

Name: NA
Respondent: Aganwadi Worker
Code: AWW
Location: Aurangabad
Date: 22/12/17

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

“I will inform my mother in law first then I will tell my husband and if that doesn't work I will inform other family members too. If that too doesn't help then I will inform Asha or Anganwadi worker and ask for help. Women tend to bear a lot when it comes to their health. They only inform in the case of an emergency. They also hide and hesitate in talking about their pregnancy even with their mother in law.”

“In initial 1,2,3 months they do not even tell the govt. representatives who distribute T.H.R. (*ration/food*), if there is pregnancy the names have to be recorded, but if the representative is male they do not tell him, they convey it only if the representative is a woman. They also do not tell anyone, thinking someone might put a bad omen on them. Although a lot of women share, those who are intelligent enough they share. If their personal problem aggravates then only they tell it to everyone in the family including their brother in law and father in law.”

“If there is a personal problem, then within the family she shares it with her mother in law first, then with her husband and finally with her family members. If that does not help, then she will tell Asha worker and inform the Aganwadi worker.”

“Woman and daughter in law of the house hide their pregnancy and do not share it with anyone. Only when it increases, she shares it with her in laws. They do not tell their mother in laws at first, they feel embarrassed. In initial 1,2,3 months they do not even tell the govt. representatives who distribute T.H.R. (*ration/food*), if there is pregnancy the names have to be recorded, but if the representative is male they do not tell him, they convey it only if the representative is a woman. They also do not tell anyone, thinking someone might put a bad omen on them. Because of this concern of someone putting a bad eye on them, they do not tell anyone in the village. Although a lot of women share, those who are intelligent enough they share. If their personal problem aggravates then only they tell it to everyone in the family including their brother in law and father in law.”

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

Outside the house they will inform Asha worker and Aganwadi worker. Aganwadi worker will give them advice and Asha worker will help in taking them to the hospital. They will also speak about their problem with the people living nearby. First she will inform a woman nearby then if that doesn't work she will tell a man. If

talking to another woman helps, they will speak to her only. Women will talk to a woman about her personal health related problems. If a woman's problem is bearable and common then she will hesitate to talk but if there is any serious issue then she will definitely inform the male members too.”

Outside the family they will inform Asha worker and Aganwadi worker. Aganwadi worker will give them advice and Asha worker will help in taking them to the hospital. They will also speak about their problem in the neighbourhood. First they will speak to a woman then with a man. If talking to another woman helps, they will speak to her only. They will mostly speak about themselves with women.

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

“She inform her husband first then she will go to her mother in law. Basically she can talk about it with entire family. There is nothing to hide about.”

Regarding their children they will talk to their husband, mother in law and entire family. They will not stop from talking about this with the entire family.

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

“It is obvious that about her personal health related problems she will share it with her husband first. She can't talk about this issue with other people around because of hesitation. When it comes to talk about children they do not feel any hesitation or shame.”

She will share her personal illness with her husband first. Talking about her personal illness is a matter of shame/honour. But while talking about children, there is no such issue. If a woman’s problem is common she will feel embarrassed but if it is a grave problem then she do not feel any shame and will share with men outside the household as well. “Those who are intelligent and literate, they surely convey.”

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

“No, there won't be any problem while talking to a woman.”

There is no problem, while talking to women there is no problem at all.”

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

“Yes, while talking to we have to think a lot before we speak. If they are asking about the child's health then she will talk with them but when it comes to talk about her own health problems she won't talk due to hesitation and shame. Women do feel shame but then if the illness is grave then she should definitely ask for help and should not put her life at risk. Women should have some shame, this is in their nature. That's why women are different from men. Men and women are not equal.”

“Yes, while talking to men, you have to think twice before talking. If it is for the kids then she will say it but if it is a woman related problem then she will feel embarrassed. She should feel shame but then if the illness is huge and she still feels the shame, will she not die? Women should have some shame, this is the norm. They are not equal. Men and women are different, a lot different.”

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

First- Gender, should be a woman.

Second- Education, should be educated.

Third- Age, should be of same age.

Fourth- Presence of other people around, no man should be there.

Fifth- Place.

“First and foremost is that, she should be a woman, then she should be educated, third is she should talk as per the age, at fourth, it is important that no one else is around and fifth place is also important that no male should be there.”

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

- She will be more comfortable in talking to a woman regarding her delivery. There is no problem in talking to a woman about any personal issue.
- It is convenient to talk to a woman about preparing for child birth.
- Also breastfeeding and menstruation must be with a woman
- Talking about family planning will also be easier with a woman.
- Talking about child's health could be discussed with both man and woman.
- Anganwadi worker, Asha worker and ANM (*Auxiliary Nurse Midwife*) should be women. We meet only women in the Anganwadi. If a man is there we will not talk.

“ Women who are less educated are tend to feel more embarrassed in comparison to the more educated women.”

- ❖ “It is critical to note, how much embarrassed she is and not. Regarding her delivery she will easily talk to a woman. It is fine to speak about personal issue with a woman.”
- ❖ “It is convenient to talk to a woman about preparing for child birth.”
- ❖ Talking about family planning is easier with a woman.
- ❖ “About a child’s illness, they can talk to men. There is no difference between man and woman, they will inform both.”
- ❖ Aganwadi worker, Asha worker and ANM (*Auxiliary Nurse Midwife*) should be women. If we are there then we will conduct a meeting with a woman, if a man is there will we talk? If a man is there we will not talk.

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

“It is easier for a woman to talk to a woman. One should not hesitate to talk about health.”

“Women do not talk to men because they fear that they will later be questioned and harassed by family or community members if found speaking to men.”

“For a woman it is better to talk to a woman. Regarding health one should not hesitate, one should be able to talk so a woman is needed.”

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

“Men come here mostly for any surveys. Women work better than men as women are more hard working and men are not that responsible. We (women) are more prompt in our work in comparison to men. Like I maintain the register at any cost. I might leave my household work at a point but I will definitely maintain the in and out register and do my work responsibly. Women are very hard working.”

S-Mainly men come. Women work better. Women are more hard working, men are careless while working. We (women) work nicely with perfection, for them it is casual – if it is done it is fine, otherwise tomorrow is fine too. We have to write a lot in the register. We might leave our household chores but will write the register. If someone comes for a visit what will we tell them otherwise. Women are very hard working.

