Annex

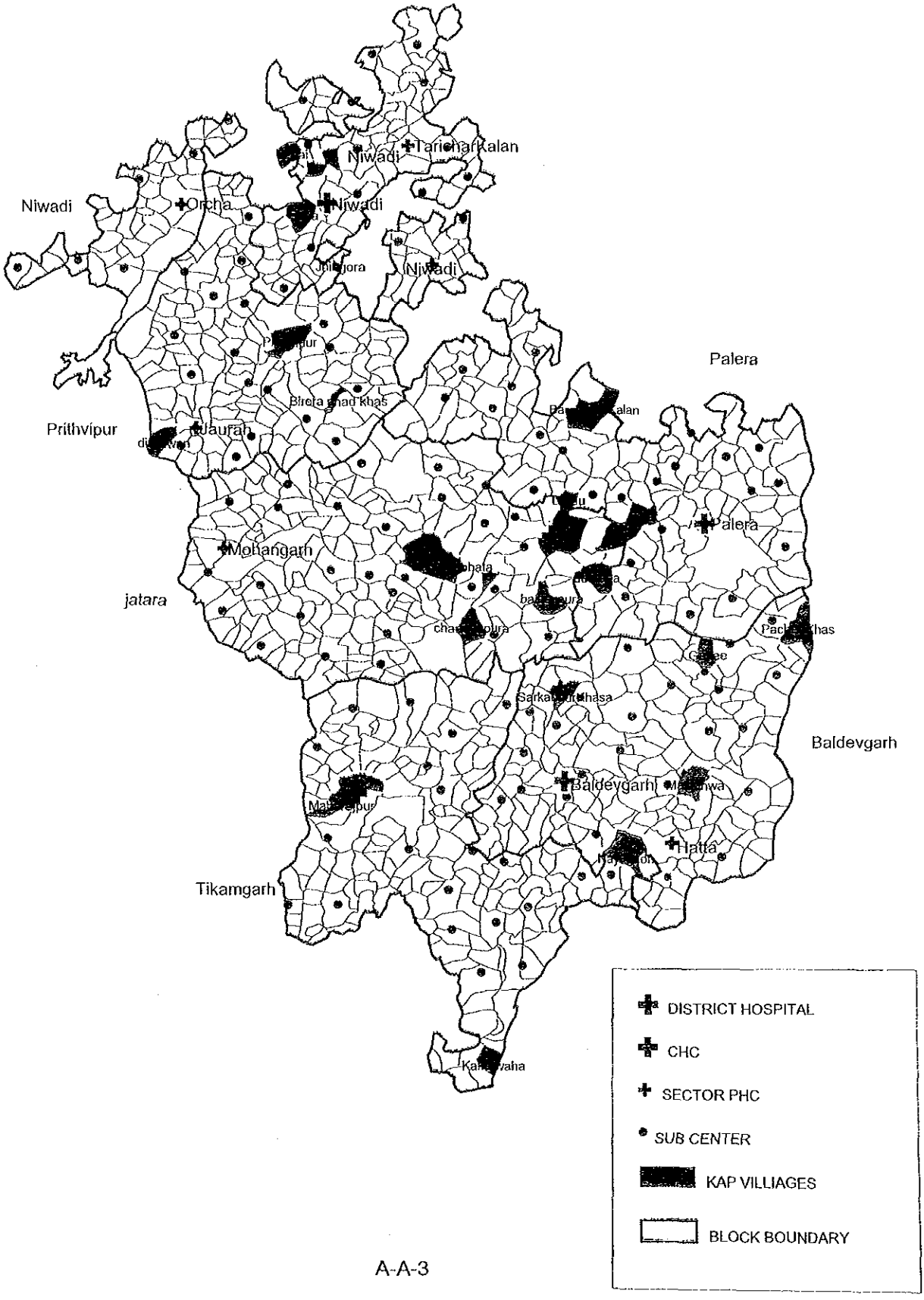
Annex 1

Coverage of KAP Study on Health Care Seeking Behaviours in Tikamgarh and Damoh District

Block	Sr. No.	Community (Village/Urban)	HHs to be covered	Vill/Urban schedule	HH covered	Ever married women aged 15-49 years	Husbands	Hb test of women	Weight and height measurement of children
Tikamgarg District									
Tikamgarh	1	Maharajpur	17	1	17	18	16	15	11
	2	Kakarwaha Khas	17	1	17	15	15	12	9
	3	Nayagaon	17	1	17	22	17	20	11
	4	Tikamgarh Urban-1	20	1	20	20	21	16	10
	5	Tikamgarh Urban-2	20	1	20	21	18	18	12
Baldeogarh	6	Gainti	17	1	17	18	17	17	12
	7	Sankarpur Khas	17	1	17	15	9	12	11
	8	Malguan	17	1	17	16	16	15	8
	9	Pacher Khas	17	1	17	19	17	15	19
Jatara	10	Baldeopura	17	1	17	17	17	17	8
	11	Bamhaunikalan	17	1	17	22	17	19	12
	12	Dinau	17	1	17	19	17	15	6
	13	Deoraha	17	1	17	19	17	14	3
	14	Chandrapura	17	1	17	19	18	19	18
	15	Vikrampura	17	1	17	19	17	16	12
	16	Thar	17	1	17	18	17	18	17
	17	Bachhoda Khas	17	1	17	19	17	16	8
	18	Jatara Urban	25	1	20	25	19	23	10
Prithwipur	19	Birora Pahad Khas	17	1	17	21	18	19	7
	20	Dirguan	17	1	17	19	16	16	7
	21	Prithwipur Urban	25	1	25	25	23	24	11
Nivari	22	Nahera	17	1	17	19	17	18	15
	23	Jhingara	17	1	17	18	16	15	12
	24	Pathri	17	1	17	17	17	16	7
	25	Babai	17	1	17	18	19	18	6
	26	Gidkhini	17	1	17	19	18	17	9
	27	Kena	17	1	17	21	21	20	4
	28	Pohakhas	17	1	18	24	21	18	6
		Total-A	498	28	494	542	488	478	281

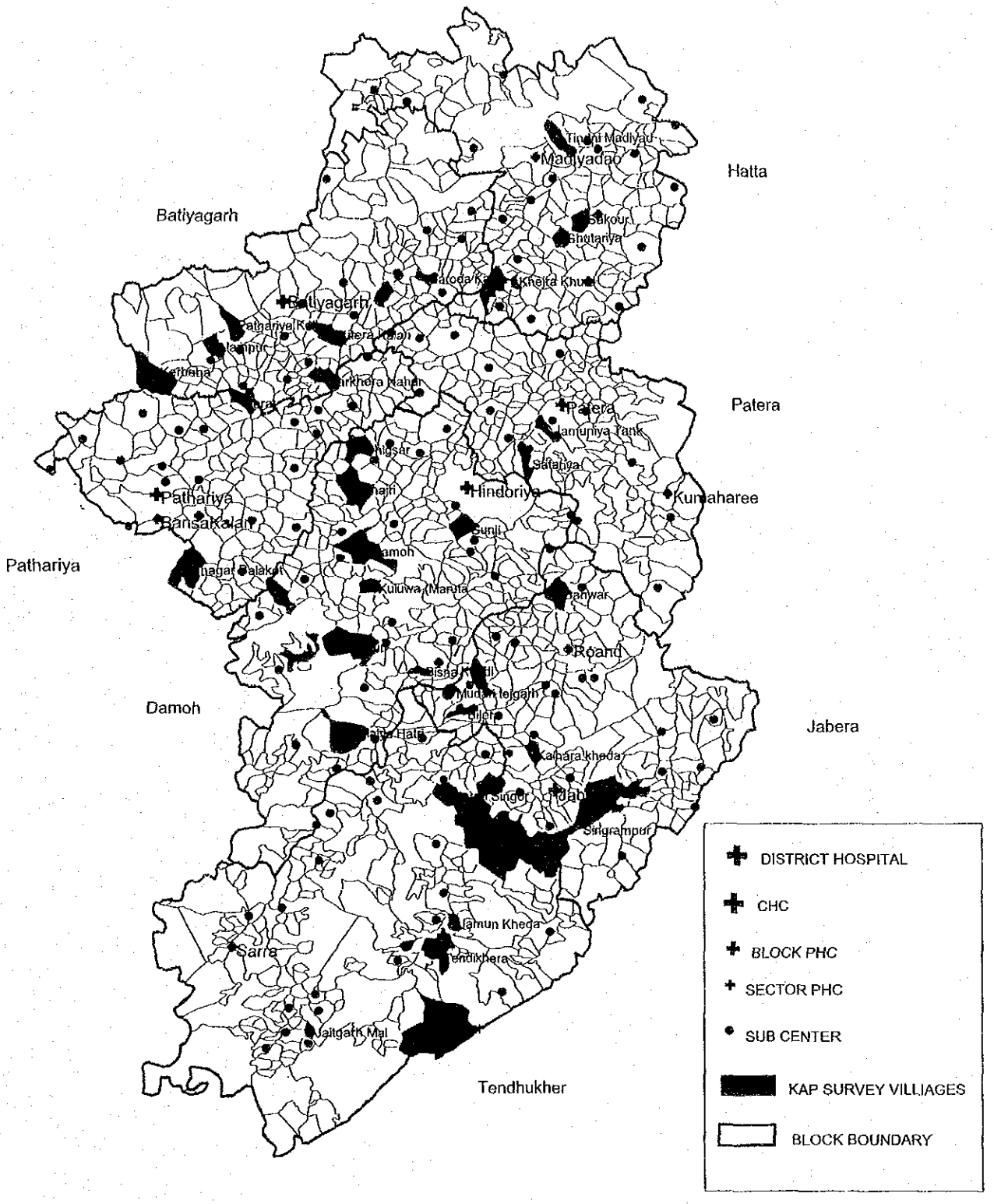
Block	Sr. No.	Community (Village/Urban)	HHs to be covered	Vill/Urban schedule	HH covered	Ever married women aged 15-49 years	Husbands	Hb test of women	Weight and height measurement of children
Damoh District									
Damoh	29	Dhiksar	12	1	12	14	14	13	8
	30	Gungi	12	1	12	15	13	13	6
	31	Bisnakhedi	12	1	12	14	11	11	5
	32	Chaurai	12	1	12	12	12	11	5
	33	Khajri	12	1	12	15	13	15	9
	34	Bansatara Kheda	12	1	12	17	14	15	4
	35	Kuluwa (Marutal)	12	1	12	13	12	8	6
	36	Bhuri	12	1	12	12	12	11	10
	37	Salai Hatri	12	1	12	13	11	12	8
	38	Damoh Urban	40	2	40	44	36	39	7
Patharia	39	Jhapor Balakot	12	1	12	14	12	11	2
	40	Jerat	12	1	12	13	12	12	12
Hatta	41	Khejra Khurd	12	1	12	11	11	11	9
	42	Ghutariya	12	1	12	13	13	13	6
	43	Sakur	12	1	12	12	13	9	7
	44	Tindrini Madiyada	12	1	12	11	12	11	4
	45	Hatta Urban	20	1	20	22	18	12	9
Batiyagarh	46	Sunwaha	12	1	12	14	11	13	8
	47	Baroda Kalan	12	1	12	13	11	13	6
	48	Pathriya Kaithor	12	1	12	12	12	12	4
	49	Futera Kalan	12	1	12	15	15	13	13
	50	Alampur	12	1	12	15	13	11	9
	51	Barkheda Nahar	12	1	12	11	11	11	5
	52	Kerbana	12	1	12	16	13	15	10
Jabera	53	Mudari Tejgarh	12	1	12	14	12	11	5
	54	Bijera	12	1	12	12	12	12	4
	55	Kathara Kheda	12	1	12	15	15	15	4
	56	Nahta	12	1	12	13	13	13	7
	57	Banwar	12	1	12	12	12	12	6
	58	Singrampur	12	1	12	13	11	13	3
Tendulkheda	59	Jaitmal garh	12	1	12	12	12	11	9
	60	Badipura	12	1	12	13	12	13	8
	61	Imlidol	12	1	12	13	11	11	4
	62	Harai Singar	12	1	12	13	12	12	9
	63	Jamukhedi	12	1	12	14	13	13	8
	64	Tendukheda Urban	20	1	20	19	18	19	2
Mahewa	65	Jamunia Tank	12	1	12	14	12	12	5
	66	Sattariya	12	1	12	11	11	8	6
		Total-B	500	39	500	549	501	490	252
	Grand Total: A+B		**998**	**67**	**994**	**1091**	**989**	**968**	**533**

