers, male teachers...”

“There will be a difference between a man talking and woman talking...”

“there’s no difference in the way women and men work...”

“Mostly, men come to conduct surveys. If women come to talk to women instead, there won’t be any impact on the form-filling. But the surveys done by men will be different. But both genders work well, they work hard.”

Respondents: Mothers (FGD)

Code: MO

Location: Gopalganj

Date: 17/01/18

**Question 1.**

When we were in our parental homes, we would talk to our mothers. In the marital home we speak to whoever is the oldest guardian of the house, our sisters, mothers-in law. We won’t speak to the men in the house. Because its embarrassing. But we can talk to our husbands.

First, my husband. If he doesn’t listen then my mother-in law. Talking to the mother-in law and husband is easy.

First the mother-in law and husband, later other relatives/friends. No oen else

I can speak to my mother-in law, [my owner- husband], else the younger brother-in law’s wife. Not the male relatives.

I speak about my difficulties with my owner [husband]. I could talk to my daughters, grandchild. I may speak to my in-laws. If my problems [*dukh* sadness] is great, I can talk to my owner, he has to take care of me.

I could talk to my owner to tell him that I'm sick/unhappy because I'm unwell, and he could send me to get it treated. Else I could talk to my sister-in law [younger brother's wife]. If no one is at home, who can I speak to?

I could talk to the younger sister-in law, my mother-in law, owner/husband. Not the male relatives, not even the younger brother-in law.

First my mother in law, then my older brother-in law's wife, then the younger brother-in law's wife, but before them, my husband.

First the mother-in law, if not her, the father-in law, my husband, and then if not him, his younger brother.

I'd tell my guardian – the educated members of our society, to other women. I'd tell men that I can't speak to them. If its possible, I'd talk to everyone in the house.

They'll talk their husbands. Mothers-in law, women in the neighbourhood, but not necessarily their male relatives (from the husband's family).

They'll tell their mothers-in law, husbands, they needn't speak to anyone else. If there are other people they might speak to them, maybe even the father-in law. There's no question of convention, if the mother-in law knows the father-in law will find out anyway. But rural people have reservations about sharing certain things.

In the parental home they'll speak to their parents, then the husband, if there are female relatives around them, but not the father and brother-in laws.

Question 2.

Outside the house, women with little children speak to friends and neighbours who they are attached to about their personal problems. They don't tell men about these issues, especially if its an internal problem or illness. If they are observed speaking to a man about internal issues people misinterpret that, so they only share their problems with women.

They'll speak to sisters-in law, neighbours, who are women, rather than men, because the people taking care/monitoring in the village are mostly women.

Women will speak to younger sister-in laws, women, not men.

They'll speak to women around them, about their sadness/issues or discomfort. They'll speak to those from their communities, their younger sisters-in law (families).

I would tell my owner. Women who are neighbours, friends who I trust and am attached to, my in-laws as well. Not men outside the family. I would tell them, I have a fever, cold etc, and would tell my husband. If I have a man in the house why I should I tell someone else? I should tell my husband first only then is there any question of showing someone else!

I'd tell my husband at home, and then call my parents and tell them, tell my sister, but I can't tell my husband's [male] relatives.

I'd tell women outside the house, maybe my younger sisters-in law. Of course, I won't tell men?!

I'd tell my female in-laws, people next door hear about the issues [through them] (respondent seems to suggest that the men hear about issues this way too).

I tell my neighbours as the need be. Not necessarily men, but I ask for help if needed.

I tell my guardian, neighbours, friends, and sometimes men. I would tell women, but not men. The other men in the village would be suspicious.

If someone's unwell at home, like if I am unwell, and if I need to consult someone about it, there's no one in my house who will object or feel suspicious about that.

Question 3.

If a child is unwell at home, everybody at home is informed, and everybody is responsible for helping take care/for the treatment, all the ladies (i to xii) agreed.

Question 4.

Question 5.

Question 6.

Talking to men outside the family/village about personal health issues:

If it's a cold we can tell, but for internal illnesses we can tell after wearing a veil. With you we can speak openly, but it can't be like that [with men].

We talk about our suffering with our men, our female relatives.

We feel embarrassed and shy, talking to men, what do we tell them? And of course women know best what women go through, so we prefer to speak to women, and avoid telling men.

Yes, I speak to men

If it's a woman's issue, won't I tell a woman?

If a man comes from outside [the village] no we can't talk to him

Question 7.

Age isn't that important, you're younger but you're talking to us.