Observations

The work of Aganwadi is carried out from Bedulia but the Aganwadi worker lives in another village – Parsawan. Both the villages are 3 kilometres away from each other. The Aganwadi worker reaches her Aganwadi daily at a fixed time and runs her school in a nice manner. Village Bedulia, where Aganwadi is situated, only 3-4 children from Dubey (*Brahmins, consider as upper caste as per Hindu caste system*) community comes there. Children and

women from this village do not like coming to anganwadi because they belong to Dubey community. People from Dubey community are more in number here. Children from Dubey community do not come to school but men from their family come to school to collect T.H.R and money for the school dress. Anganwadi worker said, what to do, they are Dubeys we manage and carry on with our work. But situation and presence of children in Anganwadi was good. Children get lunch daily. If the money for mid day meal is delayed some month, then the Anganwadi lady (worker) uses her personal money for children's food so that they remain happy. This was conveyed by Anganwadi worker.

Name: NA

Respondent: Asha Helper

Code: ASHA

Location: Aurangabad

Date: 22/12/17

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

“If mother in law is there then she will tell her she will tell her father in law and her husband too. If her guardians are not supporting her, she will ask Asha worker for help and will tell her about her problem. Yes, she could tell about her health related issues to the male members of the family but if she has a sister in law she will tell her first. She will talk about it with my husband too. Even if she feel shy and the problem is grave she will not put her life at risk, she will have to tell her mother in law, father in law. She will inform Asha worker, she will take the mother to the hospital. If any female member of the house is not there and the issue or pain is unbearable then she will definitely inform her (like I also do in my household) father in law and brother in law about my problem.”

Women feel a lot of shame, they tell only when the problem increases. They are not able to tell any man except for their husbands.

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

“She will talk to the female members in the neighborhood, she will discuss it with her female friends. She may make a call to maternal place and inform her sister and sister in law. Local doctors who provide common medicines every now and then like [---] and [---] (*names of local doctors*) are there. My mother in law [---] herself provide homemade remedies for women in the village and she cure village animals too like she can help cows while it is delivering, she is a knowledgeable person. People especially come to take her home to cure the suffering person or animal. Both of us went for training to ‘----’ (name of the training centre). Even the ward Counsellor here keeps us motivating to do this work.”

Outside the family, as an ASAH worker, I will tell only female friends, immediate female neighbours, relatives like sister in law, mother in law (extended family and distant relatives). I will tell at my parent's house as well to my sister and sister in law. Local doctors who provide common medicines every now and then like [---] and [---] (*names of local doctors*) are there. There are a lot of doctors, my mother in law is also there – [---], she looks at a woman's suffering and tell her what can be done. She can help cows as well while it is delivering the calf; she has a lot of knowledge. She is approached by a lot of people for help.

3. Acceptability of mothers discussing their Children's health issues within the household

“ A mother will talk to her husband and her mother in law if my child is not well, they will take the child for treatment. How can I not tell them about this, otherwise a child will suffer a lot, his/her illness can increase. Children are sensitive so they require continuous care.”

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

“If the mother and her husband and her mother in law is not there in the house then I'm not sure about informing to neighbours as I don't think that will help. I (Asha worker) myself will take the child for the treatment. I always keep the basic medicines as suggested by Asha workers for cold and cough and some normal diseases like I always have paracetamol (*medicine usually recommended for mild fever*), iron tablets etc. If there is any serious health problem even at night then also I somehow manage to arrange medicine from the medical shop for the suffering person. There was one child suffering from some stomach infection, the symptoms were of Diarrhoea but then I treated the disease at the very early stage from ORS liquid medicine. Helping others is a big thing nowadays and I love doing that. Whenever someone needs me I am always ready for help.”

She will tell in the neighbourhood. If no one will listen then I (Asha worker) will treat myself on my own, I will go on my own. I always keep medicine with me. If there is a slight problem or even if it's grave we always keep Paracetamol (*medicine usually recommended for mild fever*). Medicine for iron, cough we can give that. We give medicines to children for cough and cold as well, if someone has loose motions; we have medicines for that also. If it is not available we buy it and keep it. We keep ORS mixture as well. If someone creates a scene at night (*due to pain or falls ill at night*), we give the medicine.

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

“It will be easier for a mother to talk to another woman, her husband and her mother in law about any personal health related problem. But if there it is a necessity to talk to a man then also there won't be a problem (only if it is necessary). If its important then one has to find a way to talk somehow. Yes, even if a male researcher comes it won't be that difficult to talk about my health problems.”

It will be easier to talk to a woman. She may have to talk to a man after that, She will talk to man as well as a woman. She (mother) will talk about my illness, if there is some personal problem she will tell her husband, hr mother in law. Talking to a woman will be easy; talking to man will be constraining. But if it is critical then I will talk somehow.

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

“If you compare between male and female in aspect of an open conversation then of course it will be easier to talk to a female but if it is important and if there is a male person (doctor) then also she will somehow manage to discuss about her problem relating to both herself and her child. But not in the case of a survey.”

Mothers of small children will talk to men if only that was very urgent. [This conversation was about a mother wanting to communicate about herself and her child and if it is important she will talk to a male outsider for medical care.]

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

- “First - should be a woman,
- Second - presence of other people,
- Third - must be educated,
- Fourth – age
- Fifth - place is important.”

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

“Talking to a woman regarding woman related issues is not a problem. Talking to a man is a slight problem, although we talk to them if necessary and pushed.”

- a. Talking about delivery will be easier with a woman.
- b. Talking about childbirth will be easy with a woman.
- c. About family planning I will talk with only woman, not a man.
- d. Talking about children can be done with both men and women.
- e. Aganwadi worker, Asha worker and ANM should be a woman.”

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

“Women here in our village still feel a little embarrassed and won't be able to talk about the problem they ignore the question, they will start giggling and pretending that they are not understanding the question. Like for example some people came to know about the usage of condom and operations then also the women here in the village started to giggle and ignore the question.”

This is a village area people do feel ashamed, women are not able to talk, they will not be able to speak and they will start giggling and say I could not understand the question. For instance some people were just talking about condoms some time back and they were giggling. If you talk about family planning women feel embarrassed.

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

“Women come and men also come. There is no difference in their work but when comes to ask any personal issues to a woman then only a woman could ask it out better. Woman can take care of everything.”

Women come and men also come. There is no difference in their work. Women can take care of everything, so a woman should talk to another woman.

Observations

Asha worker is providing brilliant services in her village. When could not understand something that we were saying then after we explained she was more than willing to answer to all our questions.

