

Name: NA
Respondent: Mother
Code: MO
Location: Aurangabad
Date: 23/12/17

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

“I'll inform the female members of my family. First, I'll inform my mother, my sister and my other female relatives. There are problems which can be discussed with husband and there are some problems which cannot be discussed with husband, like I can't talk to him about my mensuration problem.”

Women feel comfortable talking about their personal health related problem only with other women. I speak to my female family members such as mother in law, sister etc. There are certain things women discuss with their husbands as well - like menstruation. There can be different kinds of illness in a woman's body. I can talk about my personal issues only with women.

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

“Outside the house I'll inform the doctor and asha workers. I can share my personal health related problems more with my mother in compare to my father as I can't share these problems with him. The way I talk to my mother will differ from the way I talk to my father because of hesitation. In my in law's house I can share this with my mother-in-law as I can't share everything with my husband. I can't inform my father-in-law and my elder brother in law about my personal health related problems.”

I talk to female doctors, Asha worker. I can talk to my father and mother in the house regarding my problems. May be less with the father but can talk to my mother a lot. The extent to which you can share your problems with your mother, you cannot ever do that with your husband, I feel ashamed/shy. With mother there is no shame. At in laws house, I can talk to my mother in law. But, I cannot share about all kinds of problem with my husband.. I do not share any of my health related problems with my father in law and elder brother in law. I will not talk to men outside the household including father in law and elder brother in law.

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

“There won't be any problem in talking to my husband, my mother-in-law and my elder brother in law about my child's health related issues. I can share this problem with anyone in the house. I'll inform the guardian of the house about this.

Husband, father and mother in law, elder brother in law, I share about the child's problem with everyone. I can talk about this with the guardian of the house and everyone present in the family.

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

"I can't talk with the male members outside the house about my child's problem because of hesitation. I can share this problem with anyone in the house but not outside the house especially within the village. If there is any common disease then I'll talk to Asha worker but of there is some internal problem within the child then I have to take the child to the doctor because Asha worker can't help in this situation.

Not with others, I share about my child's health with everyone in the family but not with others outside the house, especially within the village. Whenever important I speak to Asha worker. only If the child is not well, then even asha worker cannot help. If the child is young, what is wrong with him internally an asha worker or even ANM worker cannot help with that. For this we have to go to the doctor and seek help. If there is fever or cold then we can tell these people but if the problem is grave that they do not know then we have to go to the doctor only.

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 will be no problems while talking to a woman."

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

"For conducting health surveys women will talk to other women openly. If a man comes then I can't talk to him. There are certain problems which can't be discussed with a man. Women feel hesitation while talking. When it comes to talking to a woman there will be a free conversation and I can share everything they are like our sisters."

"It is there, we cannot tell everything to a man. There are certain things we cannot share with a man. We feel ashamed/shy. With women we feel like they are our sisters and share everything."

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

First- Education is most important.

Second- Gender, should be a woman.

Third- Age

Fourth- Presence of other people around.

Fifth- Place.

First and foremost should be educated, Second should be a woman, a woman can talk to another woman, third - age, fourth - presence of others around – no man should be around, but if he is around then also it will not be a problem. Fifth, the 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

“Women will definitely feel uncomfortable in talking to a man about her personal health related problems. There won't be any problem in talking to a woman.

- Talking about delivery will be more easier with a woman as there will an open conversation between two women.
- Talking about preparing for child birth will also be easy with a woman.
- Also breastfeeding should be discussed with a woman.
- Regarding family planning will be easier a woman.
- Talking about child's health will also be easy with a woman.
- Aganwadi or asha worker should also be a woman.

S-woman will have problems talking to a man regarding her body but not with another woman.

- ❖ Talking about delivery of the baby with a woman is easy because you cannot talk to a man openly.
- ❖ Talk to woman about preparing for child's birth.
- ❖ Talking about family planning should also be done with a woman.
- ❖ Talking about child can be with both man and woman.
- ❖ Aganwadi and asha worker should be a woman. Regarding our body we can talk to a woman only. A woman can talk to a woman only.

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

“Woman can talk to a woman about everything openly.”

“With a woman one can talk freely about anything.”

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

“ No one has come up till now. We are interacting with outsider for the first time. No one has come ever. You are the first to come. No, there is no difference in the work. Men and women they do equal amount of work. Nowadays there is no difference between them.”

“No one has ever come here for any surveys. You are the first ones I saw. No, there is no difference between the work of a man and a woman.

Observations- No one has ever come to this village to conduct a survey about health. We have come here for the first time. For conducting health survey women will talk to other women openly. Since this is village area talking to men that too outsiders is not considered good. Irrespective of that if men will ask, they will talk about their children’s health. About their personal health issues they will feel shy.