Coverage of Knowledge, Attitude and Practice (KAP) Study
on Health Care Seeking Behaviour
- Sample Community in Tikamgarh District (shown in green areas) -



Coverage of Knowledge, Attitude and Practice (KAP) Study on Health Care Seeking Behaviour

- Sample Community in Damoh District (shown in green areas) -



Annex 2

Coverage of Beneficiary Interview Survey

Type of Facility	CHC			B-PHC			S-PHC			SHC			Total		
	No.of CHC	No.of Interviewees		No.of B-PHC	No.of Interviewees		No.of S-PHC	No.of Interviewee		No.of SHC	No.of Interviewees		No.of facilities	No.of Interviewees	
District		At CHC	At home		At B-PHC	At home		At S-PHC	At home		At SHC	At home		At facilities	At home
Tikamgarh	2	3	17	1	5	15	6	35	32	12	36	24	21	79	88
Damoh	1	27	1	3	37	13	7	42	33	12	18	37	23	124	84
Sagar	1	10		1	20	1	1	22	10	5	2	18	8	54	29
Chhatarpur	1			1	29	1	2	21	1	6	25	4	10	75	6
Panna	1	8	2	1	20		2	3	4	5	24	3	9	55	9
Total	6	48	20	7	111	30	18	123	80	40	105	86	71	387	216

Note (1) Number of facilities for SHC in Sagar includes one Civil Dispensary

Note (2) Number of interviewees at facility in Sagar includes 13 interviewees at Civil Dispensary

Annex 3

Coverage of Sutey on Health Facilities and Human Resoures inSagar Division

(1) List of Health Facility

Type of Facility	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	Total
Dist.Hospital	Tikamgarh	Damoh	Sagar	Chhatarpur	Panna	
	1	1	2		1	5
CHC	Palera Nivari	Hatta	Devri	Bada Malhara	Amaganj	
	2	1	1	1	1	6
Block PHC	Badgaon	Hindoria Pathariya	Rahatgarh	Laudi	Devendra Nagar	
	2	2	1	1	1	7
Civil Dispensary			Rajwans			
			1			1
Sector PHC	Hatta Simra Orcha Deogada Mohangarh Aston	Banskala Hinota Kumbhari Madiyado Ranesh Rond Abhana	Maharajpur Chulla	Maharapur Khadeha	Semaria	
	6	7	2	2	1	18
Sub-Centre (SHC)	Simra Khurd Dewarda Simra Gailwada Orcha Kargaon Satagaon Dargaon Kundeswar Landwari Thona Chandera	Kanti Palli Dhangour(Sanga) Banvar Bhajia Abhana Bhat Khamariya Tejgarh Sarra Singpur Nohta Singrampur	Talchiri Barkoti Kla Khatora kalan Jai Singh Nagar	Nand gaon Weeron Ramtoria Khadeha Munderi Basari	Paderi Banheri Murach Majhgawan Bagwar	
	12	12	4	6	5	39
Total	23	23	11	10	9	76

Coverage of Sutey on Health Facilities and Human Resoures inSagar Division
(2) Health Personnel

District /Type of Facility	Facility management	Qr. For Facility	Health personnel inteviewed				
			Staff Nurse	ANM/ MPW (Female)	LHV	MPW (Male)	TBA (dai) (Trained)
Tikamgarh District							
Dist.Hospital	1	1	6		3		
CHC	2	2	4	1	3		
Block PHC	1	1		2	2		
Sector PHC	6	6	1	4	10	1	
Sub-Centre	12	12		12		5	59
Damoh District							
Dist.Hospital	1	1	1				
CHC	1	1	1	1	2		
Block PHC	3	3		4	1		
Sector PHC	7	7		10	6	5	15
Sub-Centre	12	12		11		6	20
Sagar District							
Dist.Hospital	1	1	2		1		
CHC	1	1	2	1	1		6
Block PHC	1	1		1	1		
Civil Dispensary	1	1		1	1	1	1
Sector PHC	1	1		1	1		3
Sub-Centre	5	5		4		3	18
Chhatarpur District							
Dist.Hospital	1	1	3		1		
CHC	1	1	1	2	2		
Block PHC	1	1		2	2		
Sector PHC	2	2		2	1	1	
Sub-Centre	6	6		5	1	3	30
Panna District							
Dist.Hospital	1	1	3				
CHC	1	1	3		1		
Block PHC	1	1		2	2		
Sector PHC	2	2		1	1	1	
Sub-Centre	5	5		4		6	25
Total	77	77	27	71	43	32	177

Annex 4

Coverage of Community Survey in Sagar Division

(1) Community and Women Group

District /Block	Sr. No.	Urban /Rural	Name of community	Women group
Tikamgarg District				
Tikamgarh	1	r	Maharajpur	
	2	r	Kakarwaha Khas	
	3	r	Nayagaon	
	4	u	Tikamgarh Urban-1	
	5	u	Tikamgarh Urban-2	
Baldeogarh	6	r	Gainti	
	7	r	Sankarpur Khas	1
	8	r	Malguan	
	9	r	Pacher Khas	1
Jatara	10	r	Baldeopura	
	11	r	Bamhaunikalan	
	12	r	Dinau	
	13	r	Deoraha	
	14	r	Chandrapura	1
	15	r	Vikrampura	
	16	r	Thar	
	17	r	Bachhoda Khas	
	18	u	Jatara Urban	
Prithwipur	19	r	Birora Pahad Khas	1
	20	r	Dirguan	
	21	u	Prithwipur Urban	
Nivari	22	r	Nahera	
	23	r	Jhingara	
	24	r	Pathri	
	25	r	Babai	1
	26	r	Gidkhini	1
	27	r	Kena	1
	28	r	Pohakhas	
Total-A			28	7

District /Block	Sr. No.	Urban /Rural	Name of community	Women group
Damoh District				
Damoh	29	r	Dhiksar	2
	30	r	Gungi	1
	31	r	Bisnakhedi	
	32	r	Chaurai	
	33	r	Khajri	1
	34	r	Bansatara Kheda	
	35	r	Kuluwa (Marutal)	1
	36	r	Bhuri	
	37	r	Salai Hatri	1
	38	u	Damoh Urban	1
Patharia	39	r	Jhapor Balakot	
	40	r	Jerat	
Hatta	41	r	Khejra Khurd	1
	42	r	Ghutariya	
	43	r	Sakur	
	44	r	Tindrini Madiyada	
	45	u	Hatta Urban	
Batiyagarh	46	r	Sunwaha	
	47	r	Baroda Kalan	1
	48	r	Pathriya Kaithor	
	49	r	Futera Kalan	2
	50	r	Alampur	
	51	r	Barkheda Nahar	
	52	r	Kerbana	1
Jabera	53	r	Mudari Tejgarh	
	54	r	Bijera	1
	55	r	Kathara Kheda	1
	56	r	Nahta	1
	57	r	Banwar	
	58	r	Singrampur	1
Tendulkheda	59	r	Jaitmal garh	1
	60	r	Badipura	1
	61	r	Imlidol	1
	62	r	Harai Singar	1
	63	r	Jamukhedi	
	64	u	Tendukheda Urban	
Mahewa	65	r	Jamunia Tank	
	66	r	Sattariya	1
Total-B			38	

District /Block	Sr. No.	Urban /Rural	Name of community	Women group
Panna District				
Gunor	67	r	barha Kalan	1
	68	r	Chhijor	
Pawai	69	r	Deora	1
	70	u	Pawai urban	
Shahnagar	71	r	Madhopura	
	72	r	Shankuti pipariya	
Panna	73	u	Panna urban	
Total-C			7	2
Chhattarpur District				
Ishanagar	74	r	Kalapani	1
Laoundi	75	r	Kathara	1
	76	u	Loundi Urban	
Gourihar	77	r	Palta	1
	78	r	Goyara	
	79	r	Shisholar	1
Chhattarpur	80	u	Urban	1
Bada malahra	81	r	Shimariya	
Total-D			8	5

District /Block	Sr. No.	Urban /Rural	Name of community	Women group
Sagar District				
Sagar	82	r	Kurman	
	83	r	Jhaayri	
	84	r	Bamhodi Hudda	1
	85	r	Khurwadi	
	86	r	Sagoni Khurd	
	87	r	Ramkhedi	1
	88	r	pipariyapuran	
	89	r	saderi	1
	90	r	Dsadagiv	
	91	r	Bilegda	2
	92	r	Basahari	3
	93	u	Sahpur urban	
	94	u	Banda Urban	
Total-E			13	8

Grand Total=A+B+C+D+E	94	22

Coverage of Community Survey in Sagar Division

(2) Community Health Provider

District	LHV	ANM/ MPW (Female)	MPW (Male)	JSR	Dai	AWW	Private Doctor	Total
Tikamgarh	1	7		13	13	15	8	57
Damoh		11	3	21	25	29	12	101
Panna			1	2	2	1	1	7
Chhattaupur		1	1	5	3	7	8	25
Sagar	5	3	2	7	9	14	2	42
Totla	**6**	**22**	**7**	**48**	**52**	**66**	**31**	**232**