Name: NA

Respondent: Aganwadi worker

Code: AWW

Location: Aurangabad

Date: 18/12/17

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

“They'll talk to their husbands. Other than that, women who are newly married may not speak with everyone (male members) but she can speak to the women in-laws in their families.”

“She will not speak to her father in law, because he is like a father, how can one talk about such things with a fatherly figure.”

“Mostly they speak to their husbands, but not other men in family, because that would make them uncomfortable.”

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

“Outside the house, there are female relatives living nearby they will inform them, they will also talk to their mother and sister on the phone to inform about the problem. Outside the house, the sisters-in law help women, they talk to hem on the phone. Women talk to us as well. Women do come to us for suggestions. The village *dai* [midwife] helps with childbirth, and the ASHA is informed in advance as well.”

“Women come to the health centres for vaccinations as well. They cannot speak to other men about their own issues. How can speak to men outside their families about their health issues, they cannot! If they have to, they will speak to their husbands, mothers-in law and on the phone to their mothers.”

“There were instances in which newly married and new mothers were not allowed to do the interviews, mostly in upper caste families... yes in all [upper] castes, Rajputs, Brahmins, Srivastavas, etc, even getting a child vaccinated, the mothers in law get it done, the new mothers aren't allowed to step out, mostly with women aged 22-28 years.”

3. Acceptability of mothers discussing their Children's health issues within the household.

“Regarding the child's health, she will talk to her husband, mother and mother in law about the problem. She can also ask for suggestions from her co-sisters, consult with them as to whether the child needs a consultation. There is no problem in talking to her father in law regarding this issue. If the mother-in law is not at home, she can wear a veil and talk to her male relatives about the issue.”

“If the child is unwell, she can talk to her husband, mother-in law, sister-in law, consult with them as to whether the child needs a consultation. For something like this they can even talk to their fathers-in law. If the mother-in law isn't home, she can wear a veil and talk to her male relatives about the issue.”

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

“Outside the house, they speak to doctors for advice on the medication and treatment needed. If she talks to us (AWW worker) we give advice on getting a consultation as well. If the child is unwell, a doctor needs to be consulted. If a man comes to inquire after the child, obviously the woman will speak to them as needed because the child cannot speak for him/herself, hence, there aren't any restrictions on her at such a time. If someone sees her, they'll know and say: 'she's talking about her child'. There isn't any complaint about that kind of thing.”

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

“Women won't be able to talk to a man. Like now there is very open and free conversation happening between us, this would not have happened if you were a man. Women do talk to the men in their homes.”

“The way we are talking now, if there were a man in your place, a woman wouldn't have been able to talk openly. They can talk to the men in their homes.”

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

But they can't talk to men outside. The way they might talk to neighbours or to people like you or me, they can't talk to outsiders as freely.

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

- First- Education is important.
- Second- Gender, should be a woman.
- Third- Presence of other people around
- Fourth- Place
- Fifth- Age

“First off, should be educated, secondly the gender matters, third, the space matters, fourth, it should be private, others shouldn't be present, and fifth, the age of the worker matters.”

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

- The discussion should be to the point and held in a calm/safe and clean place. The interview should be on the topic agreed upon and there should not be any other discussion during interview/discussion.
- Regarding delivery of a child, a woman will prefer talking to another woman. It is a bit difficult to talk to men about this, as we have to maintain some respect. They will not be able to talk to men about *gupt rog* (sexual health problems) It is because of this hesitation women are getting sicker these days. We can talk to women about delivering babies. It's not easy to talk to men. There is a certain consideration that we have to keep in mind. But because of this people are getting sicker.
- Mothers talk to their husband and ANM's about childbirth, but it will be uncomfortable for them if men will work here because they can't talk to them freely. Women will not discuss about number of months of pregnancy and like when the baby will be born. They know the restrictions. Other people might see them talking to men about pregnancy and complain to their families.

- Vaccinations for children are acceptable for discussing with a man. But not the mother's own personal or hidden health issues.
- Mothers hesitate to talk about deliveries and hidden illnesses (*gupt rog*) which are sexual and reproductive health related problems. For general issues they don't have a problem talking to men.

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

“Most of the women talk to other women but there are some women who don't even talk to women. Look at this case you're educated, gentle and those women did not approach to talk to you because they are nervous. But the conversation that happen between two women that cannot happen between a man and a woman. Like they would have never spoken with sir, who has come along with you, if they are nervous around you how can they speak to sir or a man.

“Those who belong to very rural area, they cannot talk to men easily. They cannot talk about their own issues, but they can talk about their child's health problem to anyone. The discussion should be to the point and held in a calm/safe and clean place.”

“Women can generally speak to other women, but some aren't able to do that either. Look at your [case]: you're educated and none of them have come to talk to you. But the way women talk to you they cannot talk to men. Those who are very rural/unexposed, they cannot talk to men easily. They cannot talk about their own issues, but about their child's health, yes.”

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

“Mostly men have come. Women won't talk to men as easily, so more women should come more often for surveys. The way they'll talk to you, they won't do with men.”

“More men have come. Women clearly won't talk to men as easily, so more women should come [to survey]. The way they'll talk to you, they won't do with men.”

Name: NA

Respondent: Asha helper/midwife

Code: ASHA-MW

Location: Aurangabad

Date: 22/12/17

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

“Women talk about their personal health related problems with women and not with men. Women first share their problems with women if nothing works there then only

they will inform men. They tell men only when there is some emergency, when they are not able to handle the situation by themselves in the house.”

Women talk to women, not with men. Women tell women, if it does not help then only they tell men. They tell men only when it is critical, when they are not able to control the situation, within the house.

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

“Outside the house a woman talks to any women living near to her house. If she is unable to solve the problem on her own, then only she will inform any men outside the house. They feel uncomfortable and awkward that's why they do not talk.”

Outside the house also they talk to women, if they are not able to solve the problem then only they talk to men. Because of their embarrassment women do not come or talk.

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

“Regarding a child's health, a mother will talk to her mother in law and father in law because they are the guardian of the house. If the problem is curable at home then she will do the needed treatment but if it is not then we go outside the house and ask for suggestions from neighbours. Mothers can't talk about her personal health related problems, they are hesitation, they tend to hide it and hope that it gets fine on its own. A woman also hide their pregnancy for 4-5 months... they hide their swelled feet, fever and so on. They inform only when they are confronted. They do not want people to know about their pregnancy. But this use to happen earlier when they would hide a lot but now things have changed, if something happens they immediately come and inform me about it. If they are late or miss their period, they inform me (local para-medic). Earlier people would hide a lot fearing someone’s evil eyes. Nowadays people are well aware about these things.”