1. The conversant should be educated
2. All remaining 12 agreed that the space in which they speak must be important.
3. The conversant must be a woman, because only women can talk to women, its easy.
4. In the end, they put age, all women agree [that its not important]

Question 8.

Talking about deliveries is needed with women because:

- its easier to talk about it with women
- if we are sitting this close and talking to a man it won't look nice
- women understand other women
- women can talk about illnesses freely
- imagine how embarrassed they would be speaking to women, if we have issues even now. Men would yell and walk off. We can't do that.

All of the women agreed that women alone should talk to other women about child birth/deliveries. Talking about this with women is easy.

- i) We can talk to both but talking to women is easy.
- ii) Both can be spoken to about children's issues

Most of the women agreed with this sentiment.

- Talking about family planning, xiii and ii mentioned that both partners should be talked with. Viii mentioned that those who are embarrassed shouldn't talk, and those who aren't should talk to both men and women. The remaining 11 agreed that family planning should be talked about with women, by women.
- On a child's illness, everyone agreed that both man and woman should be spoken to, and it's easy to do so.

- Female LWs are needed because – xii says they are village women, they feel shy, so women should talk to other women about this.  
vi says Anganwadi workers/women should be talking to people about this.  
Viii says FLWs should be both, men and women, but the rest of the women agreed FLWs should be women.

#### Question 9.

A woman will talk freely with a woman about her personal health related problems. They will hesitate when it comes to talking to a man about these personal issues because she can't talk to any man other than her husband.

The women agreed that they shouldn't be hesitant to speak, but that women do tend to be conventional and hesitant with men out of fear.

#### Question 10.

No one has come to survey here. No one has conducted interviews on health like this before, all the women reported. Women and men both work equally, but women can best with women.

They work well, but men are difficult, and if you ask them a question they will give you incorrect/inaccurate answers/respond funnily or inappropriately.

There's no such issue that women are shyer than men, or that they cannot open up and talk. Women talk to each other openly.

There is no difference in the way men and women work, but women can speak more openly with other women. That's the difference here.

If women talk to other men and women and men observe them, it will look bad and they might be questioned by others.

Respondents: Family Members (FGD)

Code: FMF

Location: Gopalganj

Date: 18/01/18

#### Question 1.

I tell my husband, my guardian, my parents my parents-in law when I'm feeling unwell. I tell my sister-in law, or sister, sometimes about hiding the illness.

I tell my husband, my neighbours, and sisters-in law at home. When the illness improves/goes away, then being respectful, controlling the conversation, and not talking about it is necessary.

When I'm unwell I talk to my family, we decide what to do within the family/together.

I tell my mother-in law, my son and my grandson.

I tell my mother-in law, my owner/husband, everybody. Everyone knows when somebody falls ill in the village. If there's an issue or difficulty along the way, that happens, [you have to share it].

They tell me, they tell everyone. If my son is at home, she wont share it with her mother-in law [respondent]

I tell my daughter, my owner/husband.

I tell my son and grandson. Nobody else.

She tells me, she tells her father.

The women agree that a woman with small children first approaches her mother in law, and then the husband if he is home. After that female relatives. She won't tell her male relatives, father in law etc.

Question 2.

Outside the house, if needed the woman will get a man for support in order to get treatment. If the woman has a lover, she might tell him. But not everyone.

There are lots of people outside the family, including neighbours, older women etc who women consult. Who feel close to. Else they speak to the doctors in the hospital. Not to men though.

They talk to people at home, not outside.

Her husband she doesn't necessarily tell

Some she tells, some she takes with her, neighbours etc.

She tells her grandson, takes him [has him accompany her]

She speaks to the grandson, especially if it happens suddenly

She doesn't tell everyone around her. If you take her, you aren't from within the neighbours.

As the first woman said, she would tell her guardian about it.

The mother-in law passed away, but before telling my sister-in law I'd tell my husband. I wouldn't tell the brother in law and other male relatives because I'd feel embarrassed.

Question 3.

Tell the mother-in law first then the father-in law, and then everyone in the house. One should have the courage to tell everyone.

If she is sad about her child being unwell, she wont even tell me, she asks her father-in law for help.

If people delay, who will they speak to? She can call people or else speak with someone wearing the veil.

She speaks to her guardian, and to her mother.

She has to speak to someone – if not me, then someone else.

She doesn't tell us.