Name: NA

Respondent: Mother

Code: MO

Location: Aurangabad

Date: 22/12/17

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

I tell my mother, my husband, if mother in law is there, then I tell her. My father in law does not speak to us, he does not entertain us at all. The only interaction he has is he comes, eats his food and is on his own. I do not tell anything to my elder brother in law. If anything happens I do not tell him. My younger sister in law is there, she conveys it, I cannot. I am careful, I do observe lehaj. Everyone tells me that I am very shy, even inside the house I stay secluded from all other men as I am expected to do so, except my husband.

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

“Outside the house, first I’ll directly go to Asha worker and inform them. Due to hesitation I do not talk to anyone outside the house about my personal health related problems. There are 1 or 2 people in the neighbourhood; we don’t talk to each other even if he is my younger brother in law. I tell the doctor but I do not even tell another woman outside the house. Only my sister in law and I are in the house (females) so we share every problem among ourselves. We hesitate to talk about our personal health related problems with people outside the house.”

“I tell the doctor but I do not even tell another woman outside the house. We both are sisters married in the same household, so we talk to each other. We feel ashamed talking about such things outside the house or with men without a veil.”

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

“I'll talk to my husband and my mother in law about my child's health problem. Whenever I ask my father in law, he tells me to consult mother in law for these issues. So, the father in law does not know of any of our child related problems. My elder brother in law stays in Delhi and my younger brother in law stays here so we tell him.”

Regarding children I inform my mother in law. My father in law does not know anything; he says your mother is there. My elder brother in law stays out, younger brother in law is there so we tell him.

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

“I don't talk to anyone outside the house. I tell it at home but not outside. I tell my mother about my child's health problem and I'll also call and inform my sister.

Outside the house I do not talk to anyone. I tell it at home but not outside. I tell my mother about my, my child's and my sister's problem over the phone.

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

Talking to women will be simple. I can talk to woman but not with a man. That is why we talk to each other.

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

I do not talk to men because I feel shy. Also I can absolutely not talk to a man who is an outsider.

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

- “First- Gender, should be a woman.
- Second- Presence of other people around, home is preferable because no one will be there.
- Third- Education is important.
- Fourth- Place, should be comfortable.
- Fifth- Age.”

First of all, must be a woman. Second, we must sit at home as in no one else should be present there. Third, should be educated, fourth place is important and fifth age is important as well while talking to an interviewer.

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

I do not feel shame while talking to a woman regarding my personal health. I feel ashamed while talking to a man. There are some issues which can not be discussed with a man but can be discussed with a woman.

- ❖ Regarding delivery I will talk to a woman, a woman only explains everything to everyone.
- ❖ Talking about preparing for child birth is also easy with a woman. I tell asha worker as well.
- ❖ Regarding family planning also I will talk to a woman because I do not talk to a man.
- ❖ Regarding children's health I can tell anyone – man and woman both.
- ❖ Asha worker, Aganwadi worker and ANM should be women, because their work is related to women. For a women's work, women worker should be there.

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

A woman will only work, what will we tell a man? Talking to a woman about any health topic will be easy and no pressure.

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

Women usually comes, moreover for talking to a woman, a woman only should come. I mean mostly women come here for taking interviews. For a male and female interviewer, their work is the same, there is no difference. But for talking to women, a woman interviewer should come.

Observation: The respondent shares her problems mainly with her husband and mother in law. She does not talk to any man, who is an outsider because she feels hesitation. She answered all our questions properly and to the point.

Name: NA

Respondent: Mother

Code: MO

Location: Aurangabad

Date: 23/12/17

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

“ I will tell my husband, my mother in law any my sister in law. I will inform my mother in law about my problem. I can't inform my father in law, younger brother in law and my elder brother in law about my body pain. Here in village daughter in law do not talk to their father in law and brother in law. I can only inform my mother in law and my co- sisters about my problems and then my mother in law will inform my father in law and other male members of the family if needed. I can't move out of my veil and share it with my father in law and my elder brother in law that I have personal health related problems.”

Why will I not tell my husband? I do share with my husband. Mother in law is there, sister in law is there, I convey to my mother in law that I am in body pain. How can I tell my father in law or elder brother in law that I have body pain? I cannot even say this to younger brother in law that I have this problem. In villages mothers do not talk their father in law and brother in law. How can people from the village tell this to their father in law and elder brother in law? Maybe I can convey to my mother in law, sister in law, younger brother in law. I can talk to mother in law and sister in law and then my mother in law can tell everyone (male family members). But how can I move out of my veil and tell my father in law or elder brother in law that I have body related personal problems? I cannot do this or risk this, because we observe lehaj.