For children’s health a mother talks her my mother in law, father in law, as they are the guardians of the house. She will go and talk about her child’s health to men but not related to their personal health. They feel ashamed so they hide it till it gets fine on its own. They hide their pregnancy as well for 4-5 months, they hide their feet’s swelling, fever and inform only when confronted. They hide their pregnancy since they do not want the people to find out about it. I am a midwife and earlier they would hide it from me too but now that is not the case, if something happens they immediately come and inform me about it. If they miss their period one month, they inform me, earlier people would hide a lot fearing someone’s evil eyes. Now they are well aware, nothing like this is there, they all inform me of their pregnancy but I am a woman so it is easier.

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

“First, they will inform us (ASHA and Para-medic) outside the house, they will inform the people living nearby or they go to ASHA worker for suggestions regarding their children’s health.”

Outside the house, they tell us (ASHA and Para-medic). A mothers talks to neighbours and just goes to ASHA worker.

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

Why will we feel ashamed of another woman, we are also women and so is she, we will not feel shy.

No, there is no sense of shame if a woman is talking to another woman. But women in the village will definitely feel ashamed while talking to men.

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

No they cannot. Women feel shame and cannot talk to men. Many prefer to wear their veil to show they are keeping the custom.

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

First and foremost is education, second – should be a woman, third – presence of other people, because for talking to woman, there should be a woman only. Fourth-Place. Then fifth is, age, since it is good to have someone from the same age group.

Observation – for question no. 7, a lot of explanation was required, we took help from Asha worker as well. Then she understood.

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

It is easier to talk to women. If there will be a man then it will be a problem. If a woman will talk we will tell her everything. I do not know about others but this is what I feel.

- ❖ Talking about delivery with a woman will be easy. A woman will talk to another woman only.
- ❖ Regarding child birth, it will be easier to talk to a woman.
- ❖ Talking about family planning, will also be easy with a woman.
- ❖ For child’s health can talk to woman and man both.
- ❖ Aaganwadi, ASHA worker and ANM should be a woman.

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

“Yes, a woman often feels a bit hesitation, they might not be able to talk because of it but then it is fine to be shy about this a bit.”

A woman should feel shame and they might not be able to talk to men because of it but it is ok that they maintain some amount of distance.

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

“Mostly men come here for surveys. It will be easy for women to tell about their problems to another woman. There will be an open conversation between them.”

Men come more often. It will be easy for women to tell about their problems to another woman.

Observation – this woman went for her training – in Patna. She has knowledge about ANC (Antenatal care), PNC (Postnatal care) and delivery. People in the village always call her in their hour of need. She is an old lady, who is referred as the midwife in the village.

We got a lot of information after talking to this woman, but she had a lot of problems understanding me and my questions. I had to take help from the ASHA worker and got good answers.

Name: NA

Respondent: Asha worker

Code: ASHA

Location: Aurangabad

Date: 18/12/17

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

About her personal health issues [a woman] talks easily to her husband, sister in law, mother in law, but she can't talk about this with her male relatives. She would feel ashamed to speak.

“They will tell their husband, mother in law, co-sisters and sister in law about their personal health related problems. They won't share these problems with their father in law and their elder brother in law because of respect and hesitation.”

“She should definitely talk to her husband first about her personal health related problem. There are some problems, which cannot be discussed with people other than husband. Like there are some newlywed brides who are only comfortable with their husband talking about their personal health related problem. Mostly women talk to their husband. They cannot talk to their father in law and their elder brother in law because they feel hesitant, father in law is like father to them and you cannot share these problems with your father. Talking to their mothers in law and their sister in-law would be more preferable.”

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

Here, women with small children prefer to talk about their personal health issues with their mother or other female relatives on the phone. They would rather not talk to men.

“Outside the house they will inform their mother, their maternal sister in law and their sisters on the phone. They will also inform people living nearby. Mostly they will tell only females outside the house. They will avoid sharing it with any male.”

“Outside the house there are some relatives living nearby we talk to them. We also call our relatives for suggestions. Women come and talk to us about their problems, we help them out in their delivery. There are female friends outside the house we talk to them. We don't talk to men outside the house regarding our personal problems. We talk to our mothers on the phone.”

3. Acceptability of mothers discussing their Children's health issues within the household.

When the child falls ill, she will talk to the husband, her mother-in law, talk about taking it to the doctor. If [these people] aren't in the house, then she will speak to her father in-law, other male relatives.

“If the child is not well then she will first inform her husband then her mother in law and will ask them to take the child to the doctor for treatment. If no one is there in the house then she will inform her father in law and her elder brother in law about the problem.”

“We talk about our child's health to our husband first. Then we inform our other family members like mother in law, sister in-law and we can also talk to our father in law about this issue. Like if my husband, my sister-in-law and my mother in law is not there in the house then I will definitely ask my father in law or my brother in law for help. “

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

Talking to others outside – [many people] on the outside are likes uncles and in laws [by relation], so how will a woman talk to people on the outside? She would rather ring someone and call them home, if no one else is at home. When it comes to children, women share their issues outside, ask for help. They'll even ask men who are younger than them for help. Rather than reach out to an elder who is a man, she would talk to women when she needs help for her child.

“We can't talk to just anyone outside the house because some are relatives like father in law and elder brother in law. That's why if no one is there in the house then she immediately informs someone on phone so that they can come and help her. If that doesn't work then she will inform the females living outside the house and ask them for help. They might also inform man younger than them for help so that he could go and inform and aged person about them problem and get some help.”

“Outside the house we talk to the doctors outside the village. We call our mothers for suggestions. Women also call us for suggestions. There will be no problem in talking to anyone about my child's health. There is nothing to hide about. We just want our child to be healthy at any cost.”

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

With women health workers, women would feel more comfortable talking about personal health concerns because the workers can understand the issues themselves. Whereas with male workers, women feel uncomfortable describing their issues.

“When a woman is taking the interview then it will be easier for us to answer or to share our personal health related problems because a woman can relate to a woman and understands the situation well. She will hesitate in talking to a man.”

“There will be more comfortable conversation between two women.”

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

Women won't be able to share their personal health concerns as openly with men.

“Women can't have an open conversation with men. Talking to a woman will be more easier for them.”

“Because of hesitation we can not talk to a male interviewer. Of course there will be difference between talking to a man and a woman.”