Annex 5

Coverage of Focus Group Discussion (FGD) in Sagar Division

District	Block	Village/Urban	Type of FGD	Number
Tikamgarh	Tikamgarh	Urban	Women	1
	Baldevgarh	Gaiti	Married Adolescent Girls	1
	Baldevgarh	Malgaon	Men	1
	Prithivipur	Birorapahad Khas	Adolescent Boys	1
	Niwari	Ken	Women	1
Damoh	Damoh	Urban	Men	1
	Pathariya	Jerat	Men	1
	Batiyagarh	Futerakalan	Adolescent Boys	1
	Batiyagarh	Alampur	Married Adolescent Girls	1
	Batiyagarh	Sunwaha	Women	1
Sagar	Sagar	Urban	Adolescent Boys	1
	Banda	Jhagri	Adolescent Girls	1
	Jaisinagar	Bilhera	Women	1
	Banda	Khuwari	Men	1
Panna	Panna	Urban	Men	1
	Gunour	Barahakala	Women	1
	Pawai	Deora	Adolescent Boys	1
	Gunour	Chhijoura	Adolescent Girls	1
Chhatarpur	Chhatarpur	Urban	Adolescent Girls	1
	Gourihar	Palta	Adolescent Boys	1
	Laundi	Kathara	Women	1
	Gourihar	Shisholar	Men	1
			Total	22

Annex 6

(1) Summary of Focus Group Discussions - Adult Women

Subject	Urban	Rural Village				
	TIKAMGARH URBAN (Tikamgarh)	KENA (Tikamgarh)	SUNWAHA (Damoh)	BILHERA (Sagar)	BARHA KALA (Panna)	KATHARA (Chhatarpur)
1. Health care seeking behaviour						
1.1 Awareness on govt. health facilities	▪ District hospital ▪ ANM and MPW	▪ Sub Center ▪ PHC	▪ PHC ▪ CHC	▪ Govt. Hospital ▪ Sub Centre	▪ Sub Center ▪ PHC ▪ District Hospital ▪ ANM	▪ Block PHC ▪ District hospital
1.2 Their existence in the village	▪ District hospital is nearby ▪ No AWC in their locality ▪ ANM and MPW visit their locality 3 to 4 times in a year	▪ ANM and MPW visit their village in every 15 days ▪ SC is 7 km away ▪ District hospital and PHC are far away ▪ AWC is in the village	▪ No govt. center is available in the village ▪ ANM visits once in a month	▪ Sub center is in the village	▪ ANM visits once in a month ▪ All health centres are far away	▪ AWC in the village ▪ All govt. hospitals are ear away
2.						
2.1 Awareness on other health facilities	▪ Prefer private hospitals because of better service and treatment	▪ For major diseases people go to private doctor in Jhansi	▪ Much dependant on private doctors	▪ For measure disease they prefer to go to private hospital ▪ For treatment of children prefer to go to private practitioner in the village	▪ No	▪ They believe in traditional healer ▪ Prefer to go to private hospitals at Jhansi or Gwalier
2.2 Their existence in the village	▪ Many private practitioners are in the city	▪ -Private doctor is available in the village	▪ Private practitioner is available in other village at 4 km. Away ▪ Quacks are available in the village	▪ Private practitioner in the village		

Subject	Urban	Rural Village				
	TIKAMGARH URBAN (Tikamgarh)	KENA (Tikamgarh)	SUNWAHA (Damoh)	BILHERA (Sagar)	BARHA KALA (Panna)	KATHARA (Chhatarpur)
3.						
3.1 Where do they go for reproductive health care	Maximum deliveries are done at govt. hospitals Condoms and oral pills are available at govt. hospital but Muslim women do not use ANM does immunization to pregnant women and children FP operation is done at govt. hospital Rich people prefer to go to private nursing home for delivery	ANM does immunization to children and pregnant women Get iron tablet from ANM FP operation is done at camps organized by PHC at block level Most of the deliveries are done at home by untrained Dai Emergency deliveries are done at PHC Abortion is done at PHC	ANM who comes once in a month gives immunization to pregnant women and children Condoms and oral pills are available in govt. hospitals In general FP operation is done in camps organised by govt. People prefer to do deliveries home by the untrained Dai of their village Emergency deliveries are done in PHC at Hatta For delivery rich people prefer to go to private hospitals They know abortion is done by private doctors at Damoh city	Sub center-Immunization District hospital- FP operation, child care Private practitioner-small diseases	-Sub-Center-delivery, abortion, normal diseases -PHC-FP operation, -District Hospital- major diseases	Delivery at home is maximum which is done by Dai Get medicines for minor diseases from AWW and ANM Abortion is done at district hospital ANM distributes condom and oral pills
3.2 Suitable time to go to health centre	▪ Morning ▪ After noon	▪ Morning ▪ Afternoon	▪ Morning	▪ Morning	▪ -Morning	▪ Morning
3.3 Satisfaction level on services received	▪ Very bad service at govt hospital	▪ Average	▪ Not Good	▪ Average	▪ -Average	▪ Very bad
3.4 Liking on various aspects	▪ Treatment at private hospital is better ▪ There is value of money paid at private nursing home	▪ Service and treatment at private hospital is better	▪ Better and quick relief if treatment is done by private doctors			▪ Treatment at private hospital is better

Subject	Urban	Rural Village				
	TIKAMGARH URBAN (Tikamgarh)	KENA (Tikamgarh)	SUNWAHA (Damoh)	BILHERA (Sagar)	BARHA KALA (Panna)	KATHARA (Chhatarpur)
3.5 Disliking on various aspects	▪ Treatment at govt. hospital is bad ▪ No quick relief by treatment from govt. hospital ▪ All medicines are not available in free of cost ▪ Many side effects after FP operation ▪ Copper-T use is not successful	▪ All necessary facilities are not available at PHC	▪ Women get many side effects after the tubectomy operation ▪ Services provided at govt. hospital is not good ▪ ANM does not distribute condoms or oral pills	▪ The trained Dai in their village has no necessary items, equipment and medicines		▪ Treatment at govt. hospital is bad ▪ No quick relief by treatment from govt. hospital
3.6 Amount spent	▪ Medicines are not available in free in govt. hospital ▪ Even some times they have to paid for condoms in govt. hospital ▪ Consultation of private doctor is Rs.20 to Rs.50 ▪ If private doctors visit home they charge double or more ▪ Govt. doctors also do private practice who charge Rs.50 as consultation fees ▪ Staff at govt. hospital takes bribes for better service	▪ Rs.2/- as registration charge at govt. hospital ▪ All necessary medicines are not available at govt. hospital ▪ In case of emergency delivery at PHC the cost comes around Rs.1000/-	▪ Private doctor charges around Rs50 to Rs100 as consultation fees, which is too much for poor villagers ▪ Rs20 to Rs25 can be affordable them ▪ It takes Rs10/- to reach PHC or CHC ▪ One has to spend Rs40/- to Rs50/- for medicines in govt. hospital ▪ In Damoh city private doctors charge around Rs.200 to Rs.300 for consultation and medicines which is very high amount for them ▪ It also takes Rs50 to reach Damoh city.	▪ Small tablets are available in free of cost ▪ Free immunization	▪ Nominal for minor disease ▪ More money for abortion cases	▪ Rs.1000/- for abortion in private hospital ▪ Free immunization ▪ Condoms and oral pills are available free of cost ▪ Delivery by Dai is less expensive

Subject	Urban	Rural Village				
	TIKAMGARH URBAN (Tikamgarh)	KENA (Tikamgarh)	SUNWAHA (Damoh)	BILHERA (Sagar)	BARHA KALA (Panna)	KATHARA (Chhatarpur)
4. Ranking for Health Care Provider (See)						
4.1 Factors influence to choose a provider	(Mentioned below (1))	(Mentioned below (2))	(Mentioned below (3))	(Mentioned below (4))	(Mentioned below (5))	(Mentioned below (6))
4.2 Any provider they do not trust	▪ Availability of medicine ▪ Cost ▪ Quality of treatment ▪ Behaviour of doctor ▪ Privacy	▪ Cost ▪ *Elders decide* ▪ Quality of care	▪ Quality of care ▪ *Type of illness* ▪ Cost ▪ Distance ▪ Friendly behaviour of doctor	▪ Distance ▪ *Quality of care* ▪ Cost	▪ -Cost ▪ -Distance ▪ -Quality of care	▪ Cost ▪ Quality of treatment ▪ Distance
	▪ No trust on traditional healer ▪ *No quick relief by* govt. hospital treatment	▪ Less trust in private doctors in nearby villages	▪ Less trust traditional healer	▪ Less trust on govt. doctors. Their medicine does not give quick relief	▪ -No	▪ Treatment by govt. doctor is bad ▪ No quick relief by govt. hospital treatment
5. Marriage of girls						
5.1 Ideal age for girls to marry	▪ Should be 20 to 21 years	▪ Should be 18 years ▪ But in practice village people *marry off their* daughters at the age of 15 to 16	▪ Ideal age is 15 to 16 years ▪ But gauna happens *after 2 to 3 years* when the girl becomes 18 or 19 years old ▪ Few instances are there that 'gauna' being taken place only after 2 to 3 months of the marriage that is before the puberty.	▪ Should be 18 years ▪ They know legal age of girl is 18 years ▪ Generally in their village many girls get married at the age of *14 or 15* years but gauna happens only when the girl becomes 18 ▪ Few instances are there that 'gauna' being taken place *only after 2 to 3* months of the marriage before the puberty.	▪ Should be 18 years ▪ But in practice village people marry off their daughters at the age of 13 to 14	▪ Should be 20 years ▪ But in reality girls get married at the age of 14 to 16 years