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

“I will talk to the females outside the house. I will inform in my neighbourhood. If my husband is not there in the house then I will inform my mother in law and younger brother in law inside the house and inform my relatives outside the house too. I will also share my problem with asha worker if needed. Outside the family there is no one who can take of health problems and anyone can only give suggestion. Only family members can provide medicine or injection. When there is no one in the house and there is no other option left then she should consult people outside the house.”

Why can I not talk about my personal health problems? We can talk to people in the neighbourhood women . If the husband stays out then? If the father of the child stays in the house then the mother can tell him. Otherwise you have to talk to your mother in law and not with brother in law or people from outside the house. I share my health related personal problem with Asha worker. Outside the family there is no one who can take of health problems and no one gives any suggestion. Only family members can also not provide medicine or injections. When there is no resort left then one can seek help from an outsider (man).

Observation – help can be asked from an outsider (man) as the last resort.

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

“Whatever is done regarding children’s illness is done by men. If elder brother in law is there the I will inform him. I will tell my father in law about this. I will also ask help from other relatives too if needed.”

Whatever is done regarding children’s illness is done by men. If elder brother in law will not take the suffering child to get help then father in law can do it. Women inside the household (like sister in law) will not help because they cannot do anything.

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

“ Outside the house she will tell her with her co sisters living nearby. I can ask them for help and suggestions.”

Outside the house sister in law (that is women in neighbourhood with whom the respondent shares friendly relations with and not necessarily a relative) is there, I can ask them.

Observation – for children also, she takes help from the female friends in the neighbourhood.

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

“Yes, there won't be any problem in talking to a woman.”

Yes, I can talk easily talk (means *with another woman*) to another woman. Woman will easily to talk to any woman.

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

“ I can't talk to men. I am not educated, those who are educated can talk. So I can't talk to a male interviewer about my personal health related problems.”

How can you talk to a man in the village? I am not literate; those who are literate can talk. I can't talk to a man (an outsider) who is not from the family regarding any of my personal illness or questions.

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

First- Education, should be educated.

Second- Gender

Third- Presence of other people around.

Fourth- Place, should be nice.

Fifth- Age

(She was not able to understand question no. 7. She understood after we provided her with various examples again and again.) Then also she emphasised the answers she gave above and said, first - ..(*means interviewer*) should be educated. Secondly, gender is important. Third, presence of other people, fourth – place should be nice and finally age is important too.

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

“There won't be any problem in talking to a woman about personal health related problems.

- It is easier to talk about delivery with a woman and getting the check up done while pregnancy.
- Planning about child birth will also be easier with a woman.
- Discussing about family planning should also be easy with a woman.
- I can tell both men and women about my child's health problem.
- Asha worker, Aganwadi worker and ANM should be a woman.

There will be no problem talking to another woman about personal illness. It is easier to talk about delivery with a woman and getting the check up done while pregnancy and during child birth is easier with a woman. For discussing about family planning should also be with a woman. There is no problem related to children's health, I can tell anyone that my child is unwell. Asha worker, Aganwadi worker and ANM should be a woman.

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

Yes, you have to maintain respect. But in matters related to a child's health there should be no hesitation or shame, one should talk to everyone be it man or a woman.

I can talk about anything with a woman. But women from our village cannot talk to a man. Educated person can do it, not the illiterate one. An educated person can talk anytime; I am not educated so I cannot talk to any man from outside.

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

No one has come ever; you are the only one visiting for the first time. When there is no road then how will anyone come? Since I got married I have been watching the same road, every monsoon its condition worsens. If you wish to go out of the village

you cannot. Patients are also taken on the cot. There is no doctor in the village. There is a small doctor in [---] (*neighbouring village*) he saves our lives. Asha worker is also from [---] her name is [---]. A woman asks nicely (and men do not). Women talk to women, men talk to men. You are a woman that is why I have been talking for so long.

Observation

No one has come for the survey of the village till date. We have gone there for the first time. They say the road is not there, so no one comes there and women can do better work. Because a woman will talk to another woman nicely. In this village there is a problem of school and hospital. For treatment people have to go to Kutumba (*neighbouring block/town*) and school is also very far in another village. Children face difficulties while going to school.

Name: NA

Respondent: Mother

Code: MO

Location: Aurangabad

Date: 23/12/17

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

I tell my husband, I tell the doctor, my mother in law is there; sister in law is there, I tell everyone that I have this pain or suffering. I tell the doctors. But I cannot tell my father in law, elder and younger brother in laws. I cannot tell my father in law that I am suffering, till the time my mother in law is alive I use to tell her. Even when my mother in law is not alive anymore, still I will not tell my father in law. Whatever my pain and suffering is then I will tell my husband and he will manage. I feel embarrassed (*sharam*) in front of my father in law and elder brother in law; this is village that is why.