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

- First- Gender, should be a woman
- Second- Age, should be an adult.
- Third- Place
- Fourth- Education
- Fifth- Presence of other people around.
- “According to me an interviewer should be well behaved and should also spread awareness about child education. “

ASHA explained that, first and foremost, that role should be occupied by women, so that women can talk to them comfortably. Secondly, the worker should be of a 'sensible' age. Third, the space in which they speak with women should be mutually convenient. Fourth, education [of the ASHA] is important. Fifth, others shouldn't be present at the time [of the consultation]. The worker should be well-behaved, so that her questions yield proper answers, and she should educate women on raising children and doing what's needed to secure its education.

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

“Women would prefer to talk to other women about key issues like child birth and family planning, rather than talk to men; they would feel uncomfortable. They take the help of ASHAs, AWWs and ANMs, and ASHA workers go door to door, talking to people about

family planning, [two child policies and] how they should get surgeries done after bearing two children, as well as on the children's health.”

“In a survey a woman will talk openly with another woman about her internal and private health, but she will hesitate and avoid talking to a man about such things.”

- “Talking about delivery will be easier with a woman.
- Talking about preparing for childbirth will also be easier with a woman because she can take care of other women well.
- Talking about family planning will be done with ANM, Anganwadi and Asha Worker because they give better suggestions. They also keep spreading awareness about family planning.
- An Anganwadi or Asha worker should be a woman.”

“There will be no problem in talking to a woman. A woman can talk to a woman freely. There are some women who cannot talk to a woman openly or takes time to open. The way they will be talking to you will differ from the way they will be talking to a man. People are comfortable with talking to a same sex person.

- Talking to a woman about child's delivery will be easier because a woman can relate to this problem well. She cannot talk to a man about this issue because of hesitation. But because of this hesitation only women are suffering from more and more disease these days.
- Talking about preparing for childbirth will also be easier to a woman. A woman cannot talk to a man because of hesitation. There are no such restrictions but hesitation. People will talk about this if we will discuss this issue with a man.
- About family planning women cannot talk to a man. Yes they can talk about child's vaccination programme. We cannot talk about our health to a man but we can talk about our child's health.
- She cannot talk about her internal problem with a man.”

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

Talking about personal health issues is not comfortable for women, so it's easiest for women to talk to their husbands and female relatives when needed.

“I can't talk to my mother in law about my personal health related problems because of hesitation. Talking about this issue with other man will also be uncomfortable and awkward for us. So we share these problems with our husband, co-sisters and sister in law.”

“Women don't generally talk about their own health problems with others but they will surely ask for suggestions from other people regarding her child's health. We can talk about our personal problems other than health with others. Like we are talking we should always keep other person in the mind. There should be a nice quiet environment while talking. Discussion should be done on topic and should go out of the track. Place should be clean for a nice conversation.”

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

Mostly, men surveyors come to the village, speak to the male villagers and return. Women could do this job better because the village women would be more open to talking to female surveyors. They can still talk in front of male workers, but internal health issues are still embarrassing to talk about, so they don't do it.

ASHA says: If I were better educated, I too could have worked at a hospital and lived a better life.

“Mostly men come to this village for any survey related to health and they talk only to male members of the village and go. It will be better if women interviewers come for the survey because it will be easy for us to answer and discuss the problem with them. We can talk to a male interviewer about our common health problems but we can't talk about our personal health related problems because of hesitation. They share these issues with ASHA workers. We (ASHA workers) if offered good opportunity to work in hospitals then we would have been leading a different lifestyle.”

“Men come more often here. A woman can talk to a woman freely rather than a man. There is no such difference between talking to a man and a woman but there is the one of respect and hesitation. Women in the village will talk to a woman only. Women are more comfortable with women.”

Name: NA

Respondent: Aganwadi worker

Code: AWW

Location: Gopalganj

Date: 12/01/18

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

“If she is close to her mother in law then she will tell her about her problem and if not then she will inform her sister in law in the house. If she is not close to her sister in law then nowadays women have started to discuss these types of problems with their husbands also. She cannot talk to her father in law and her elder brother in law about her personal health related issue. There are only one or two houses out of one hundred where a woman can share her personal problem with the male members of the family.”

In the house, a woman who is a mother to a young child, shares about her personal illness with her mother in law, sister in law, if they are there. But if they are not close to them then she tells her husband. These days they (women) tell their husbands everything, that I have ABC problem. There are only two people to whom she will not be able to talk about her personal illness – father in law and elder brother in law. There will be two, three houses in the neighborhood, where a woman can share.

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

“They will not be able to talk to men but will talk to the doctor out of compulsion. They go with their guardian for the check up, she will not be to talk to any male, especially an outsider. Guardian is her husband or any other guardian in the house – like the father in law, elder brother in law. Guardian means owner, the one who has the money. Supposing the husband stays out for work and sends money regularly, the person he sends money to will be the owner, the women will talk to him/her.”

These days, women straight away go to the local doctor and inform him/her about her personal illness. If she is not able to get the proper treatment then she goes elsewhere. There are no doctors in the village apart from some small, local doctors. There are no gynecologists, only local doctors for mild fever, cough and cold. For personal illness, we have to go straight to [---] (*neighboring town*). For other local doctors people go to [---], [---] and [---], we have doctors there as well.

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

“She will talk to her husband, her mother in law basically she can talk to anyone in the house because it the child's health and not her personal health related problem. Woman face problem to inform about her own health problems to the family members is because of hesitation. Yes, a woman can talk to anyone in the family regarding her child's health. Nowadays just after marriage that is within 10 to 15 days women become free to everyone in the house so she can inform anyone about the problem.”

For a child’s health they will talk to their mother in law, their husbands and everyone else, that the child is suffering from this illness. For their personal illness they will not tell anyone due to embarrassment. Regarding the child they will tell everyone, it was earlier that they would not talk to the father in law or elder brother in law, now they talk to them within 15 days of their marriage.

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

Outside the house, they will take their children to the doctor and talk to him/her. They also ask from people they are close to in the neighbourhood, also from the doctor and from asha worker. Whatever asha worker knows she tells them and they go for the check up accordingly. What will happen while talking to each other, they go to the doctor, use some reference and get their work done. When there is a problem, you can talk to 2-3 women, you are close to. If there is some personal illness, then they talk to asha worker. A few go to the local healer (*more like a witch doctor or an exorcist*) as well. In [---] there are two, three female doctors, they go there for the checkups.

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

“It will be easier for a woman to a woman because all the personal problems could be discussed with them.”