If a child falls ill everyone in the house is informed. Whoever knows how to, takes the child and goes. Outside the house, we talk to the grandmas, sitting together, and we don't talk to brothers-in law, male relatives [etc]

A woman with small children will take help within her neighbourhood where she can. But she will first go to her mother-in law. She will get all the help she needs but will then say that [nobody helped her].

Question 4.

All the women agree that when it comes to children, they will seek help outside, whether from a man or a woman. They don't face an issue with that.

Question 5.

Women do not face any issue speaking to other women about personal health problems.

Question 6.

Talking to men is uncomfortable, especially a male outsider, talking to him about personal health issues is embarrassing. Mothers will want to wear a veil.

Question 7.

All the women agree that for women with small children:

- a) There should be women counselling other women
- b) The space in which they speak is second most

- c) Education is priority no 3
- d) The age of the conversant comes last

Question 8.

- On deliveries and preparing for them, the women say that women workers should be talking about this. Viii says in order to explain things easily, it shouldn't be a man doing the talking to.
- Even on preparing for child birth, it should be a woman worker talking to pregnant women. Its easier to talk to women.
- Even when it comes to family planning, its easier to talk to women.
- If its about the child, talk to women, but also talk to men.
- FLWs should be women, because women workers can get the job done better than their male counterparts. They can talk more openly..

When it comes to vaccinations for children women can talk to both men and women about that, but they can't talk about their own health related problems with men.

Question 10.

Nobody has come to survey us like this before. Its easier to talk to women rather than men.

Respondents: Mothers (FGD)

Code: MO

Location: Gopalganj

Date: 13/01/18

1.

- ❖ She will tell her husband and no one else.
- ❖ She will tell her husband, mother in law and sister in law. But she will not tell her father in law, elder and younger brother in law.
- ❖ I will tell my husband, mother in law, sister in law and no one else.
- ❖ I tell my husband, mother in law, sister in law but I do not talk to my father in law and elder brother in law.
- ❖ I tell my husband, mother in law and sister in law and no one else. I do not tell my father in law and elder brother in law, because they are not there.
- ❖ I tell my husband, mother in law and sister in law and no one else.
- ❖ I tell my husband and my son. I do not tell anyone else, when there is no one in the house then whom should I tell.
- ❖ I will tell my mother in law, husband and sister in law but I will not tell my father in law, elder brother in law or my children.

- ❖ I will tell my husband, mother in law and no one else.
- ❖ I will tell my mother, my sister in laws but I do not talk to my elders like my father in law and elder brother in law.
- Related to the issue of health, most of the women will speak to their husbands, mother in laws and sister in laws in the house. They feel comfortable telling them about their health related problems. Everyone said, they feel ashamed so they do not tell their health problems to their father in law, elder brother in law.

2.

- ❖ I will tell in the neighbourhood and my mother over the phone.
- ❖ I will tell my aunt in the neighbourhood and will not tell the father in law and elder brother in law.
- ❖ I will tell my mother, grandmother and my sister in law and no one else.
- ❖ I will tell my grandmother, my sister in law and no one else.
- ❖ I will tell my mother and father, my sister in law in the neighbourhood. I will tell the doctor and no one else.
- ❖ I will tell my father and mother and no one else. I do not go out of the house. I will tell the doctor.
- ❖ I will tell my mother and sister and I will tell my mother and father over the phone.
- ❖ I tell my mother and father over the phone and the doctor.
- ❖ I tell my mother, father, my brother and no one else.
- ❖ I tell my mother, sister in law and aunt. I do not tell my father in law and elder brother in law.
- Women talk about their personal health problems to their mothers, father, brother, sister in laws and sisters over the phone. They consider it comfortable to talk to the sister in law in the neighbourhood and with the doctor. Apart from these, they do not feel comfortable talking to another man.

3.

- ❖ Regarding the child I will tell my husband and father in law and no one else.
- ❖ I will tell my husband, mother in law, sister in law, father in law, brother in law and everyone else.
- ❖ I will tell my husband, mother in law and brother in law.
- ❖ I will tell my mother in law, husband and everyone else in the house.

- ❖ I will tell everyone in the house about the child's illness (because she does not go out of the house).
- ❖ I will tell my husband, mother in law and sister in law.
- ❖ I tell my husband and brother in law.
- ❖ Who so ever is elder in the house I tell all of them.
- ❖ I will tell my husband and mother in law (because no one else will help).
- ❖ I tell my mother and father.
- Mothers will talk about their child's health problems easily with their mother in laws, husbands, brother in laws, father in laws, elder brother in laws and other elder members in the family.

4.