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

There are female neighbours and friends in the neighbourhood I talk to them. I talk to ASHA worker as well. My relatives might also not help. People from the neighbourhood only listen and not help. If there is no one else then we ask for help, otherwise our husbands help us in providing the relevant treatment.

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

Talking about a child's health can be easily done at home with the husband and others but not with father in law and elder brother in law. Assuming that the child is not well then I can even tell my father in law but not to my elder brother in law. Younger

brother in law is there, sister in law is there, father and mother are also there. For their children's and grand children's sake, grandfather and grandmother can sacrifice their lives; father and mother can also sacrifice their lives.

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

Our neighbour in the village [---] and my friend I can ask them for help. For the children I can take help from any of my neighbour.

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

"I can talk about anything with a woman."

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

"Woman from our village cannot talk to a man." Only a literate mother can talk to men. An educated person can talk anytime; I am not literate so I cannot talk to any man from outside. But I can talk to both men and women in the village; I can talk about personal illness with a man (who the respondent feels friendly with).

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

Observation – she was not able to understand question no. 7 properly. After we gave her several examples she understood and replied that, First and foremost interviewer should be educated, should be a woman because a woman should talk to another woman. Third, the presence of other people should not be there, for instance father in law and elder brother in law should not be there. Fourth, place is important and fifth, age is important too.

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 personal illness is not an issue. Talking to a woman about child delivery is easy. When I go for a check up I talk to a woman and not a man. If there is a man available for check up then I do not go there, I go to another doctor and get my check up done. Preparation for child birth and family planning is discussed with women, what will they do talking to a man about this? No, talking about child's health is not a problem at all, I can tell it to both man and woman. Aganwadi, Asha worker and ANM should be women. If asha worker is a man, then who will talk to a man? Moreover woman have more work than a man.

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

Yes, there is shame involved in answering some personal health related question, one should feel shy (discussing about health). We should show respect when it comes to our own health, staying quiet out of courtesy.

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

I have seen it for the first time that anyone has visited this village. When there is no road in the village how will anyone come? From past 12 years this is the only road we have, if you plan to take a vehicle outside the village during monsoons you cannot do that.. No one has come for any research. Women ask questions properly. Women should ask women, men should ask men. Men talk a little and then leave; they do not talk at length like this.

Observations – there is no facility of treatment in this village. People have to go to Kutumb (*neighbouring town/block*) for treatment. There is a local doctor in the neighbouring village - Tendua – where asha worker comes from. There is no proper road, reaching the main road during monsoons is a task because the road gets filled with a lot of potholes. If there is any patient during those days, he/she has to be carried on a bed till the main road and then the patient is taken in a car from the main road to reach the doctor.

Name: NA
Respondent: Mother
Code: MO
Location: Aurangabad
Date: 18/12/17

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

“About general illness and health issues, I talk to my mother in law and husband, but I only talk to my husband about my personal health problems. . I can't talk to my father in law about my personal health problems because I respect him. I also inform my mother in law about my personal health related problem.”

About general health issues, I talk to my mother-in law or husband, but about personal issues, I only speak to my husband comfortably. I wouldn't raise it with her father-in law because she respects him. And, I feel embarrassed.

OB – the respondent's mother-in law was sitting with her during the interview.

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

“I call my mother or sister and inform about personal health problems. I go to government hospital in the nearby Varun block, I do not consult in Aganwadi or asha worker. I cannot talk about my personal health problems with my father in law, but I can talk to other women in the neighbourhood.”

For her personal health issues, the respondent calls her own mother and sister and goes to the hospital in the nearby Varun block, to get treatment. She would talk to the doctors there, but not to her father-in law. She will talk to females in her neighbourhood..

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

“If my child is not well then I will talk to my husband and my mother in law. There is no need to talk to my father in law because there are already two people taking care of my child.”

If it's a health concern for their child, she would talk to her husband, and to the grandmother, but not to the grandfather.

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

“I go directly to the government hospital in the nearby Varun block if my child is unwell. Nurses from nearby [---] keeps coming here, I get my health and my child's health checked by them. No Aganwadi or asha worker has come to my house that's why I don't talk to them.”

If needed, we go for the child to the doctors at the hospital in Varun block. The Aganwadi workers never come to ask after the child or even my personal health issues. There's a centre in the village where government nurses keep coming to talk to the villagers, we go there to consult with them on our health issues. We too don't go to the Aganwadi centre.

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

Additional Quote: “It will be easier to talk to a woman. I can't discuss my personal health related problems with a man.”

Talking to a woman worker about personal health issues feels more comfortable/convenient. Because only a woman can understand another woman's sadness/issues. Talking to man about these isn't easy. I don't talk to any other man about my issues, other than my husband.