They will not be able to talk to men but will talk to the doctor out of compulsion. They go with their guardian for the check up, she will not be to talk to any male, especially an outsider. Guardian is her husband or any other guardian in the house – like the father in law, elder brother in law. Guardian means owner, the one who has the money. Supposing the husband stays out for work and sends money regularly, the person he sends money to will be the owner, the women will talk to him/her.

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

“Yes, she can discuss it with a man if the issue is broad and could be discussed with a man but she will hesitate to talk about her personal health related problems like menstruation and other woman related problems, like leucorrhoea or early bleeding.”

It will be easier to talk to women. While talking to men, they will share the broad issues but they will feel shy while talking about personal health issues. Although if questioned she will tell certain things like leucorrhoea, menstruation but while talking about these personal issues, like bleeding within 15 days she will feel very ashamed.

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

Prime important point is – [interviewer] should be a woman, second – place, for instance if it is Aganwadi or some place in middle of the village where they go often for taking food grains, if it is such a place with which they are familiar then it is not a problem. Those who do not go anywhere will have some problem. After this, education is there and presence of other people and lastly age.

- They gave importance to gender, there should be a woman. So that a woman can talk to another woman.
- Second, place is important. Aganwadi School should be the place, it is easier to reach there and they will hesitate while going somewhere else. Here they can easily come.
- Presence of other people is important.
- Fourth is education and fifth is age.

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

Talking about child delivery is easier with a woman. They feel ashamed talking about this with men; they will talk to a woman freely.

- They can discuss about preparing for child birth with both men and women.
- Talking about family planning is easier with women. She will give her the entire detail. She always asks women for detail and women are telling them everything since always. Asha worker was hired, Aganwadi worker was hired and women come for work to us only. Even if they have to undergo surgery, they come 4-5 times to ask. Although they talk to men, since they are using it (*contraceptives*).

They go and buy it from the shop, so they do talk to men but talking about family planning is easier with women.

- For a child's illness they can talk to both men and women, it is not an issue at all.
- Both can work as F.L.W but for Asha and Aganwadi worker, government does not hire men. If these workers are women, then they go to various households and talk to other women. Women also can come and ask their queries openly. That is why women should be there.
- They hide it from men, loads of things like leucorrhea or if girls in the family are suffering from some illness they hide it from men in the family. They feel shame. Women handle it among themselves first, if they are not able to handle it, then they tell men. Illnesses that girls can have, like once they are 12 or 13, they get period or there can be a lot of internal diseases, they do not share anything.

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

They can share everything with their husbands. For instance if you have some illness and you go to the doctor, then you have to tell him everything. We should tell him, how he will treat if we will hide our illness. We should not hide anything from the doctor, we should tell him everything openly.

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

“Women are frequent visitors in the field of survey. Whenever they come that is male and female they come together. The conversation we had now could not also be done easily with a man.”

Women have come more often before this for the survey. Men and women both come and they both talk. But if a woman will ask such questions then we can tell her easily. There is no difference in the work but women should ask the questions.

Name: NA

Respondent: Asha worker

Code: ASHA

Location: Gopalganj

Date: 12/01/18

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

“She can talk to her mother in law, her husband and her elder sister in law. She can't discuss it with her father in law and her elder brother in law about her personal health related problems.”

In the house, a mother of a younger child will talk to her mother in law and husband about her personal illness. She will not be able to talk to her father in law and elder brother in law

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

“Outside her house she inform us ask us for the help if she needs to go for vaccination, on visit or regular home visit then they tell us, so we take them to Sadar hospital for treatment. She can talk to the people living nearby. She cannot talk to a man outside the house regarding her personal health related problem. No, it is not wrong to discuss these types of problem outside the house or with the male family members of the house it is just that women hesitate or feel shy while discussing these issues.”

Outside the house whenever we go they tell us. When we go for vaccination, on visit or casual house visit then they tell us, so we take them to sadar hospital for treatment. They talk to the people in the neighbourhood as well. But not to the men in the neighbourhood. Talking about their illness with father in law and elder brother in law is a matter of shame, so they are not able to tell them.

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

“She can talk to her father in law, her elder brother in law, her elder sister in law and she can also inform the neighbours about the child's health problem. There will be no hesitation while talking about this.”

They tell their father in law, elder brother in law, sister in law. She also asks in the neighbourhood, where to take them for checkup. Within the house she can talk to every family member regarding the health of her child. There is no problem or shame in that.

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

“Outside the house we generally go for suggestions about which doctor will be suitable for this disease. We can inform people outside the house and ask for suggestions if needed. No, there will be no hesitation while talking to a man outside about my child's health.”

Outside the house talking about a child’s illness – assuming that a child is not well, they take him to the best doctor available and the child is cured. They ask us as well which doctor to go to and at times we also take the child for the treatment. Outside the house they will talk to men as well, there will be no shame or any problem.

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

“There will be no hesitation, no shyness while talking to a woman about my personal health related problems.”

Women have no problem talking to another woman. There is no sense of shame. They can share everything and anything.

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

“If the man is asking about my child's health then there will be no problem but if he is asking about my health related issues then a free and open conversation could not happen because of hesitation. There are some problems which will be awkward to discuss with a man like leucorrhoea, irregular periods etc.”

If it is about a child's illness then talking to men is not an issue at all, there is no sense of shame. But if the illness is personal then it is problematic. Then it is an issue talking to men about it. For example menstruation, leucorrhoea, if it bleeds 2-3 times in a month then telling all this to men is difficult, they will feel ashamed.

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

“First- Place will be the most important thing like it should be a comfortable place to talk about these issues. Aganwadi and [---] are preferable places because people know about it, they will be able to reach here easily. In Aganwadi children go and study and in health centre ANM stays there, I also stay there.

- ❖ Secondly, she should be educated.
- ❖ Third, it is important that they talk to a woman.
- ❖ Fourth, presence of other people should not be there.
- ❖ At fifth, they gave importance to age.

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

They feel hesitant and embarrassed while talking about personal issues.

- ❖ Talking about child delivery will be easy with a woman. If she has a kid, we will inform her, how to walk and what to do and she will listen. She will tell her husband, father in law, mother in law. Some men understand and some don't.
- ❖ Talking about preparing for child birth is easy with woman because she knows about it. It is not easy with men because they do not know anything. Men do not know everything, those who do, we will tell them.
- ❖ Family planning should also be talked with a woman. If we tell women they will get ready to use it (*contraceptives*) like [---], be it condoms, when we get them we go and give it to them. Even we feel embarrassed while talking to men about it. There is no shame with women. We tell them and explain it to them.
- ❖ There is no problem in talking about a child, even with men.
- ❖ F.L.W. (front line worker) should be a woman. Aganwadi, asha worker they all should be women. Suppose these workers have gone on a visit to give medicine and the woman is not well, then a woman can help another woman. She will not be able to talk to a man.