Subject	Urban	Rural Village				
	TIKAMGARH URBAN (Tikamgarh)	KENA (Tikamgarh)	SUNWAHA (Damoh)	BILHERA (Sagar)	BARHA KALA (Panna)	KATHARA (Chhatarpur)
5.2 Reasons of early marriage	▪ No awareness ▪ Illiteracy ▪ Young girls may commit any wrong relationship	▪ Social customs ▪ Young girls may commit any wrong ▪ Demand of dowry by Grooms side would be more in case of late marriage of girl	▪ Traditional customs ▪ They think at 14 or 15 girls are physically mature for marriage ▪ May not get good grooms in later age or grooms may reject ▪ Young girls may develop illegal relationship ▪ Poverty	▪ They think at 14 or 15 girls are physically mature for marriage ▪ Giving higher education to girls is meaningless ▪ Parents do not like daughters sitting ideal at home ▪ Poverty ▪ If marriage is delayed they have to pay high dowry	▪ Parents think older girls choose grooms as per their choice ▪ In rural areas it is difficult to get grooms for girls who are more than 18 years ▪ Fear of elopement in case of elder girls	▪ Poverty ▪ Parents fear if unmarried daughter remain at home for many years then something may happen as society is very bad now
5.3 Benefits of early marriage	▪ cause early delivery and weakness ▪ More chances of miscarriage during pregnancy ▪ Mother and baby would be weak	▪ Bad health for mother and the baby.	▪ In early age girl is not physically fit to reproduce ▪ At early age the mother is also not matured enough to take proper care of her baby	▪ No	▪ No	
5.4 Disadvantage of early marriage	▪ Awareness is developing among people	▪ People tease the unmarried elder girls in the village	▪ People think if there is any wrong with the girl ▪ Groom started rejecting elder girls	▪ Childbirth at an early age always leads to ill health of both the mother and child. ▪ At early age the mother is also not matured enough to take proper care of her baby	▪ Chances of early delivery ▪ Dangerous to the life of mother and the baby. ▪ Causes weakness to the mother, which takes long time to recover. ▪ Causes damage to uterus.	▪ Mother and baby would be weak ▪ At early a girl would not be able to give proper care to her baby independently ▪ It causes weakness to uterus of mother
5.5 How society sees a girl to marry at later age				▪ Groom's parents demand higher dowry	▪ If the girl is not married at early age then she must have some problem.	▪ Groom's parents demand higher dowry

Subject	Urban	Rural Village				
	TIKAMGARH URBAN (Tikamgarh)	KENA (Tikamgarh)	SUNWAHA (Damoh)	BILHERA (Sagar)	BARHA KALA (Panna)	KATHARA (Chhatarpur)
6. Child birth						
6.1 Ideal time to have first baby	▪ 2 years	▪ 2 years	▪ 2 years	▪ 2 to 3 years	▪ 4 to 5 years	▪ 2 years
6.2 Advantage to have first baby in late	▪ Girl becomes physically fit to conceive the child	▪ Good health of mother ▪ Poor people can manage family well	▪ Mother will be physically fit to reproduce healthy child	▪ Couple can enjoy initial 2 to 3 years happily	▪ Mother's health will be good ▪ Poor people can manage family well	▪ Girl becomes physically fit to conceive the child
6.3 Disadvantage to have first baby in late	▪ No disadvantage	▪ No disadvantage	▪ No disadvantage	▪ No disadvantage	▪ No disadvantage	▪ No disadvantage
6.4 Ideal gap between first and second baby	▪ 2 to 5 years	▪ At least 5 years ▪ When first child start managing himself/herself for primary needs and the mother feels she can take care of the second child then only the couple should think of the second issue.	▪ 3 years ▪ After 1 year when the first child stops breast feeding	▪ 2 to 3 years	▪ 4 to 5 years	▪ At least 3 years
6.5 Advantages of spacing	▪ It assures better care to both the children ▪ Mother can give complete care to the second baby ▪ Mother could acquire good health for the second delivery	▪ Proper care can be given to both the children ▪ Smaller gap leads to the problem of breast-feeding which affects both the babies ▪ Early delivery always cause weakness to the mother and baby	▪ Both children can get proper care and growth	▪ elder child can get proper care and growth	▪ Health of both mother and baby will be good	▪ It helps in giving complete care, to both the children. ▪ Both the children would get the complete growth ▪ Poor people should maintain this gap which would help to manage with their poor economic condition
6.6 Disadvantages of spacing	▪ No harm	▪ No	▪ No	▪ No	▪ No	▪ No harm

Subject	Urban	Rural Village				
	TIKAMGARH URBAN (Tikamgarh)	KENA (Tikamgarh)	SUNWAHA (Damoh)	BILHERA (Sagar)	BARHA KALA (Panna)	KATHARA (Chhatarpur)
7. Family life education						
7.1 Best source to learn before marriage	▪ TV is a better media to learn on family life and childcare as compared to the govt. hospital	▪ Bhabi (sister-in-laws)	▪ It is learnt automatically ▪ From Bhabhi also ▪ Married friends are best to teach on sex education	▪ Parents teach on family life adjust-ments and how to live with in-laws etc ▪ Married friends are best to teach on sex education and reproductive health	▪ Bhabi (sister-in-laws) ▪ Cousin sisters of the same age ▪ Married friends help most	▪ Automatically it is known with the time ▪ Bhabhi (Elder brother's wife) and married friends help a lot
7.2. Who guides them after marriage	▪ Jethani ▪ Bhabi ▪ Married friends	▪ Jethani (hunband's elder brother's wife) ▪ Bhabi (Elder brother's wife) ▪ Married friends	▪ Jethani (hunband's elder brother's wife), Bhabi (Elder brother's wife) are best to teach on sex education ▪ Mother-in-law teaches on ANC and PNC	▪ Jethani (hunband's elder brother's wife) ▪ Bhabi (Elder brother's wife) ▪ Married elder sisters ▪ Sometimes mother also	▪ Jethani (hunband's elder brother's wife) ▪ Bhabi (Elder brother's wife) ▪ Married friends	▪ Jethani ▪ Bhabi ▪ Married friends ▪ Regarding the matter related to child-care, birth and precaution during the pregnancy, the mother-in-law helps a lot
7.3. Any formal programme is going on in their community	▪ No such programme is running	▪ No such programme is running	▪ No such programme is running	▪ No such programme is running	▪ No such programme is running	
7.4. Need of any formal programme in their community	▪ Program should run in the community which can educate girls or women for family life education ▪ Need of such programmes in their community ▪ They said they are not satisfied with the services provided by ANM. She should be regular and does perform well ▪ Dai should be given proper training	▪ Requirement of multipurpose program in the village, which can give all sorts of health related education to people belonging to all the age groups. ▪ PHC should be well equipped	▪ Need of an agency in village which can provide education on family health to the adolescent boys and girls, and also for male and female for family planning, childcare, abortion and on deliveries etc ▪ ANM should visit the village regularly and provide such education to women	▪ There is need of such programmes in on regular basis ▪ This type of programs can really help the people in planning their family, and leading healthy life.	▪ Primary health care should be made available inside the village ▪ Existing Anganwadi Centre should be equipped properly ▪ A trained nurse should be there who can give family life education to the adolescent girls and to the married women	▪ Need of such programmes in their community ▪ They said they are not satisfied with the services provided by ANM. She should be regular and does perform well ▪ Dai should be given proper training

***4. Ranking of health Care providers** (Ranking: 1 - High importance, 2 - Important, 3 - Low importance, 4 - No importance)

Community	Health care provider	For adult				For children			
		Male		Female		Boys		Girls	
		Minor	Major	Minor	Major	Minor	Major	Minor	Major
(1) Tikamgarh urban (Tikamgarh)	Private Drs	2	3	1	3	1	2	1	2
	Government Drs.	3	3	2	3	3	3	3	3
	Private Drs. in Jansi	1	2	1	2	1	2	1	2
	ANM	0	0	0	0	0	0	0	0
	MPW	0	0	0	0	0	0	0	0
(2) Kena (Tikamgarh)	Private Hospital	3	0	3	0	3	0	3	0
	Niwari PHC	1	1	1	1	1	1	1	1
	Private Drs in Jansi	0	2	0	2	0	2	0	2
	ANM	0	0	0	0	0	0	0	0
	MPW	0	0	0	0	0	0	0	0
(5) Barha Kala (Panna)	Government Hospital	1	2	2	1	2	2	2	2
	Private Hospital.	2	3	2	3	2	3	2	3
	ANM/NPW/Sub-Health Centre	0	2	0	2	0	2	0	2
	PHC / CHC	2	0	2	0	2	0	2	0
	AWW	0	0	0	0	0	0	0	0
	District Hospital	1	0	1	0	1	0	1	0
	JSR	0	0	0	0	0	0	0	0
	Private Drs. at Village	2	0	2	0	2	0	2	0
	Super Natural Power	3	0	3	0	3	0	3	0
	Traditional Health Provider	0	0	0	0	0	0	0	
(6) Kahtara (Chhatarpur)	District Hospital	1	0	1	0	1	0	1	0
	Private Hospital	2	0	2	0	2	0	2	0
	Private Drs. at Village	3	2	3	2	3	2	3	2
	PHC / CHC	0	1	0	1	0	1	0	1
	ANM/NPW/Sub-Health Centre	0	3	0	3	0	3	0	3
	AWW	0	3	0	3	0	3	0	3
	JSR	0	0	0	0	0	0	0	0
	Super Natural Power	3	0	3	0	3	0	3	0
	Traditional Health Provider	0	0	0	0	0	0	0	0

Community	Health care provider	For adult				For children	
		Male		Female			
		Minor	Major	Minor	Minor	Major	Minor
(3) Sunwaha (Damoh)	Private Drs. in Mangrol	1	0	1	0	1	0
	CHC	2	0	2	0	2	0
	PHC Batiyagarh	0	0	0	0	0	0
	Private Hospital in Damoh	3	2	0	2	3	2
	District Hospital in Damoh	0	1	3	1	3	1
	Traditional Health Provider	0	0	0	0	0	0
	ANM / MPW	3	0	3	0	3	0
	AWW	3	0	3	0	3	0
	Government Hospital in Jabalpur City	0	3	0	3	-	3
(4) Bilhera (Sagar)	Sub-Health Centre	0	-	0	-	0	0
	District Hospital	2	1	2	1	2	1
	Private Drs. at Village	1	-	1	-	1	-
	Traditional Health Provider	0	-	0	-	0	0
	Super Natural Power	0	-	0	-	0	0
	ANM	0	-	0	-	0	0
	AWW	0	-	0	-	0	0

(2) Summary of Focus Group Discussions - Adult Men

Subject	Urban		Rural			
	Damoh Urban (Damoh)	Panna Urban (Panna)	Vill-JERAT (Damoh)	Vill-Malgaon (Tikamgarh)	Vill-KHUWARI (Sagar)	Vill- SHISHOLAR (Chhatarpur)
1.Health care seeking behaviour						
1.1 Awareness on govt. health facilities	▪ District Hospital ▪ Govt. hospital ▪ Ayurvedic Hospital ▪ ANM and MPW	▪ District Hospital	▪ District Hospital ▪ PHC ▪ ANM ▪ MPW ▪ JRS	▪ PHC ▪ Sub Center ▪ District Hospital ▪ JRS ▪ AWC	▪ Block PHC ▪ Sub Center ▪ District hospital	▪ PHC ▪ District hospital ▪ AWC ▪ JRS
1.2 Their existence in the village	▪ ANM and MPW are working there ▪ Ayurvedic hospital is nearby ▪ District hospital is very near	▪ District Hospital is in the city ▪ No other govt. health center is available in their locality	▪ No Sub Center in their village ▪ ANM is very irregular ▪ MPW who stays 10 km away visits their village once in 2 to 3 months ▪ JRS stays in the village ▪ 3 AWCs in the village ▪ PHC is 18 km away, which takes 25 rupees to reach there ▪ District Hospital is 30 km away	▪ PHC is 15 to 20 km away ▪ SC and District Hospitals are far away ▪ JRS operates from the village ▪ AWC in the village	▪ Block PHC is 16 km away from the village ▪ Sub center is 4 km away ▪ ANM regularly visits their village	▪ PHC is 12 km away from the village ▪ District hospital is about 90 km away ▪ AWC in the village ▪ JRS stays in the village
2.						
2.1 Awareness on other health facilities	▪ Private nursing home ▪ Missionary hospital	▪ Private nursing home ▪ Private Practitioner ▪ Dai	▪ Trained Dai ▪ Untrained Dai ▪ Private practitioner ▪ Quack (super natural power)	▪ Private Practitioners ▪ Traditional Health Healer (Vaidya)	▪ For measure disease they prefer to go to private hospital at Sagar ▪ For treatment of children prefer to go to private practitioner in the village	▪ Private practitioner ▪ Untrained Dai