- ❖ I tell boys in the neighbourhood to help with the treatment of the child.
- ❖ I tell my brother in laws and boys in the neighborhood.
- ❖ I will tell the sister in law in the neighbourhood and everyone for the child's sake; I will not feel any hesitation.
- ❖ I tell my elder brother in law's son. I can tell anyone outside the house as well, I will not feel any hesitation.
- ❖ I can tell anyone I am close to – father in law, elder brother in law, younger brother in law anyone. I will have to tell someone.
- ❖ I will tell someone close and my elder brother in law's son.
- ❖ There are a lot of helping people in the village I can tell anyone.
- ❖ I tell the doctor or call my brother over the phone.
- ❖ I go on my own and get the treatment for my child. If the problem is serious I go to my parent's house.
- ❖ I take help from my brothers in the village.
- For the health of their children they can seek help from neighbours, close relatives or anyone and of any age available around in the village. They also take their children on their own for the treatment.

5.

- ❖ With women.
- ❖ A woman will know about another woman.
- Women can talk to a women interviewer about their personal health problems easily. They will not feel any hesitation. Everyone agreed and said that a woman can understand another woman that is why talking to women regarding health is easy.

6. All the women said that they will feel ashamed while talking to men about their health related problems. They will feel hesitation while telling them.
7.
  - i. First of all, nine women said that for talking place is important.
  - ii. Second, eight women said that interviewer should be a woman.
  - iii. Third, seven women said that the interviewer should be educated.
  - iv. At fourth position, six women said that the age of the interviewer is important. She should be of the same age.
  - v. Finally, they gave importance to the presence of other people.
8.
  - ❖ All women said that they will talk to a woman while talking about preparing for child delivery.
  - ❖ For preparing about child birth also they will talk to a woman.
  - ❖ For family planning also all the women said that they will talk to a woman.
  - ❖ Regarding the child's illness all the women said they can talk to both be it a man or a woman.
  - ❖ F.L.W. should be a woman, everyone said so.
9.
  - ❖ viii) We tell women everything. But we should not feel ashamed while talking about the children but while talking about our health problem we should feel ashamed. There are certain things which can be shared but there are certain things, we should feel shame while telling them. But we tell the doctor.
  - ❖ All the other women supported whatever this woman was saying.
10. Whenever there is a survey who comes often man or a woman while asking this, one respondent said I do not know, then second said I also do not know and similarly everyone said they do not know. No one came to ask them anything. Then when asked whether women work better or men, they replied:
  - ❖ iv) we will be able to talk better with a woman because she will understand another woman's plight.
  - ❖ v) I will not feel ashamed while talking to another woman so I will talk to her easily. I do not feel shame while talking to women.
  - ❖ ii) I feel scared and ashamed while talking to men.
  - ❖ iii) There is no difference in the work but I do not feel any shame while talking to a woman.

- ❖ i) women do their work, men do their work, everyone does their own work. But I do not feel shame while talking to another woman.
- While talking about their personal health problems women do not face any difficulty while talking to another woman. They can tell their health problems easily. They feel scared, ashamed and hesitant while telling this to men, that is why they feel uncomfortable talking to men.

Respondents: Family Members (FGD)

Code: FMM

Location: Gopalganj

Date: 14/01/18

1.

xi – she tells me (mother in law) and her master (*‘master’ is the literal translation - means husband or the owner of the house, the one who handles all finances*). She does not tell her father in law and elder brother in law.

xii – does not tell her father in law, tells her master and mother in law. She feels shy from her father in law and elder brother in law.

ii – first of all she will tell the husband. Then the mother in law. Certain relations in the house, such like the father in law or elder brother in law, you cannot tell them all this. She will not tell them because of shame.

i – if there is any disease, she will tell her husband first and then her mother in law. If both of them are not available then she will talk to her mother over the phone. She will not be able to tell anyone else. It is the responsibility of the husband and mother in law to take care of her. The women will tell their sister in law because they do not feel ashamed while talking to her. They will tell their mother in law and sister in law, they will only get the treatment done. We have this kind of a tradition and custom in our Indian culture that women are not able to tell this to their father in law and elder brother in law. Because of culture and embarrassment they are not able to convey it. Our ancestors made this ritual, it is a prevailing custom in our Hindu religion, we respect our elders.

iii – She will tell her mother in law, her husband but not to her father in law and elder brother in law because she will feel ashamed and embarrassed.

iv – first of all she will tell my husband and then my mother in law after that to someone who can go and bring medicine in the house. If there is a young kid, then she will tell him to go and bring me the medicine. She will not be able to tell my father in law anything openly and if there is some tension with someone she will not be able to tell them.