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

“It is difficult to talk to a man because a woman can talk to a woman more freely. I don't talk to men.”

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

The respondent feels the space in which people talk is important first and foremost. It should be quiet so that people can talk easily/openly. Secondly, the conversant should be a woman, and third, the age matters, but the conversant can be of any age. Fourth, other people shouldn't be present. Fifth, the person being consulted should be educated.

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

“There is no such issue which cannot be discussed with a woman. No, I can't share everything with a male interviewer like we hesitate while talking to a man.

- Talking about my pregnancy issues I can only talk to a woman.
- Talking about family planning will be comfortable to discuss with both that is men or women.

- FLW, Aganwadi or asha worker should be a woman.

Talking to a woman worker on health issues is easy, not so much with men. When it comes to the child's health, that is easier to talk about with both men and women. But things like child birth, preparing for it, and family planning, these are issues that women would rather talk to another FLW should be a woman. .

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

“I talk to my husband and younger men family members in the household, my sister and my mother about my child's health. But I can't talk to any elder male members of the family. Outside the house there is no need to talk to anyone because my family members are enough for the problem.”

Especially those women who are in the family, its okay to talk to them, but its not necessary always possible to talk to outsiders about health concerns

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

“Generally and mostly male interviewers come for the interview. Women would do better work than men, because women can talk to women easily.” Mostly, men come to survey the village. Till date only male workers have come, but women workers would be able to do a better job, because women find it easier to talk to their own sex.

Name: NA

Respondent: Mother

Code: MO

Location: Aurangabad

Date: 19/12/17

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

“I talk to my husband, my mother in law and my sister in-law. My father in law lives some where else due to his work and whenever he comes home, he is in a rush to go back to work. I do not talk about my *niji bimari* personal health related problems with my younger brother in law but I discuss it with my mother in law. ”

I speak to my husband, mother- or sister-in law. If there's no one at home, I will still speak with my mother in law and not younger brother in law. But [likely] I will speak to female relatives.

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

“I talk to females outside the house, like *nanand, gotani, saas, dadi saas*, (sister in laws, mother in law). I don't talk to men outside the house. I talk to female relatives outside the house. I call my mother and sister in law and inform about my problem. I also consult Asha [---] and Aganwadi worker for my health related issues. Like for pregnancy and family planning problem we consult them. I have three children sometimes I have swollen feet, and sometimes I cannot see, that is when I visit them.”

In the village, I will speak to our sisters/sisters-in law, women neighbours. We will ask our children to call them home. Those things that pertain to the village or the house, we will speak about them [selectively] but otherwise we speak with everyone, we just ask for neighbours/sisters to come over for a talk. We would say, ‘grandma, I need to get such and such treatment done, help me’. If our husbands are not in the village, we can send messages for them to call so that we can get their help in our treatment, saying ‘we need this/such and such’. IF nobody is home, we will have to tell someone, that ‘I’m not well, I’ve got a cold or cough’, [or] ‘my child is sick’. We can tell the AWWs and ASHAs as well.

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

“Firstly I will inform my mother in law and then my husband. If my mother in law is not there in the house then I will inform my husband. I will take my child to the doctor, I will do the every possible thing and will not put my child's life at risk.”

If the child is unwell I have to tell my mother in law, my husband. In order to take it to the hospital for a consult and bring the child back. We can get the treatment done by ourselves as well.

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

“I will ask females outside the house for help and ask them to take us (child and mother) to a place where he/she can be treated. If women are not there, then I will talk to men outside the household for help. I will ask my younger brother in law and tell them, see what has happened to my child, please take us to a doctor. I will ask relatives near my house. I can inform anyone about my child's health problem. We go to Aganwadi or asha worker sometimes. We go there only for vaccination programme or weighing child. Pregnant women are also monitored/checked by AWWs regularly.

As soon as I say I’m taking the child to the doctor, the women offer to watch our house or accompany us. Else someone will call the doctor on the phone for a consult. The male relatives (husband’s), if they are home they might say go get the child

shown. After speaking to the ganwadi worker She comes home to measure the child, monthly. Pregnant women are also monitored/checked by AWWs regularly. In this village the Aganwadi doesn't work properly

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

“I don't talk to men. I can talk about my child's health problem. When it comes to my health I can only talk about general health issues like cold, cough and fever, and not my personal health related problems.”

With men we can talk about the children, we cannot talk about our intimate health issues, especially outsiders.

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

“I don't talk to men about my personal health issues (*niji bimari*) .”

It's easier to talk to women about our issues.

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

- First- Gender, should be a woman
- Second- Education
- Third- Age
- Fourth- Presence of other people around, no one should be there.
- Fifth- Place

There's such a difference in the way you talk and I do. You speak in English, and I speak like this. When we start speaking alike, then I'll [be able] to tell you. First, it should be a woman, secondly education, third, age, fourth, other people shouldn't be present, fifth, there should be a space, the right space, to talk in.