Subject	Urban		Rural			
	Damoh Urban (Damoh)	Panna Urban (Panna)	Vill-JERAT (Damoh)	Vill-Malgaon (Tikamgarh)	Vill-KHUWARI (Sagar)	Vill- SHISHOLAR (Chhatarpur)
2.2 Their existence in the village	▪ All private hospitals are nearby	▪ Many private nursing homes and private practitioners are available in their locality ▪ Dai are existing in almost every locality	▪ Trained dai in the village ▪ Untrained dai in the village ▪ Private practitioner in the village ▪ Quack is available in the village	▪ Private Practitioners and ▪ Traditional Health Healer are available in the village	▪ Not available in their village	▪ Private hospitals are available in nearby villages ▪ Untrained Dais present in the village
3.						
3.1 Where do they go for reproductive health care	▪ For delivery women go to private Nursing Homes missionary Hospital ▪ Women from lower income group or lower medium income group prefer to go to govt. hospital ▪ For abortion people prefer to go to private nursing homes ▪ In govt. hospitals it is quite difficult to get any consultation regarding family planning from the doctors ▪ FP operation is done in camps organised by govt. hospitals ▪ People prefer to buy condoms and oral pills from open market	▪ Normally people prefer Private Nursing homes and private practitioners for consultation during pregnancy ▪ For abortion most of them go to private nursing homes ▪ Some government doctors are also running their private nursing homes, where people do abortion also ▪ Maximum deliveries in the are conducted at home with help of Dai ▪ For vaccination and immunization etc. people prefer the govt. hospitals because these things are completely free there ▪ As condoms and oral pills are not available adequately in govt. hospital	▪ JRS distributes condoms and oral pills but these are very insufficient ▪ People buy condoms and oral pills from market ▪ FP operations are done in govt. camps ▪ Most of the deliveries are done at home with help from either trained or untrained Dai ▪ For complicated deliveries people go to district hospitals ▪ Due to bad roads it is quite difficult to reach district hospitals. There are cases of women died on the way to hospital	▪ ANM and MPW do immunization and vaccination for children and pregnant women ▪ ANM and the MPW guide and help the women during pregnancy. ▪ Prefer to go to private doctors for normal disease ▪ Educated people visit the ANM for counselling during pregnancy ▪ About 80% deliveries are done in the village with the help of the ANM or Dai ▪ Emergency cases of deliveries go to PHC ▪ Condoms and Oral pills are available at Sub- Center ▪ Economically sound people buy condoms and pills from open market ▪ FP operations are	▪ Condoms and oral pills are available at govt. hospitals ▪ FP operation is generally done in the govt. camps in Banda block ▪ Mother and child care is available at Sub center ▪ Maximum deliveries are done at home by untrained Dai ▪ Emergency or critical cases are gone to govt. hospitals	▪ They get nutritional food from AWC ▪ The AWC also distributes Mala-D (oral pills) and Nirodh (condoms) ▪ Family Planning operation is conducted in the camps organized by govt. ▪ To get iron tablets, tetanus injections etc. they have to go to PHC ▪ Most of the deliveries are done at home with help of untrained Dai ▪ For complicated deliveries they prefer to go to private hospital in Banda city of Uttar Pradesh

Subject	Urban		Rural			
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		people prefer to buy from open market		done in camps organised by govt. ▪ For abortion people go to private hospital in Tikamgarh City		
3.2 Suitable time to go to health centre	▪ Morning is best time	▪ Morning is best time	▪ Morning	▪ Morning	▪ Morning	▪ Morning
3.3 Satisfaction level on services received	▪ Average	▪ Not satisfied with the services provided at govt. hospital	▪ Average satisfaction on govt. hospital	▪ Satisfactory	▪ Average	▪ Not satisfied with the services provided at govt. hospital
3.4 Liking on various aspects	▪ Services in private hospital is better	▪ Services provided by private hospitals are better	▪ Not so much	▪ Services in private hospital is better	▪ Services in private hospital is better	▪ Services of private hospitals are better
3.5 Disliking on various aspects	▪ Facilities at Govt. hospital are not good. There is no cleanliness, no proper lighting is there, attendants are not available on time and the expenses are almost at par with private Nursing homes ▪ From govt. doctors if one requires any consultation, they simply hear it. If they like, they suggest otherwise refuse ▪ If somebody wants to know some thing in depth and ask the same question again (being unaware) they	▪ Lacks of facilities, lack of proper care of patient, poor administration, dirtiness etc. are the major factors why people do not prefer to go to govt. hospitals ▪ Condoms and oral pills are not available always ▪ In govt. hospital one has to purchase complete kit, medicines etc. form out side market, and also has to pay fees to doctors. Amount has to be given to nurses, ward boys etc. for their services also.	▪ Behavior of govt. doctor depends on the paying capacity of the patient ▪ Visits of ANM and MPW to their village is very irregular ▪ They have to spend much amount even if treated in govt. hospital	▪ In govt. hospital it takes longer time to recovery from illness ▪ Sometimes people has to pay for the services at Govt. hospital	▪ Govt. doctors do not pay proper attention to patients	▪ Treatment of govt. hospital is worse ▪ Proper facilities are not available at govt. hospital ▪ Govt. doctors do not pay proper attention to patients

Subject	Urban		Rural			
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	simple ignore it or show their irritation.					
3.6 Amount spent	▪ At least Rs. 1000 to Rs. 2000 has to be spent if abortion is done in private nursing home ▪ Govt. doctors who do private practice also charge high from people ▪ From open market people buy one packet of condom packet in Rs7 to Rs12 ▪ *In private Nursing* Homes expenses come around to Rs. 4000 in normal delivery and Rs. 10,000 to 15,000 in caesarean delivery ▪ If nurse is called at home it costs around Rs. 300 to 400 ▪ In private hospitals generally the patients are asked to continue stay for 4 to 6 days in that case the room rent costs around Rs. 1000/- ▪ FP operation at govt. camp is free. Also the woman gets some amount	▪ Vaccination and immunization are completely free in govt. hospitals ▪ For caesarean delivery in govt hospital one has to spend at least Rs. 3000 to Rs.5000 ▪ In case of complicated delivery in the private Nursing Homes it would cost around *Rs. 5,000 to* Rs8,000 ▪ Generally normally delivery in private nursing home costs something around Rs. 2,000 to Rs. 2,500 ▪ Normal delivery at home with the help of 'Dai' costs around Rs. 400 to Rs 500 ▪ For abortion cases one has pay Rs. 50 as consultation fees to govt. doctor	▪ FP operation in govt. camp is free ▪ For delivery at home the Dai takes 20kg of food grains and Rs100/- to Rs150/-. This amount increases if the baby is a son ▪ For delivery in district hospital it takes Rs50/- for registration, Rs20/- for Bed per day and *also some tips* money for nurse and female attendants. Also they have to purchase medicines from chemists ▪ To take a pregnant woman to district hospital they have to spend more than Rs.500/- on travelling ▪ For each delivery at district hospital one has to spend at least Rs2000/- to Rs3000/- which is very expensive for them	▪ For delivery ANM charges for her services ▪ Expenses comes around to Rs400/- to Rs500/- if delivery is done at home ▪ According to some respondents, even in the Sub-Centre one has to pay Rs10/- for 10 piece of condoms ▪ In govt. PHC the *doctor charges* Rs1200/- for caesarean delivery	▪ Nominal charges in govt. hospital ▪ Rich people prefer to go to private hospital ▪ They have to spend more on transportation	▪ Condoms and oral pills are available at AWC in free of cost ▪ JRS charges nominal fees ▪ For treatment of small diseases in govt. hospital one also has to spend about Rs100/- ▪ In private hospital one has to spend Rs2000/- for delivery ▪ *Private doctors* charge Rs200/- to Rs250/- as consultancy charges ▪ It costs around Rs. 10 – 15 /- for one packet of 12 condoms

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	Damoh Urban (Damoh)	Panna Urban (Panna)	Vill-JERAT (Damoh)	Vill-Malgaon (Tikamgarh)	Vill-KHUWARI (Sagar)	Vill- SHISHOLAR (Chhatarpur)
4. Ranking for health care provider						
4.1 Ranking for health care provider	▪ 1. Private doctor ▪ 2. Govt. doctor	▪ 1. Private doctor ▪ 2. Govt. doctor	▪ Govt. hospital ▪ JRS ▪ Private practitioner ▪ Trained Dai ▪ Untrained Dai ▪ ANM & MPW ▪ Quack	▪ Private Doctor ▪ ANM ▪ PHC ▪ District Hospital ▪ Dai	▪ Private doctor ▪ Block PHC ▪ District hospital ▪ Dai ▪ Sub Center	▪ Private doctor ▪ PHC ▪ JRS ▪ District hospital ▪ Dai
4.1 Factors influence to choose a provider	▪ Quality of care ▪ Cost ▪ Privacy ▪ Type of illness	▪ Technical competency ▪ Distance ▪ Availability of medicine ▪ Quality of care ▪ Cost	▪ Cost ▪ Quality of care ▪ Technical Competency.	▪ Quality of care ▪ Economic condition of People ▪ Type of illness ▪ Distance	▪ Economic condition of the person ▪ Distance ▪ Availability of medicine ▪ Technical competency ▪ Behaviour of the providers	▪ Free Medical Aid ▪ Quality of Care ▪ Cost ▪ Distance
4.2 Any provider they do not trust	▪ Do not trust traditional healer	▪ They don't trust these govt. health providers (govt. Doctors) as they lack sufficient technical knowledge	▪ Very less trust on quack	▪ Do not trust traditional healer	▪ Less trust on traditional healer	▪ Less trust on traditional healer ▪ Treatment of govt. doctor is not good
5. Marriage of girls						
5.1 Ideal age for girls to marry	▪ 18 years ▪ As soon as the daughter reaches 14 – 15 years age her parents start searching for groom. ▪ If marriage happens at the early age, 'Gauna' happens only after she becomes 18 years old only	▪ 18 years	▪ Ideal age should be 18 years ▪ But in general girls get married at the age of 14 to 16	▪ Ideal age should be between 12 to 16 years ▪ They know that legal age is 18 years	▪ Should be 18 years ▪ Generally in their village many girls get married at the age of 14 or 15 years	▪ They agree that it should be 18 years ▪ In most of the cases the girls get married between 14 to 15 years ▪ However, Gauna happens only after 5 years ▪ In 'Kumhar' community (SC) girl's marriageable age is 10-12 years