V – she will tell her master (husband) first, then her mother in law. If there is younger brother in law in the house then she will tell him. She feels ashamed so she will not tell her father in law and elder brother in law.

Vi – she will tell me first, I will take her straight to the doctor but if I am not at home then my mother is there, younger brother is there she will tell them and get the treatment. But like I have an elder brother she will not tell him, she will feel ashamed.

Viii – first of all she will tell her master, then her mother in law and younger brother in law. She will not tell her father in law and elder brother in law. In Hindu religion these things are not supposed to be shared, there is a sense of shame.

Vii – she will ask for help from her mother in law not her father in law, she feels embarrassed.

ix – if a woman has some illness she will tell her husband, after that she will tell her mother in law. She will not be able to tell her father in law and elder brother in law anything, so she will talk to another woman in the neighbourhood and they will inform her family to take her for the treatment.

x – she will tell her master (husband), mother in law and close relative. She will not tell her father in law and elder brother in law due to shame.

➤ If a woman is suffering from a personal problem she will tell her husband, younger brother in law and sister in law. But she will not tell her father in law and elder brother in law, she will seek help from someone in the neighbourhood and tell them to convey her elders that I have this problem please take me for the treatment. But they cannot tell them directly almost all the respondents said so. But two women said that as per our Hindu religion and culture, there is a tradition that women do not talk to their elders.

2.

xi) they seek help from known people from the neighborhood, anyone they know from around, man or woman both. They can ask for help related to their personal illness.

xii) sister in law, the lady from the neighbourhood or my mother I can tell them. How will we talk to men about our personal illness I will feel ashamed.

ii) at first she will tell the woman in the family. Then she will tell some familiar person from the neighbourhood. She will tell her close friend about her personal illness then she will tell a known male member and the doctor.

i) she will go to the doctor first, there is no problem in going there. If there is a serious problem then she can take help from people in the neighbourhood, those she is familiar with be it a man or a woman. Whosoever she is familiar with she will ask for help from them.

iii) at first she will ask for help from the doctor and people from the neighbourhood she is close to. Those she has talking terms with she can ask for help from them.

iv) those she is close to in the neighbourhood she can ask for help from them. This is a trend here, if you do not have good terms with someone in the neighbourhood, you cannot ask for help from them.

vi) first she will ask for the advice from the doctor, if it helps it is fine otherwise she will go to the senior doctor. If she gravely falls ill then she will definitely convey someone and they will take her for the treatment immediately. The situation in our village is such, no matter how much you fight if it is required they will always help.

iv) if her health is not fine or for anything else she will go to the doctor and take medicine. She will take suggestion from her brother. Brother stays close by, other relative is also close, she can ask for help from them if required.

x) she will tell in the neighbourhood. A woman will tell another woman. Woman tells a man only if he is a doctor.

➤ Outside the house, a woman tells about her personal problem to her neighbours. If required she will take help from another male but only if the situation is dire, serious. Women will tell their personal problems only to another woman be it in the neighbourhood or any relative. She will seek help from men only for money or for taking them to the doctor.

3. xi) to my master (*husband*), my younger son, I can talk to everyone.

xii) She will talk to her master, or my mother in law and no one else. She will not be able to talk to her father in law and elder brother in law because of shame.

i) + ii) if a child is not well in the house, the woman tells her husband. She can tell any member in the house. She can tell her father in law, elder brother in law that my child is not well, please take him to the doctor.

i) it is about the child, I can tell my father in law and elder brother in law from behind the veil as well.

iii) She can tell everyone about her child:

iv + vi) there are so many people in the family she can tell anyone about the child.

x) if a child's health is not fine then she can tell everyone.

❖ When a child is not well in the house, in that scenario the mother of the child can talk to any member of the family and can take help from everyone.

4.

xi) If a child is sick, she can ask for help from everyone. She can even ask everyone in the neighbourhood for help.

ii) if a child is not well, then outside I can ask anyone for help and advice, that we need to go to the doctor please take us there.

i) I can call asha worker and anganwadi worker and ask for help. I can also ask from some educated person or a familiar person. It is not good to think that way, that we will not take help for the child.

iii – She can ask for help from everyone, or talk to anyone about her child, even outside the house, she can ask for help from everyone there is no problem.

v + vi ) – outside the house, she can ask for help from everyone.