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

Women can explain things simply, [better] than men. On child birth women should talk to women. On preparing for the child, women should talk to both parents. She should talk to the woman about family planning. On a child's ailment, both man and woman should talk together. AWWs and ASHAs should be women. For sharing our sadness we should have women to talk to. Talking to men about this is embarrassing.

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

Women cannot talk to men about their internal illnesses. They will struggle to talk about internal difficulties.

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

Women never come to survey, you're the first women to have come. We have men surveyors more often. When men come to talk, we often don't know how to talk to them, we feel shy and maintain respect (*lihaj*). If they're men we will not be able to talk to them so freely, if they ask of something, we will reply to them with something else.

If they are [noticeably] older men we give them a chair to sit on and we sit on the ground ourselves. If men come to survey, it's the men in the household or the mother in law who respond to them.

Name: NA

Respondent: Mother

Code: MO

Location: Aurangabad

Date: 19/12/17

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

"I talk to my husband because there is no one else in the family I live with my husband and children. I would have spoken to other family members if they were living with me like mother in law and sister in law. I will talk to my younger brother in law and sister in laws son, if needed."

"I tell my husband, mother-in law and sister-in law. My father-in law lives elsewhere, as does my brother-in law, can't talk to them. Will talk to my sister's son if needed. Only if they call up. My mother-in law tells her sister. Father-in law works outside on most, comes and spends a day or two with us at a time. For my personal health concerns, I speak to my mother-in law, not my brother-in law. But I am not ashamed to speak, like other mothers who are like me."

"We speak to our mothers-in law or husbands, because we are older and married for long time. If they [younger mothers] don't speak to the people at home, who can they talk to? They could speak to the mothers- and sisters-in law. Mostly they speak to their husbands, but not other men in family like father in law, elder brother in law because that will be wrong."

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

“I talk to females outside the house. There are many relatives in the village. I ask my child to go and call any relative if there is some serious problem with my health. We only ask for help from the people we share a friendly or healthy relationship with. We avoid people to whom we don't talk. If there is no one in the house then the villagers will of course help me out. Yes, I call some relative and inform. If I am suffering from any common disease like cold and caught then I will tell them but if there is something internal then I will only ask them for help and do not tell in depth about my problem. I also talk to asha [---] and Aganwadi worker about my health such as pregnancy and other female related stomach pain.”

I tell the female relatives outside my home /family.

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

“I ask my family members for help. If not then I will take my child to the doctor or to any hospital. I will call the doctor, I will get his number from diary. I will not put my child's life at risk. I will go on my own to get my child health care”

I speak to family members when my child is sick. If nothing else, I ask around for a doctor's number and consult him/her on the phone on what to do, whether the child needs to be taken in for a consultation. Else I just go up to show the child and get something done.

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

“I will ask people outside the house for help and I can talk to male members even father in law and brother in law, also outside the house for help. We sometimes go to asha [---] and Aganwadi worker for help. Whenever they call for vaccination programme or weighing child then we go. We also talk to local women care taker like there is one person named [----] for the delivery purpose or ask her for suggestions.

AWW is not working properly here”

I'll ask in the neighbourhood, to come with me to take the child for a consult. If a woman isn't at home I can ask my brother-in law to accompany me. For vaccinations at the Aganwadi, or to show the child, my younger brothers-in law come with me [sometimes]. Pregnant women are vaccinated thrice; little children require vaccinations much more often than that!

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

“I can talk to women easily and comfortably about my personal health related problems, how will I talk about my internal problem with other men, cold and cough kind of health issues can be discussed with other men.”

Intimate issues cannot be shared with men but can talk about issues like cold and cough.. We can talk to women, or talk [to men] about the children, but not on more intimate issues.

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

“I don't and can't talk to men about my personal health related problems, I can talk to women. I can discuss about my child's health problem with men.”

Talking to females about the internal problems is easy, we cannot talk to men about internal/intimate issues.

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

- “First- Gender, should be a woman.
- Second- Age
- Third- Education
- Fourth- Place, should be comfortable.
- Fifth- Presence of other people around.
Language should also be kept in mind. “

Observation: the seventh question is explained to the respondent over and over again, before she replies: First of all [the worker should be] a woman, then education, then age, then [safe] place without others being present.

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

“It will be easier to talk to a woman rather than a man.”

- Talking about delivery will be more easy with a woman
- Talking about preparing for child birth will also be easy with a woman.
- Talking about family planning will also be easy with a woman
- Talking about my child's health will be easy with a woman
- Asha [---] and Aganwadi worker should also be a woman.