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5.2 Reasons of early marriage	▪ Illiteracy ▪ Poverty ▪ Social customs ▪	▪ Illiteracy ▪ People consider unmarried grown up girls as a burden	▪ Social customs ▪ High illiteracy ▪ At early age of the girl groom can be find easily and less dowry has to be paid	▪ Finding a groom for elder girl in the village is really a problem ▪ They apprehend if any thing happen worse with the girl then no body would marry her in future ▪ Even no one will to any girl of her family ▪ Village people think girls have nothing to do at home after 15 years of age ▪ They argue that after middle school no higher education is available in the village, so there is no use of keeping girls idle at home	▪ It would be difficult to get a suitable match for the girl at a later age ▪ Moreover there is the chance higher demand for dowry from the boy's side	▪ Illiteracy ▪ Social customs ▪ People consider grown up girls to be liability, so they generally try to marry them off their daughters at early age
5.3 Benefits of early marriage	▪ No	▪ There is no such benefit ▪ But some people even in the urban areas marry their daughter off in early age as they think they will soon be free from responsibilities	▪ It is beneficial for the parents as they have to give less dowry	▪ No	▪ No	▪ No such

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5.4 Disadvantage of early marriage	▪ Girl is not physically fit to conceive or for carry pregnancy ▪ At early age girl may not manage the family properly ▪ At this age a girl can not learn about family adjustment and tolerance	▪ At early age a girl is not mentally and physically fit for reproduction ▪ Before marriage every girl should have completed basic education which helps her to be mature enough ▪ At early age she has not proper mental development to handle the family and manage the economic affairs of family ▪ If the wife earns it would help them manage the family efficiently ▪ Lack of maturity in girl and boy creates misunderstanding between the couple in every matter	▪ Early marriage results in early delivery, which cause weakness in the girl. So the baby would be weak and may not develop properly	▪ It causes weakness to girls ▪ There is possibilities of early delivery	▪ Early marriage generally leads to early delivery of the child which is likely to result in weakness to the mother and child ▪ As the girl is not matured she will not be able to take proper care of the child and it is always a burden for the elders	▪ The girl would not be matured enough to take care of a family ▪ She would not be physically fit to give birth to a child. During delivery if she is not physically fit there is the possibility of danger to both the mother and the child's life
5.5 How society sees a girl to marry at later age	▪ People are gradually becoming aware	▪ Society is not worried	▪ People would criticize or comment to the parents of the girl	▪ It is difficult to find suitable groom for the girl	▪ Groom's parents demand higher dowry ▪ Suitable match is not available	▪ If marriage of girls happens in later age, her parents have to pay more dowry ▪ Suitable match may not be available ▪ People particularly among the Brahmins and Upper caste community believe that the SACREDNESS

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						(PUNYA) of KANYA DAAN (to marry one's daughter off) is only possible for the parents of the daughter, if they marry their daughter off before her menstruation cycle starts. ▪ They believe if some one marry off his daughter after starting of her menstruation cycle he will share the profanity (Pap)
6. Child birth						
6.1 Ideal time to have first baby	▪ 2 to 3 years	▪ 2 to 3 years	▪ At least 2 years	▪ Couple should wait for at least 2 years to have their first baby	▪ 2 to 3 years	▪ At least 3 years
6.2 Advantage to have first baby in late	▪ The couple should enjoy their marriage life for at least 2 - 3 yrs. ▪ Child in the early years of marriage would be hindrance for the couple's initial life enjoyment ▪ Parents would be able to give proper education, shelter food etc. to their baby	▪ They advocate that in two years a couple can understand each other better which helps them to plan for their family ▪ By this time a couple can strengthen their economic condition to manage a child ▪ Couple should at least have some time to enjoy their life as after a child usually it becomes difficult	▪ Health of mother would be good	▪ Couple can live lavish life with liberty, which would not possible after birth of the children	▪ During this gestation a women will be able to acquire good health to become mother ▪ Couple should enjoy the initial 2 to 3 years of the married life, which is not possible after the birth of a baby	▪ The health of mother would be good enough to give birth to the child and first baby would be of good health ▪ They argue that couple should enjoy for at least few years without any family problems

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6.3 Disadvantage to have first baby in late	▪ No disadvantage	▪ As such no *disadvantage* ▪ In many cases the elders put pressure on the girl to have a child early ▪ Even the boy is subjected to humiliation as people question to his capability to reproduce and make fun out of it	▪ As such no *disadvantage*	▪ If first child born *earlier* he would grow early and would help his parents in routine works like animal rearing, farming etc.	▪ There is an apprehension that in case of delay in first issue some times people start commenting the girl and make fun of the boy	▪ If first baby comes late, people start teasing or blaming to the girl as she is 'Banz' (infertile)
6.4 Ideal gap between first and second baby	▪ 4 to 5 years ▪ Only after the first child starts taking food independently	▪ 3 to 5 years of gap ▪ Couple should think of second baby when they feel they are economically capable to manage another baby ▪	▪ More than 3 years	▪ There should be *gap of at least 3* years	▪ At least 3 years	▪ More than 3 years
6.5 Advantages of spacing	▪ Health of both mother and baby will be good ▪ Proper care can be given to both children	▪ Health of both the child and mother would be good ▪ Healthy delivery can only be possible if health of mother is *sound* ▪ For economic point of view it is beneficial as cost of *living is becoming* higher day by day ▪ Both the children can be given proper care nutrition and education	▪ Both the children would get adequate breast feeding and the mother can give proper care to both the children	▪ Less gap causes weakness to both husband and wife ▪ Longer gap keeps health of both mother and child good ▪ Better education and care can be given to children	▪ Mother would be physically able for *safe delivery* ▪ First child would be mature enough to manage independently so that a proper care can be assured to both the children	▪ Health of both baby and mother would *be good* ▪ First child would get enough milk from mother
6.6 Disadvantages of spacing	▪ No disadvantage	▪ No disadvantage	▪ No disadvantage	▪ No disadvantage	▪ No disadvantage	▪ No disadvantage

Subject	Urban		Rural			
	Damoh Urban (Damoh)	Panna Urban (Panna)	VIII-JERAT (Damoh)	VIII-Malgaon (Tikamgarh)	VIII-KHUWARI (Sagar)	VIII- SHISHOLAR (Chhatarpur)
7. Family life education						
7.1 Best source to learn before marriage	▪ Bhabi (sister-in-laws) is best for girls ▪ Married friends help most	▪ Married friends always guide in such matters ▪ Television media teaches many things on family life education to adolescent boys and girls through different entertainment programs ▪ Books, magazines and news papers are better media to learn a lot ▪ 'Bhabi,' and cousin are also good guides	▪ Married friends and cousins are more helpful ▪ They think books and magazines are no useful for them as most of them are illiterate ▪ Adult boys feel shy to discuss these matters with their Bhabi as they respect them	▪ Most of the people learn about family life education from book, magazines ▪ Married friends are best guides ▪ TV and Radio also provide family life education to the adolescent boys and girls	▪ Before marriages boys usually discuss the issues like family life, sex relation etc. within the friend circle ▪ In some cases the Bhabi also guides about the family adjustment ▪ As far as sex life is concerned married friends and cousin brothers also guides them ▪ Now days TV, Radio, books magazine also educate young boys on family life education	▪ Boys learn several things from married friends ▪ Newspapers, magazines etc. are best guides before marriage
7.2 Who guides them after marriage	▪ Books and magazines ▪ Married friends	▪ Regarding any consultation on RCH they prefer go to private doctors ▪ Married friends can guide well	▪ Married friends are best guides to learn regarding family life education	▪ Sex related matters are generally discussed with the married friends ▪ For better consultation one should visit to the doctors ▪ For pregnancy, delivery and-child care related issues the elders in the family help a lot	▪ After marriage they are generally guided by married friends and cousins ▪ In case of any serious sexual problem people also consult with the doctors	▪ After marriage they are generally guided by married friends and elder family members to whom they are more close ▪ In case of any serious sexual problem people also consult with the doctors
7.3. Any formal program is going on in their community	▪ Not aware of any such program	▪ No such programme is running ▪ They are only aware of immunization and vaccination	▪ No such programme is running	▪ No such program is running ▪ Sometimes family Planning camps organized by govt.	▪ No such program is running	▪ No such programme is running

Subject	Urban		Rural			
	Damoh Urban (Damoh)	Panna Urban (Panna)	Vill-JERAT (Damoh)	Vill-Malgaon (Tikamgarh)	Vill-KHUWARI (Sagar)	Vill- SHISHOLAR (Chhatarpur)
		programs run by govt.				
7.4 Need of any formal program in their community	▪ There should be govt. Health Center or a govt. hospital / dispensary, where on cheaper price all health related facilities should be available to all the peoples. ▪ A Gynecology specialist is required and 1-2 male staff must be there in govt. hospital ▪ They told for such programmes they are ready to pay some amount to govt. ▪ It ca be spread through public address system, wall painting, posters and advertisement in Radio and T.V. ▪ Social workers from NGOs can visit colony to colony to discuss with the people	▪ Requirement of health education center in their locality with specialized doctor with whom both men and women can consult regarding sex education	▪ A Mini PHC is require in their which would be beneficial to 20 –25 nearby villages ▪ In this PHC health related education program can be organized for all the age group ▪ As the current ANM and MPW are very irregular there should be appointment of new ANM and MPW in the village who can conduct awareness program on family planning and RCH	▪ Require a program in the community on the regular basis, which can educate the adolescent boys and girls ▪ There should be program for adult male and female	▪ A JSR is required in the village, who can educate people in all health-related matters as well as to the young people about their career prospects ▪ They urgently require a PHC in their village where the facilities related to delivery should be available	▪ A Hospital/ Health Centre is badly needed in the village as they have to go atleast 30 kms to reach a hospital in Banda city of Uttar Pradesh ▪ A health Centre with a trained Nurse is strictly required who can counsel on family planning and RCH

(3) Summary of Focus Group Discussions - Adolescent Girls

(4)