- ❖ Outside the house, for the child's illness they can ask for help from anyone. Women will seek help and take advice for the treatment and medicines and they will not hesitate or feel any shame.

5.

xi + xii) it will be easier with a woman.

ii) It will be easier talking to a woman.

i) A woman will talk to a woman only.

iii + iv) A woman will talk to a woman only.

vi + vii) will talk to a woman only.

viii + ix) A woman will talk to a woman.

x) - will talk to a woman only.

- ❖ Women can tell their personal health issues and problems comfortably to a women interviewer only.

6. The respondents said, they will not feel comfortable talking to a male interviewer about their personal health problems.

7. on the basis of voting and prime importance:

- i) At first, the respondent gave importance the place.
- ii) At second, education is the most important.
- iii) Third, women interviewer should be there.
- iv) Presence of other people should not be there.
- v) Last, age is there. Men said, age does not matter much.

xii) this respondent (no. 12) said, woman should not be of elder or younger. If the woman interviewer is of same age we can talk about our personal problems easily.

8. Regarding child delivery talking to a woman is easier, everyone said so because:

iii) she can tell everything to a woman.

ii) Only an experienced person can tell you about the experience of a child delivery

i) She has her own experience.

xii) I can tell Asha and Anganwadi worker because it is easy. I can easily tell them my heart's content. I cannot tell everyone else.

x) Whatever there is it is easy to talk to the Asha and Anganwadi worker.

❖ Everyone said that while discussing about preparing for child birth, they will talk to a woman because:

ii) She can take care of the young child.

❖ For family planning also everyone said, talking to a woman is easy.

❖ For the illness of a child talking to anyone be it a man or a woman is easy.

ii) Be it a man or a woman if they are providing information regarding a child's illness, I can ask for help. It will not be a problem at all.

❖ F.L.W. (Front line worker) should be a woman because:

xi) women only take care of everyone in the house.

xii) women should be there, they only take care. Just like Asha and Anganwadi workers are there.

x) women only protect the child.

ii) what happens is, in Anganwadi school small kids go to study and there is a woman because if something happens she can take care of the children. Now, men cannot understand this, women can understand the maternal instincts, men cannot understand this.

i) Mother is the closest to the children. Women have more knowledge about other women.

iii). Women take care of the child.

iv + vi+ vii) she will take care of the child and protect the child.

9. Talking about their personal health issues with men, they feel ashamed. They are able to talk to women openly about this but not with men at all.

Everyone in the group agreed that for research purpose, often men come as interviewers, women do not come. If a woman come here and asks us, we will tell her everything properly. But if a man will ask us, we will not tell him anything. That is

why it is good to have a woman as an interviewer. We will not be able to tell anything more on this.

10. Everyone said, before this no one has ever come in the village for this kind of a health survey before.

❖ Everyone said women can do better work.

xii) We can say it by looking at you.

xi) they talk to everyone together.

i) women are more sincere than men. They are more responsible in every form of work.

ii) women are able to do it well because here are younger children. That is why women are of use here.

iii) women will talk to women not with a man.

iv). Women feel hesitant while talking to men but they can frankly talk with women.

vi) Our ancestors provided women with this responsibility to take care of the work. They have been taking care of the household work since always.

vii) A woman will talk to a woman; she can talk to a man as well. But if the man is not in the house then women can also provide proper information.

viii) Information related to the child is with the mother, so a woman should be there to ask the questions.

ix) Women can only do it, women knows the plight of another woman.

x) A woman only knows the situation of another woman so a woman should be there.

❖ All the respondents said that women are more sincere towards their work so they can work better. Also a woman can take the information from another woman regarding her personal illness.

Respondents: FAMILY MEMBERS (FGD)

Code: FMM

Location: Gopalganj

Date: 18/01/18

## **1. Acceptability of mothers discussing their health issues within the household**

“I too agree that when a woman is unwell, her husband is notified. If he isn’t there, his/her mother, and if she isn’t around either, she can talk to the husband’s sister, elder or younger. She can’t really talk to older male relatives. The younger brother in law can still be sought, but with older male relatives, it wouldn’t be appropriate to talk without the veil. A person talks only to those people they are most attached to. These days, people talk to everyone. There aren’t any barriers, but still, there are some important traditional distinctions here in Bihar, such as with the father and older brother in law. These are the only two men in the family, else, there’s no one she can’t talk to. It brings shame to mothers to talk to other men in the family.”