A woman should have another woman to share her problems with. It is not easy to talk to men about any problem. Things related to education can be discussed with both men and women.

Women will talk to women we will not talk to men, about child birth or the arrival of the child, family planning, etc. About children who are ill, they can talk to men and women alike. ASHA workers, Aganwadi workers should be women. We should have women to share our sadness [problems] with. Things related to education can be discussed with both men and women.

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

“I only talk to a woman about my personal health related problems but I will not talk to a man. Like we are talking then one should pay attention while other person is speaking. There are some problems which can not be discussed with a man like I can't talk about my internal problems to a man.”

Women will talk women about their issues/problems/ sadness/sorrows, things that can't be told to a man. Something like this can be discussed only with women, we wouldn't tell a man about internal issues, would we!

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

“No one has come for any kind of survey. You are the first females to come. Men came only to sell medicines but not for any survey. Like when elders are there, we leave our chairs and beds for them similiarly when there is a man we will have respect and will not be able to talk to men comfortably. Men also do not understand women related problem, when men come they only talk to men of the village, if they would spoken to us (older women) we would have spoken to them (men, enumerators)”

No, you're among the first women to visit. Usually its male surveyors. They are from a rural/unexposed background, they hesitate when it comes to talking to men. We can't talk to men very openly.(further sentences are not translated, please refer to above)

Name: NA

Respondent: Mother

Code: MO

Location: Gopalganj

Date: 12/01/18

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

“First I’ll inform my mother in law then I will tell my husband about my personal health related problems. After talking to these two people I’ll talk to my elder sister in law in the house. I can’t discuss these problems with my father in law and my younger and elder brother in law because these problems should be hidden from them. If there is no one in the house then I have to inform the other male members of the family.”

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

“Outside the house I will talk to my brother, my neighbours about my health related issues when no one is there in the house.”

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

“I’ll inform my mother in law, my father in law and other people in the family because there is nothing to hide about. No, there won’t be any problem in talking to my father in law and my brother in law because it is my child’s health related issue.”

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

“People living nearby I can ask for help to them.”

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

“No, there will be no problem when a female interviewer comes. I can share anything with her”

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

“There won’t be any problem in talking to a man about my personal health related problems.”

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

“The most important factor that will influence the response is education. After that every factor is secondary that is age, presence of other people around or the place.”

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

“No, there won't be any problem in talking to a man or a woman.

- Talking about child's delivery will be more easier with a woman because she has a knowledge about that. Even man knows about this but first I will talk to a woman because it will be easier.
- Talking about family planning will be easier with a woman.
- Talking about my child's health will be also more easier to both a man and a woman.
- F.L.W. worker should be a woman because comparatively a woman could take better care of other woman than a man taking care of a woman. It will be easier to talk to a woman but both gender can work here there is no such problem.

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

“No, there are no such issues which could not be discussed with any women who comes to survey.”

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

“I don't know because I was not here. I can talk to both a man or a woman about my children. There is no big difference between talking to a man or a woman.”

Name: NA

Respondent: Mother

Code: MO

Location: Gopalganj

Date: 14/01/18

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

Within the house a woman talk about her personal illness at first with her mother in law. If she is not there then she cannot talk to her husband. I cannot talk to my father in law, I do not have any elder brother in law because we are the elder ones, I cannot tell my brother in law because he is younger. I do not tell my father in law because my mother in law handles everything. If my father in law falls ill, my mother in law takes him to the doctor. She handles everything that is why I do not tell my father in law anything so that I do not feel any shame.

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

“I don't go outside the house. It's been almost 8 years to my marriage. I never step outside of the house; even after 8 years of my marriage.”

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

I tell him, the child's father, I also tell my mother in law, because she takes everyone to the doctor. I can even tell my brother in law and father in law that the child is not feeling well, please take him to the doctor. There is no problem in telling them. I can tell anyone in the house about the child's illness.

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

"I don't go outside the house, when someone comes I do not talk to them. If Asha worker, Aaganwadi worker and people who give polio vaccination, they come then I talk to them. When I go to the doctor for check up during the time of my pregnancy I tell the doctor everything and handle everything on my own, my mother in law just sits there."

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

"If a male interviewer comes in the house to ask about personal health related problems I will tell him, I will tell it to the doctor as well. But talking to a woman will be easier."

If a male comes in the house to ask about my illness I will tell him, I will tell it to the doctor as well. But talking to a woman will be easier.

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

"If a male asks about health I cannot talk. I will tell him, if it is health related problems of my child's health. If a male asks about my health I will not tell him, because it is a personal subject and private illness."

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

First, should be educated then must be a woman, this is important for point number 2.

- ❖ Third, interviews to be conducted in the anganwadi because children come and study there and the place is convenient. Also other people should not be there.
- ❖ Fourth, place (*appropriate*) should be there.
- ❖ Last, age is important.