Subject	Urban	Rural			
	Chhatarpur (Urban)	Alampur (Damoh)	Galti (Tikamgarh)	Jhagri (Sagar)	Chhijora (Panna)
1. Reproductive Health Care					
1.1 Space between two children	▪ 3 to 4 years ▪ After the first child goes to school	▪ At least 3 years	▪ 3 years gap is a ideal time	▪ At least 3 years	▪ At least 3 years
1.2 Advantage of spacing	▪ Proper care and attention can be given to children ▪ Better education of children ▪ Good living condition ▪ Mother and baby remain healthy	▪ Due to repeated pregnancy there is chances of miscarriage ▪ Assure better health of both mother and children ▪ Better care can be provided to children	▪ Mother and children remain physically fit ▪ Parents would be able to provide proper food and education to their children	▪ Mother and baby become healthy ▪ Proper growth of first child	▪ Proper attention can be given to both children ▪ Better health of mother
1.3 Disadvantage of spacing	▪ No	▪ No	▪ No	▪ No	▪ No
1.4 Ways to achieve spacing	▪ Condom is safe method ▪ Oral pills ▪ Injection	▪ Oral pills ▪ No knowledge on condom	▪ Have knowledge on oral pills ▪ No awareness on condoms	▪ Oral pills ▪ Condom is the best as it has no side effect	▪ Rhythm method is best ▪ Oral pills ▪ Condom
1.5 Level of awareness on FP methods	▪ Good	▪ Knowledge on permanent method (tubectomy) ▪ Believe in use of herbs for FP	▪ Knowledge on permanent method (tubectomy) ▪	▪ Average	▪ Average
1.6 Place of availability of FP methods	▪ Government hospital ▪ Open market	▪ Condoms and oral pills are available in government hospital ▪ FP operation is done in camps organised by govt.	▪ FP operation is done in camps organised by govt. ▪ ANM distributes oral pills in the village	▪ Govt. hospital	▪ Government hospital ▪ Open market
2. Life before marriage					
2.1 Incidence of any unmarried girl became pregnant	▪ It happens but rarely it comes to public.	▪ No incidence ▪ They were not sure but heard that some women keep sex relationship because of money	▪ No such incidence ever happened	▪ No incidence	▪ No incidence

	Urban	Rural			
Subject	**Chhatarpur (Urban)**	**Alampur (Damoh)**	**Gaiti (Tikamgarh)**	**Jhagri (Sagar)**	**Chhijora (Panna)**
2.2. Why it happened and what happened to that girl					
2.3. Knowledge on abortion	▪ Generally married women do not want abortion ▪ Abortion can be done at govt. or missionary hospital ▪ Powerful tablets are available to terminate pregnancy	▪ Abortion can be done at private or govt. hospital in nearby towns	▪ Abortion can be done at govt. or private hospital in Tikamgarh	▪ Abortion is done in private and govt. hospitals ▪ Parents of unmarried girls prefer private clinics for abortion	▪ Abortion is done at govt hospital ▪ It takes Rs60/- to Rs70/- for one abortion
2.4. Is pregnancy before marriage approved	▪ Such girl will be driven out from village. ▪ Will be out caste from community	▪ The girl will be terminated from society	▪ Society does not approve	▪ Such girls will be terminated from society ▪ Pregnancy before marriage is shameful	▪ Society does not approve
2.5. Who is the best person to attend during delivery	▪ Mother-in-law ▪ Experienced nurse or women ▪ Doctor ▪ Dai also	▪ Prefer hospital as safest place for delivery	▪ Most of the deliveries are done at home ▪ These deliveries are conducted by untrained Dais of nearby village ▪ People prefer govt hospital but as they could not afford hospital expenses they do the delivery at home ▪ In comparison to hospitals the Dais take very little amount	▪ Dai is most preferable	▪ Doctor
3. Family Life Education					
3.1. Best source to learn before marriage	▪ Bhabi (wife of elder brother) ▪ Elderly women	▪ Friends are most useful	▪ Girls can learn from their married elder sisters and Bhabi ▪ Married friends are more informative also	▪ Elder married women ▪ Friends ▪ Bhabi (elder brother's wife)	▪ Married friends ▪ Bhabi (wife of elder brother)

Subject	Urban	Rural			
	Chhatarpur (Urban)	Alampur (Damoh)	Gaiti (Tikamgarh)	Jhagri (Sagar)	Chhijora (Panna)
3.2. Who can be guide after marriage life	▪ Jetani (elder brother's wife) ▪ Bhabi (wife of elder brother)	▪ Jethani, Bhabi and elder members are best guides to newly married couples	▪ Jethani, Bhabi and sometimes married elder sister are best guides to the married girl	▪ Jetani (elder brother's wife) ▪ Married elder women	▪ Married friends ▪ Bhabi (wife of elder brother ▪ Elderly women who is more close
3.3 Any formal programme is going on	▪ No formal programme	▪ No formal programme ever organised in their areas	▪ No formal programme ever organised in their village	▪ No formal programme	▪ No formal programme
3.4. Need of any formal programme in their community	▪ Need of community based programmes	▪ Need a community based organisation in their area to provide proper guidance to adolescent girls and boys ▪ Need a sub centre in their village which will be helpful for consultation	▪ Regular formal programmes are very essential for the adolescent girls as they get married at early age ▪ Separate programmes should be done for girls, boys and adult women and men	▪ Need of continuous community programmes	▪ Need a community center where a specialised nurse can educate adolescent girls and married women
4. Knowledge on STI and other diseases					
4. Knowledge on STI and other diseases	▪ Has knowledge on safe sex ▪ Have knowledge on AIDS ▪ Know causes of spread of AIDS ▪ White discharge is a problem ▪ Treatment is available in govt. and ayurvedic hospitals ▪ Very few medicine is available on free of cost ▪ They have to buy medicine from open market which costs Rs.100 to Rs.200 ▪ People can afford Rs.30 to Rs.40.	▪ Less knowledge on STI ▪ Village women have problem of white discharge ▪ Among other diseases TB is a problem in their area ▪ Treatment is available in Damoh district hospital	▪ Very wrong conception on STI ▪ They think TB spreads through sexual relationship ▪ It is their belief that if the couple make sex during menstruation period the male will be affected by TB and white discharge will be caused to the female ▪ For these diseases treatment is available at govt. and private hospitals in Tikamgarh	▪ Village women have problem of white discharge ▪ Treatment is available in govt. hospital ▪ But govt. doctors charge Rs.15/- to Rs.20/- which is high for poor village women ▪ Rs5/- is an affordable price for village people	▪ It spreads through unsafe sex ▪ Women have problem of white discharge ▪ Do not aware of any medicine for white discharge

Subject	Urban	Rural			
	Chhatarpur (Urban)	Alampur (Damoh)	Galti (Tikamgarh)	Jhagri (Sagar)	Chhijora (Panna)
5. Social Status					
5.1. Any incidence of physically or sexually abused of young girl	▪ No such incidence in their area ▪ They only come to know from news paper	▪ Some times happen	▪ No such incidence ever happened	▪ No	▪ No such incidence
5.2. Any girl or women from lower caste been assaulted by higher caste people	▪ No such incidence	▪ There are higher caste people who physically abuse the girls of lower caste ▪ They force to keep sexual relationship even rape the girls without their consent. ▪ Often these girls get pregnant and do abortion ▪ Poor lower caste people have no courage to oppose these higher and powerful people.	▪ No such incidence	▪ No	▪ No such incidence

(4) Summary of Focus Group Discussions - Adolescent Boys

Subject	Urban	Rural		
	Sagar (Sagar/Urban)	Futerakalan (Damoh)	Palta (Chhatarpur)	Birora Pahad (Tikamgarh)
1. Reproductive Health Care				
1.1. Space between two children	▪ 4 to 6 years ▪ One can think for second child if economic condition is good	▪ At least after 2-3 years ▪ After the first baby starts walking ▪ Some told 5 years	▪ At least 3 years ▪ Some told 5 to 6 years	▪ 3 to 5 years
1.2. Advantage of spacing	▪ Mother should be physically fit for second child ▪ First child can manage his works on his own	▪ Mother will be physically fit to give birth to second healthy baby	▪ Proper care can be given by mother to first child ▪ Better health of mother ▪ Proper development of both children	▪ Good physical health of mother ▪ According to one respondent due to one year gap between his 2 children now both mother and children remain week
1.3. Disadvantage of spacing	▪ No	▪ No	▪ No	▪ No
1.4. Ways to achieve spacing	▪ Condom is best method ▪ Oral pills (Mala D) ▪ Copper-T	▪ Oral pills ▪ Condom is the best as it has no side effect ▪ Copper-T	▪ Condom ▪ Oral pills ▪ Copper-T	▪ Condom ▪ Oral pills ▪ Rhythm method
1.5. Level of awareness on FP methods	▪ Average awareness ▪ No knowledge on traditional method ▪ Less knowledge on Copper-T	▪ Average ▪ Less knowledge on Copper-T ▪ Condom is most reliable	▪ Average ▪ Nil acceptance of copper-T ▪ Less trust on quality of govt. supplied oral pills	▪ Wrong knowledge on rhythm method ▪ Less knowledge on modern FP methods
1.6. Place of availability of FP methods	▪ Government hospital ▪ Open market	▪ Govt. hospital ▪ Health center ▪ Condom from shop ▪ Few told it is available with AWW and ANM	▪ Govt. hospital distributes condom and oral pill ▪ Oral-pills (Mala-D) distributes by husband of ANM on every immunization day ▪ Stock of condom and oral pills is available with a responsible person of their village	▪ Available in PHC, but it is 3 km away ▪ ANM distributes in the village
2. Life before marriage				
2.1. Incidence of any unmarried girl became pregnant	▪ It is a common case ▪ One respondent admitted that he made a girl pregnant twice	▪ It was happened in their village ▪ It was a 4 month pregnancy	▪ One incident happened of unmarried girl became pregnant ▪ Even there is an incidence of a married woman got pregnant by her brother-in-law	▪ No incidence in their village ▪ One incidence happened in nearby village

Subject	Urban	Rural		
	Sagar (Sagar/Urban)	Futerakalan (Damoh)	Palta (Chhatarpur)	Birora Pahad (Tikamgarh)
2.2. Why it happened and what happened to that girl	▪ During this type of relationship the boys do not use condom as it this sex incidentally ▪ If boys and girls are from same caste then society force them to marry ▪ If they are from different caste then the girl goes for abortion ▪ Sometimes the girl commits suicide	▪ Girl was too young to know about safe sex ▪ Both girl and boy were innocent and ignorant about use of condom ▪ Boy was ready to marry that girl but girl's parents did not agree ▪ Girl's parents did the abortion in a private clinic	▪ Sex relationship was established in mutual consent ▪ That unmarried girl gave birth to a child ▪ During illegal sex relationship people hardly use condoms as this type of relationship happens incidentally	▪ It was terminated by her father
2.3. Knowledge on abortion	▪ Most of them are aware about abortion ▪ Prefers private nursing homes for abortion ▪ In private nursing home it requires Rs1000 to Rs2000 for one abortion	▪ They have heard that injections and oral pills are available to terminate pregnancy but do not know its name ▪ Abortion can be done in hospital or nursing home	▪ People go to private hospitals in Banda city (Uttar Pradesh State), which is near. ▪ Some people get the abortion done by said 'Dai' ▪ It requires around Rs.1,000 to Rs.2,000 for one abortion ▪ Some married women also go to govt. hospital ▪ In case of unmarried girls people are bound to do abortion ▪ In case of married women people do give a second thought before going for abortion.	▪ By taking some pills 3 months pregnancy can be terminated ▪ For more than 3 months pregnancy they have to go to Jhansi hospital which is 50 km away ▪ Both married and unmarried girls go to Jhansi for abortion where the expences comes around Rs.1,200
2.4. Is sex or pregnancy before marriage approved	▪ Though society does not approve but due to money power it is possible everywhere	▪ No	▪ Community does not approve ▪ But secretly boys and girls make sex ▪ According to one respondent he has sex with 8 girls of their village	▪ No