“First she’ll talk to her husband. She can talk to her mother, mother-in law, sister-in law. In the case of the brother in law, if she can’t stand in front of him, how will she even talk to him? If its such a thing as a delivery, she can still tell him, but if it’s some mysterious/internal issue, how can she talk about it? That’s it.”

“what people have said so far is right.”

“A woman first speaks to her husband for her internal issues. If the husband isn’t home then she can talk to her mother. The custom in Bihar is that women don’t speak... not with her male relatives. With us, there are some hierarchies, okay, which we have to adhere to.”

“There are some issues that are personal, these can be shared with the husband, and some that are general, that can be shared with everyone. So with deliveries and personal issues, a woman shares those with her husband and her parents. And those things that are general can be shared with the family.”

“Every woman will share her [personal] issues with her owner/husband. She wouldn’t share those things with her father- and brother-in law, she’d feel ashamed.”

“No woman will share things with her older male in-laws, but with her female relatives.”

## **2. Acceptability of mothers discussing their health issues OUTSIDE the household**

“She will only seek out help from women outside the house...not men, definitely not men.”

“It is our traditional value that women show respect by distancing themselves from other ‘outside’ men and this must be adhered to.”

“If she has a relationship with someone outside the house, she will go first to that person. As far as going to the hospital is concerned, she will have to take the help of a man. Even though she’s a woman and has a personal issue, she will need her husband to escort her to the local hospital. If she has to go out, she has to take a man along. Generally, if a woman gives a suggestion, even then the final solution/decision will come from/in the form of the husband/the man.”

“If the woman concerned has a neighbor, a woman, whom he gets along with, and if she needs help on something she doesn’t know about, like travelling to Gopalganj etc, she can reach out to her husband’s younger brother.”

“That’s it – if there isn’t anyone at home, she can get help from someone outside, at the anganwadi centre – why not? They are women aren’t they? Women will know what women go through, best.”

“One minute, I’ve a great solution! You know the *sevikas* (helpers), or ASHAs – they are the closest. Women should get help from ASHAs. In a panchayat, there’s a ward number 1, number 2 etc. These people are there in these areas, ASHAs.”

“They will first take help from their neighbors. Then they will send word to the local ASHAs through those neighbours, take help from them. Talk about their personal issues.”

“Imagine there’s no one at home, if there’s someone younger, she could reach out to them to say, ‘look, I have such an issue, can you help,’ etc. – no, its someone who is younger than the husband, not the woman [herself]. She may take help from the ASHAs, if she doesn’t go herself, she could call them over.”

“It’s important to meet the ASHAs. She is the one...outside, there’s the parents in laws’ house...as in the wife’s parents’ house.”

“It’s the same...whoever is nearby, and if there’s someone who is younger, like my younger brother, my wife can get help from such a person.”

“Our older brothers in law...the custom in Bihar is that women don’t speak to, touch the women – how can they possibly seek help from them?”

“No I object to that – if there’s no one at home and only the older male in laws are at home. Imagine the woman’s problem worsens, they must help her. That’s it. This I suggest because, imagine there’s no one at home [the male in-laws, older brothers are], and the woman falls, breaks a limb, they’ll have to help her.”

“No, no, there are two issues – one is an accident, and one is personal health concern. The question has to do with a mysterious/internal issue. She can’t share that with a man.”

[Respondents start discussing within themselves, responding to another woman interlocutor on the recording: ‘she can talk to someone like you, but not us directly’ ‘not directly’ ‘it’s difficult to do that?’]

“There are cultural norms – in front of older people, younger people don’t speak to each other.”

### **3. Acceptability of mothers discussing their Children’s health issues within the household**

“This is something that, with a child’s illness, she can talk to anyone who is front of her, there’s no hesitation. Within and without the family, anyone.”

“with the child’s issues, she will talk to the husband first, because people talk to those they are closest to. If the husband isn’t at home, she will talk to the head of the house – the father in law usually, else the mother in law or older brother in law, that too form behind the veil.”

“If the husband isn’t at home, she can speak to anyone, for the child’s sake, even the brother in laws.”

“for the child, she can speak to anyone.”

“For the sake of the child, if the husband/owner isn’t home, she can speak to anyone, even the other male in laws, she can reach out to anyone.”

“If the child is unwell and the husband/owner is not at home...she can speak to the husband, if he isn’t there then the mother in law. She can, yes [speak to the male in laws].”

“whoever is family and at home, the father in law even, she can speak to them.”

4. Acceptability of mothers discussing their Children's health issues OUTSIDE the household

"Everything is the same, she can reach out to anyone outside the house, for her child's issues, call them and say 'my child is unwell, please help'."