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

“Nowadays women do not feel any type of hesitation in talking to any professional doctor about their or their children’s illness. If she will not inform the doctor then how will the doctor diagnose, so whatever illness is there she discuss it openly.”

Women these days do not feel embarrassed talking to any doctor about their or their children’s illness. If she will not inform the doctor then how will he/she diagnose, so whatever illness is there she tell it openly.

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

G- One woman and one man came, we are women so it became easier to talk to another woman. Yes there is a difference, if there is anything it gets difficult to talk to men. We feel embarrassed, and we do not feel ashamed while talking to you so we tell you.

Observations:- According to them, one woman and a man came to their village for health survey. Women feel comfortable while talking to another woman that is why women can work better. There will be a difference in work as well because they will talk to women easily and while talking to men they will feel ashamed, this will affect their work as well.

Name: NA

Respondent: Aganwadi worker helper

Code: AWWH

Location: Gopalganj

Date: 17/01/18

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

“According to me whosoever is present in the house when I'm going through my health problem I'll inform that person, because if I'm not able to go anywhere then there is no option left.”

In case of a personal female related problem (*iss tarah*) She will talk first to her mother-in law but not to her male family members, like in case of menstruation.. Similarly, in case of delivery, she can only talk to the women in the house. If there aren't any women in the house and only the father in law, she won't expand on the nature of the illness, just mention that she's not well, out of necessity.

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

"If I (mother) am going to a doctor the I would definitely talk to him or her. If I'm going out then there must be a reason, because women don't go out generally. Here we ask for help from the people living nearby without any hesitation. When there are females in the house then we don't inform men but if there is no female member in the house then I have to talk to the men of the house. We are shy, but in pain how much can a person be silent."

She would talk to the doctor, male or female. If a man has accompanied her, she will ask him in to talk to the doctor. She feels embarrassed, but in case of pain she will have to open up.

3. Acceptability of mothers discussing their Children's health issues within the household.

"I will talk to the family members present in the house if no one is there then I will take my child to the doctor."

If the child is sick at home, she will ask for help from her family, first. She might go to the doctor herself if no one is at home.

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

"Whosoever is willing to help me I will take the help because nowadays there is no such difference between a man and a woman. Today's scenario is completely different, help can be sought from woman if no man is helping. Today women can help as well."

There's no difference these days in talking to men or women for help. If no man is around nearby, she could ask the women in the neighbourhood to help. In case a man will not help, she can approach a woman, these days woman can also help.

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

"There will be no problem in talking to a woman."

If we are working as doctors [medical professionals] we will try to talk to everyone. But if a man enters the house and quizzes me, I might not tell him anything.

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

"There will be hesitation while talking to a man. There won't be an open conversation between them. If the same problem is discussed with a male doctor then there won't be any problem."

The village women wouldn't speak to men about their illnesses, feeling embarrassed about it. But they will speak to a doctor, man or woman.

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

- We need a quiet place first, for the interview to take place
- Where other people aren't present/witness
- It should be a woman [conversant]
- She should be educated
- Could be of any age. [Depending on that] she should be respectful.

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

Talking about child birth and preparation is easy to talk to women but one can speak with a man if necessary [its not a conversation that takes place naturally]. That's why we need women to talk to women, because they know what has to be endured.

- For the delivery process, its easy to talk to women. But one has to tell men as well, because they are the ones arranging for the money, vehicles, other arrangements, and accompany the women. The easiest would be to talk to the women alone.
- Talking about family planning is easier with women. For example, when talking about condoms with men is embarrassing, talking about it with women is easier. We'd have to think carefully when talking with men.
- Talking to both of them about the children is easy.
- FLW should be women. Talking about deliveries with female ASHA worker is easier, as they work with children and situations like with a child from ages 2 and 4 (different levels) etc, these conversations should be held with the women/mothers themselves. This is mostly women's work/work with women, that's why female FLWs are needed.

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

"A woman cannot talk about her menstruation problem with a man but a woman should not do this for the sake of her health. Like if we go to doctor we don't hide anything."

On talking about their children, there's no issue talking to a man, but when it comes to their own health, women can be very hesitant. There are so many health issues women have, and if they don't discuss it with the doctors the illness becomes worse. There shouldn't be so many reservations, but rural people have them. But these days people care about these conventions.

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

"No one has ever come here for any surveys. There will be difference between talking to a man and a woman talking to same gender makes the conversation easy and free. Men will not relate and not understand a woman's issues as another woman will."

Nobody has come to survey. Women do good work, because they find it easier to talk other women about their issues. Men can't talk to women that easily and they also cannot understand women's issues easily. Women are reserved with them and can't speak freely.

Name: NA

Respondent: Aganwadi worker helper

Code: AWWH

Location: Gopalganj

Date: 18/01/18

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

“A woman with small children will talk first to her mother-in law because she is the guardian of the house and then she will inform her sister in-law. Two women can feel and understand each others problem that's why mother in law will be the best option to inform first. She can speak with anyone in the case of emergency. She cannot talk to the male members of the family because of respect and hesitation. But after informing the mother in law she can inform her husband, her elder and younger sons.”

A woman with small children will talk first to her mother-in law. She will talk to her female relatives. She won't feel embarrassed with her because they both are women. But she will not be comfortable in speaking to the male relatives. She may speak to her elders, and among the younger people, maybe with her son.

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

“She will talk to her neighbours. She come to us for help and if I can't help her or solve her problem then I will ask her to go somewhere else. She can talk to a man about her personal health related problems in the case of emergency, but she may avoid as it talking to men doesn't look good in the society.”

She will talk to her female relatives in the house and in the neighbourhood, about personal health issues, and even the men in the house, she speaks to. But she won't speak to outsiders [men] in case it looks bad in society.

3. Acceptability of mothers discussing their Children's health issues within the household.

“She will tell her mother in law first. She will hesitate a bit but will inform the male members of the family and ask for help. If the child is unwell, a mother will also ask for help from those who she does not have good terms with (including men).”

If the child is sick at home, she will talk to her mother-in law, other women in the neighbourhood. If she has to she will talk to men if the child is unwell.