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

No, there will be no problem with a woman. There will be no problem while talking to woman about health. But we feel shame when talking to a man.

- Talking about delivery with a woman will be easy.
- Talking about child birth with a woman will be easy.
- Family planning can be talked with a woman.
- Talking about child's illness can be talked with both men and women.
- F.L.W. (*front line worker*) should be a woman because there will be no problems talking to them. For instance asha worker is there, she knows everything because she is a woman so talking to her will not be a problem. We will feel ashamed while talking to men.

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

Yes, we have to keep some respect and our distance. If there is any problem with my child then I do not feel ashamed talking about it. For instance if there is some problem at home or a child is not well or talking about any other thing is not a matter of shame. There is no shame in talking to men about a child's illness. Talking about preparing for childbirth with men is an issue.

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

No one has come here ever for any survey. Even if a woman comes to ask questions, I will have no problems.

Name: NA
Respondent: Mother
Code: MO
Location: Gopolganj
Date: 13/01/18

1. 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 Anganwadi 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. (*contraceptives*), 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. Outside the family they will inform Asha worker and Anganwadi worker. Anganwadi 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. 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. She will share her personal illness with her husband first. Talking about her personal illness is a matter of respect. 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, definitely. "Those who are intelligent and literate, they surely convey."
5. "There is no problem, while talking to women there is no problem at all."
6. 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. Men and women are different, a lot different. "They are not equal."

7. “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. “Those who are illiterate they feel embarrassed, those who are intelligent they do not feel any shame.”
 - ❖ “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.”
 - ❖ Anganwadi 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. “For a woman it is better to talk to a woman. Regarding health one should not hesitate, one should talk.”
10. Mainly men come. Women work better. Women are more hard working, men are careless while working. We 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.

Name: NA

Respondent: Husband

Code: HU

Location: Aurangabad

Date: 24/12/17

1. First, they will talk/consult with the husband, then the primary guardian of the house. Women, men, they can talk to everyone, those and those private, personal things that are to be discussed only with women, they share with women heads of family, and that can then be shared with men, with male heads/representatives of family.
2. If no one is at home, and there’s some other sensible person nearby, they will share it with that person. It’s good to reach out to someone who can understand my problem, someone who can offer a solution. Telling those who cannot understand is pointless.

3. She might tell her family members first, or if it's [something] like that, she will share it with her [paternal] uncle or aunt. If it's a situation in which there's no one at home, then she/they should talk to someone who can solve the problem. First off, if its women [in need of help], they will talk to women. If it's serious, and can be solved by gents [men], they can talk to the men too.
4. For the children's mother if a woman comes its good, because then everything can be discussed threadbare. For example, there are women who hesitate to talk men, so ladies can talk ladies instead. [They can] understand, there won't be any hesitation.
5. They can tell men as well, if it's the kind of issue that can be shared [with men]. But [having] women would be better than men.
6. If women come with men, there are a lot of houses where if a man comes to the door, Indian cultural values dictate that women [of our caste] talking to strange men even outside the house is not very acceptable. Similarly, if only a woman is there... it's okay, but if it's a man then that can be difficult.
7. Order of importance
 - a. First of all, men or women are important
 - b. Age is important, how old is he
 - c. What post/status does he hold, where does he come from
8. Women shouldn't have trouble talking to other women. The problem arises when for example men come, according to Indian culture, have a tete-a-tete with a man would be difficult for them. If [women] talk to men in *dehati* (local) dialects and ask them questions/for answers, then they described [derided] as being talkative. The issue is, if it's a man, he must be strange or unknown. How do they behave, that can also pose a bit of a problem. If women come they talk about everything, and if men come to interview them, they rethink sitting down with them.
9. First they will talk to their husbands, and they can talk to other women. Talking to men can pose problems. They will talk to women about deliveries too, and talking to family planning as well. With little children, the sex of the child matters. Based on their gender, it's easy. Having a female FLW would be easier [to work/deal with].
10. If women have to be spoken, it would be easier to have women [interviewers]. One shouldn't have to hide one's issue with male interviewers. Even if a man comes who can solve the problem, the issue should not be hidden form him. According to me/us, hiding the problem will help [find a solution].
11. People keep coming to survey our village, men and women both. According me/us, the gender doesn't matter, what matters is experience. Its evident that if it's a woman,

and she has the necessary information, she can do a good job, and if it's a man and he doesn't have that information he can't do a good job. People think a woman's work is at a lower [level]. Based on their experience, sometimes women are ahead and sometimes men are. If its work that requires physical effort men are ahead. If it requires brain work, both genders are ahead. IF it's a question of returning from work in the evening it can be an issue for women, but not so for men.