"she can reach out to the ASHAs because they come and go [between the village] and the hospital. They can help. They can take them there. The in-laws, father-, mother- anyone, she can seek."

"in such a thing there's no issue, she can get help from the neighbors."

"she'll look for people outside the house, people nearby, and get their help. The different departments at the hospital [?] –"

"She can get help from anyone, there's no hesitation."

"the same."

"It depends on the illness that the child has, is it a fever, or is it an ache... what is the problem? Based on that, if there's an older person who can give a reference to a good doctor, and if not, we can get the ASHA, get their opinion, ask if we should go to a public or private hospital, and follow that advice accordingly."

5. **Comfort level of mothers discussing their health issues with a FEMALE INTERVIEWER in a household survey**

"There's no issue talking to men or women on health issues..."

"No no, if it's a question of a women's health issue, [voices jumbled], then the issue is... there's no problem for women talking to other woman surveyors."

"There's no issue per se, but the woman will still speak to her husband and get his opinion, if he thinks it's okay, she'll talk."

"that's it – if there are two women, she can talk to them about health concerns."

"Based on the gender, women can talk to other women officers/surveyors, that would be appropriate."

"What he said..."

[Voices jumbled, agreeing that women can talk to women surveyors...]

**6. Comfort level of mothers discussing their health issues with a MALE INTERVIEWER in a household survey**

“Women wouldn’t be able to talk to men...if they’re literate, they can talk. If they’re illiterate, they can’t.”

“No women wouldn’t [talk to men]...they’d feel shy.”

“about 30% of women would respond, talk about their personal health issues.”

**7. Factors influencing a mother's response during a household survey**

“First of all, women should be available for women to be comfortable. Everyone agrees. Education comes second...its important, for everyone. They should have a degree. Then place and the presence or absence of other people. The place where there are no men is the best place [for an interview]. Other people should not be there. The Anganwadi centre is the best, it’s the most convenient.”

“Automatically, men shouldn’t be present where women’s issues are being discussed.”

Not everyone can come out, the higher castes. Some women don’t step out of the house. They’d have to be spoken to at home. About 40% women don’t step out. They don’t go to the Anganwadi. But going to the home would be very inconvenient... no, you cannot ask anyone [men] to come in [during a survey].

“The place the home is the best place [for such an interview]. But going house to house would be inconvenient. So the Anganwadi centre is better and most convenient. It would be very difficult for you to move around.”

“There, about 70% men can come, the remaining 30% others can come [?], but going to the home would be very inconvenient.

“She should talk to outside women, not men...because this is something that only women can know the woman’s situation.”

“There’s no distinction between us men [referring to Anand ji], but I wouldn’t be able to talk to you freely. Likewise.”

“There’s no real issue. They should be able to talk.”

“[jumbled voices] women should be able to talk to other women, that is the best.”

“It would be easier to talk to other women. [everybody talks together, in agreement.]”

“We didn’t understand what you said! [To anand ji] you tell us,” [to the female interviewer...jumbled voices, laughter with gentle mocking of Anand ji about his poor Hindi]

“On children’s issues, women should be able to talk to everyone...[voices jumbled, respondents appear to be agreeing on this point with each other]”

“Who is the ANM [---]? Tell us this...[response: “midwife and nurse. Auxillary nurse midwife.”]

“the nurse should be a woman, especially the one who tends to women...”

“The nurse can be both men and women.”

“For the wife...for the wife [voices jumbled again]...the midwife should be a woman.”

8. Any specific health issues that a mother should not be discussing with a female or male interviewer during a household survey

“There shouldn’t be any issue [with speaking to women interviewers].”

“why should they be shy? If they don’t speak up they wont get the treatment [they may need]”.

9. Expectation from mothers to answer in a certain way to certain questions?

10. Gender of the interviewer in your community during HH surveys.

“Nobody has come to conduct a survey...we haven’t seen anyone.”

“Women can work best with women, women should come to survey them.”

“These are simple tasks, there’s no difference in the way men and women work.”

## **Observations**

“We should ask you...no?”

“First of all, on family planning, men and women should have the information, on how many children we should have, at what intervals, how to keep the mother and the child healthy, the husband should know this too.”

“People should know that women’s bodies are weakened by too many childbirths. They should restrict the number of children at 2, no more.”

“There should be a good health facility, that is always open. Not one that works for one day a month and doesn’t stay open the rest of the year.”

“There’s always a pressure to keep producing children...”