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

“There is nothing to hide about her child's health so she can share it with anyone. She can talk even to the male members outside the house. It is only in case of personal health related issues that a mother will have problems in communicating with others, she will hesitate and avoid.”

There's no hesitation in talking to men about her child's illness. There's no reservation/convention or problem there.

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

“No there won't be any problem in talking to a woman about anything.”

Women don't have a problem talking to women.

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

“Yes, she will hesitate to talk to a man about any health related problems. There won't be any restrictions from the female members of the family.”

“The village women wouldn't speak to men; for example, they talk to men having covered their faces with a veil. The veil or *parda* is not just physical but also in behaviour, according to some cultures women must practice restraint in their behaviour and communication when they speak to men.. But men do not have an issue letting their women relatives talk to other men outside the family.”

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

For the interview to go well, you need a woman conversant. Then, she should be educated, third, the space should be like the Aganwadi centre because women can easily visit Aganwadi centres. Fourth, other people shouldn't be around. Fifth, the age is not important to the conversation.

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

- Talking about childbirth and preparation is easiest with women. When it comes to men it becomes uncomfortable and awkward, but not for women workers.
- Talking about delivery will be easier with women.
- Talking about family planning should be done with both the men and women. We can question to both genders as well.
- Talking to both of them about the children is easy.
- Females should be there to work as FLW. When we go women seems more comfortable and talk more freely as we can do home visits but if men go (to mothers home) there won't be an open conversation.

Talking about child birth and preparation is easiest. With men it becomes awkward, the women workers, they feel less embarrassed talking about these things.

- For the delivery process, its best to talk to women.
- Talking about family planning should be done with both the men and women. Both genders should be questioned on this issue as well.
- Talking to both of them about the children is easy.
- Female FLWs are needed more. When we go, women talk more openly, describing their illnesses or complaints. But if men go, they won't be able to talk openly.

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

“We should not think so much in talking about our personal health related problems.”

“Women should not worry or have so many reservations in talking about their concerns.”

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

Nobody has come to survey. Women workers are needed, to talk to the women here. When men come, women feel embarrassed and hesitant. Women tend to answer men quickly and try to end the conversations. But with women - the way we are talking to you openly now - that won't happen with male workers.

Observation: This AWW has all the information on the women coming to the Aganwadi centre here. She knows each house well, and remembers their concerns[stories].

Name: NA

Respondent: Aganwadi worker

Code: AWW

Location: Gopalganj

Date: 18/01/18

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

“I will tell my husband first. Then I'll inform ASHA or Aganwadi worker. if the problem is still not sorted then I will go to the doctor. If the girl is unmarried then she will inform her mother, if married then she will inform her mother in law. If the girl is unmarried then she cannot inform about these issues to her elder brother. If the girl is married then she can not talk to her elder brother in law.”

She will share her personal health concerns with her husband first, then the doctor, ASHA and ANM. If the girl is unmarried, she will tell her mother. If married, she

might tell her mother-in law. A girl will not talk to her brother as well, and in her in law's home she will not tell the brother in laws.

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

“Outside the house women talk to women only. Like females living nearby, they inform them. When it comes talking to a man then educated women may talk to a man but the uneducated ones hesitate. If there is no female member is near me during my emergency then I have to talk to a man and ask for help. But I will not talk to man directly inside my household, will first talk to the female family members, because I will be shy. But, one shouldn't hesitate when there is suffering.”

She will talk to women in her neighbourhood. (missing line) Those women who are educated can talk about such issues with men, but those who aren't feel embarrassed. Talking to doctors, nurses is an option as well. She can talk to female members of the household and not talk to men directly, because she would feel embarrassed.

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

“I can talk to anyone in the house about my child's health.”

If the child is sick at home, she will ask for help from her family, first. There's no question of shame there.

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

“I'll ask men nearby to take my child to the doctor because it will be convenient for a man to take rather than a woman. Basically I can tell anyone about my child's health problem outside the house and ask for help.”

When it comes to the child, she can take help from men, even outside the family, if she needs it, that is when she needs help in taking the child to a doctor. For example, at times when nobody else is at home, she can reach out to younger men in the neighbourhood.

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

“There won't be any problem in talking to a woman.”

There is no such problem in talking to women.

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

“It depends that what is he talking about. Like the amount of things I share with my husband I can not there those things with other men. I can't talk about my internal problems with a man. I will hesitate.”

There are some health issues that a woman might talk to her husband about, but not so with outsiders [men]. There are internal issues that she would feel embarrassed talking about.

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

- First of all, other people should be present. For example, if the educated and uneducated women were to come together and talk through these issues, the latter group would get some awareness as well. There's no question of discord or disagreement – it's also possible that women who are educated aren't always aware, those who aren't sometimes have more [relevant] information. There should be discussion with everyone so that everybody gets information and advice.
- It is necessary to have women [workers]
- It is important to be educated. For example, if you're giving information it's important that the recipient understands the everything being said. Only after education will you understand what's being said.
- The place [where they meet] should be quiet.
- Age doesn't matter, that's why this is the last on [the respondent's] priorities.
- According to me the interviewer should try to speak and make us understand the point in the same language that we speak.

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

“Here gender will not be a barrier in talking about health related problems. But still it will be more easier to a woman.

On childbirth and preparation, if a man is involved he should be given the information as well. However, in counselling a woman on the same, talking about menstruation and the last date, etc, a woman should be talking to the woman. A woman will talk to a man in scenario where there is no choice.

1. Mothers can talk to both male and female workers about the preparations for child birth.
2. Talking to a woman about family planning would be easier, because, when giving this information to a man, [the people involved or watching] will feel awkward about it. This will also be difficult as other people present at the place may not like a man and a woman communicating, even the guardian of our household will feel bad.
3. Talking about children's health with anyone (both male and female) isn't difficult.
4. We should have females. For example, although both genders were working on the polio drive, when women started giving the polio [drops], polio ended here. This is also because men cannot enter the house, but women can go in and do their work.

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

“We can't discuss anything with a man.”

Women shouldn't worry about [offending sensibilities by talking to men or outsiders] because the illness can worsen. Even when they go to the doctors they struggle, and the illness worsens. But a woman living in rural area worries about giving offense and hence sticks to the convention. In this day and age, they shouldn't be doing that.

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

“No one has ever come here for any surveys. We a woman works with a woman then better work will be done. Like if a man comes I can't talk to him openly that will hinder his work.”

No one has come. There's no difference in the work that women and men do, but women find it easier to talk other women about their issues. If men go, the work won't get done, that's the difference.