Subject	Urban	Rural		
	Sagar (Sagar/Urban)	Futerakalan (Damoh)	Palta (Chhatarpur)	Birora Pahad (Tikamgarh)
2.5. Where and who is the best person to attend during delivery	▪ Private nursing home is the best place ▪ Few especially poor people prefer govt. hospital ▪ In govt. hospital there is lack of proper care and availability of doctor is less	▪ Lady Doctors ▪ Trained nurse	▪ People prefer hospitals as all facilities are available ▪ Normal delivery can be done at home by experienced Dai ▪ ANM should be trained enough to handle critical cases ▪ Due to poverty poor people prefer delivery to be done at home	▪ Maximum deliveries happen in the village itself ▪ In village all the deliveries are done by untrained Dai ▪ For complicated delivery case people prefer to go to block hospital at Prithvipur or district hospital at Tikamgarh or medical college at Jhansi as per their spending capacity
3. Family Life Education				
3.1. Best source to learn before marriage	▪ TV and film ▪ Books and magazines ▪ Can be observed from elders ▪ Friends	▪ Married friends ▪ Bhabi (elder brother's wife) ▪ Books & magazines	▪ Married friends who is more close	▪ Married friends can guide well ▪ Books, magazines and TV are other sources
3.2. Who can guide after marriage	▪ Married friends can explain on sex ▪ Parents and elders cal tech on child care ▪ Bhabi and married friends are also best sources	▪ On sex life married friends are best guide ▪ On child care parents are best to guide ▪ Girls can get advice from Bhabi or cousin	▪ Married friends- sex life ▪ Doctors-pregnancy, ANC, PNC ▪ Elders at home-life adjustment and child care	▪ Elders are best to guide on social life, precaution during pregnancy and child birth ▪ Jethani and Bhabi are good guides particularly to girls
3.3. Any formal programme is going on	▪ No awareness programme	▪ No formal programme	▪ No formal programme	▪ No formal programme is running
3.4. Need of any formal programme in their community	▪ Weekly visit of doctors or technicians to their locality ▪ Distribution of printed materials to young people	▪ Lady Doctor /Nurse and male Doctor should be available in their village for counselling on family life	▪ Much needed	▪ Very much needed ▪ This programme can give proper counselling to adolescent boys and girls and even to married females and males

Subject	Urban	Rural		
	Sagar (Sagar/Urban)	Futerakalan (Damoh)	Palta (Chhatarpur)	Birora Pahad (Tikamgarh)
4. Knowledge on STI and other diseases				
4. Knowledge on STI and other diseases	▪ Less knowledge ▪ They have heard about night fall and early ejaculation ▪ Should be consulted with doctors ▪	▪ Less knowledge on STI ▪ White discharge is a problem among women ▪ Consult with private doctor as no specialized doctor is available in their village	▪ Less knowledge on STI except white discharge ▪ Ayurvedic treatment is more reliable for white discharge ▪ One traditional healer treats STI, especially white discharge with conventional medicines ▪ For normal diseases men go to PHC where as women prefer to get treatment from traditional healer in the village	▪ Respondents have wrong conception that night fall and early ejaculation is due to STI ▪ White discharge is a problem among village women ▪ One traditional healer treats in nearby village treats for white discharge with conventional medicines
5. Social Status				
5.1. Any incidence of physically or sexually abused of young girl	▪ Very common in their locality ▪ A girl who used to go to her neighbour's house to attend phone call was raped by the neighboured ▪ A girl was molested by a boy while going to collect milk ▪ There are many incidences but in afraid of bad fame the girls do not disclose	▪ Once powerful people of their village abducted a girl from other village and abused ▪ Once a rikshapuller in Damoh city abused his girl passengers	▪ No such incidence	▪ It rarely happens in their village ▪ In nearby village a girl was allegedly raped and murdered ▪ In another case a boy raped a girl of his own caste but he was handed over to police by village people
5.2. Any girl or women from lower caste been assaulted by higher caste people	▪ No such incidence	▪ Rarely it happens ▪ Some times boys of higher caste abuse girls of lower caste	▪ No such incidence	▪ No such incidence

Annex 7-1 Knowledge, Attitude and Practice (KAP) Study on Health Seeking Behavior

Study on Reproductive Health Under JICA
Development Study on Reproductive Health
In the State of Madhya Pradesh, India

Household Survey
Household Information

Identification		
1	District _____	Tikamgarh.....1 Damoh.....2
2	Block _____	☐☐
3	City/town/village _____	☐☐☐☐
4	Ward (if city) _____	☐☐☐☐☐☐
5	Size of community	> one lakh.....1 50,000 - 1 lakh.....2 < 50,000.....3 Rural.....4
6	PSU Number	☐☐
7	Household Numbe	☐☐
8	Interview Result	Completed ..... 1 Incomplete ..... 2 Refused..... 3 Other.....4
9	Name of Interviewer _____	
10	Date of Interview _____	☐☐ ☐☐ ☐☐ D D M M Y Y
11	Name of the Supervisor _____	
12	Date of Checking _____	☐☐ ☐☐ ☐☐ D D M M Y Y

Hello. My name is _____. We are conducting a district survey about the health of women and children. We would very much appreciate your participation in this survey. We are interviewing women between 15 and 49 years of age.

I would like to ask you some questions about your family's health. The amount of time needed will be less than 40 minutes. Participation in the survey is voluntary. If you decide to participate, you may stop answering questions at any time. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. We hope that you will participate in the survey since your views are important. Do you want to ask me anything about the survey at this time?

Do you agree to participate in the study?

Continue if client agrees. If she does not agree, thank her and go to the next interview.

1. Household Table

Please give me the names of the persons who usually live in your household starting with the head of the household.

घर के मुखिया से शुरू करते हुए उन लोगों के नाम बताए जो इस घर में रहते है ?

	Relationship with the Head of the household	Sex M F	Age	Whether Can read & Write Y N	# Yrs Education	Marital Status CM SDO W NM MNG NA	Occupation	Eligibility Status
01		1 2		1 2		1 2 3 4 5 6		01
02		1 2		1 2		1 2 3 4 5 6		02
03		1 2		1 2		1 2 3 4 5 6		03
04		1 2		1 2		1 2 3 4 5 6		04
05		1 2		1 2		1 2 3 4 5 6		05
06		1 2		1 2		1 2 3 4 5 6		06
07		1 2		1 2		1 2 3 4 5 6		07
08		1 2		1 2		1 2 3 4 5 6		08
09		1 2		1 2		1 2 3 4 5 6		09
10		1 2		1 2		1 2 3 4 5 6		10
11		1 2		1 2		1 2 3 4 5 6		11
12		1 2		1 2		1 2 3 4 5 6		12
13		1 2		1 2		1 2 3 4 5 6		13
14		1 2		1 2		1 2 3 4 5 6		14
15		1 2		1 2		1 2 3 4 5 6		15
16		1 2		1 2		1 2 3 4 5 6		16

(Note: If more than 16 members. Please add a continuous sheet)

Codes for Marital Status
1 = Currently married
2 = Separated/Divorced/Deserted
3 = Widowed
4 = Never married
5 = Married but No Gauna
6 = Not Applicable (for children <14)

If the age is less than one year _ code "00"

Relationship with Head of the Household
01= Head
02=Spouse (Wife/husband)
03=Parent (Mother/Father)
04=Son/Daughter
05=Parent in-law
06=Grand Father/Mother
07=Niece/Nephew
08=Uncle
09=Aunty
10=Brother in-law
11=Daughter in-law
12=Grand son/daughter
13=Others_____

Codes for Occupation
1 Agriculture/farmer
2 Labor (both Ag & non-ag) 9- Barber
3 Service (both gov. & private)
4 Small scale business
5 Petty business
6 Forest dependent
7 Carpenter
8 Mason
9 Barber
10 Washerman
11Fisherman
12Livestock Keeper
13 Student
14 House wife
15 Out of School (6-14 yrs)
16 Unemployed
17 Oldage/Handicapped
18 oldage/widow pension
19 Child (<6yrs)
20 other
99 Not applicable

First I would like to ask you about your home and household.
सबसे पहले में आपसे आपके घर से संबधित कुछ जानकारी लेना चाहुंगी।

No.	Question	Codes	Skip to
2	Total numbers of member in the household ? घर के कुल सदस्यों की संख्या ?	Numbers_____ ☐☐	
3	What is the main source of drinking water for your household? आपके घर में पीने के पानी का मुख्य साधन क्या है ?	Private tap.....1 Common tap.....2 Hand pump.....3 Tube Well.....4 Dug Well.....5 River.....6 Pond.....7 Other 8	
4	How often do you do something to purify your drinking water - always, sometime, or never? आप पीने का पानी शुद्ध करते है ? हमेशा, कभी -कभी, कभी नहीं.	Always.....1 Sometimes.....2 Never 3	→Q. 7
5	What do you do? पीने के पानी को शुद्ध करने के लिए आप क्या करते है ? **Circle all mentioned.** (एक से अधिक उत्तर सम्भव)	Strain by cloth/gauze.....1 Alum.....2 Water filter ..... 3 Boiling.....4 Electric purifier.....5 Chlorine.....6 Other, _____ 7	
6	How did you learn to do this? यह करना आपने कैसे सीखा ?	Learned in childhood.....1 Radio, television, newspaper....2 Anganwadi worker.....3 School teacher.....4 Panchayat member.....5 Other health worker.....6 Other, _____ 7	
7	What is the main fuel you use for cooking? खाना पकाने में मुख्य रूप से आप कौन सा ईंधन प्रयोग करते है ?	Firewood.....1 Coal.....2 Kerosene.....3 Gas.....4 Cow dung .....5 Electricity .....6 Field by-products.....7 Other, 8	
8	Do you have a separate room for a kitchen क्या आपके यहाँ रसोई घर के लिए अलग से कमरा है ?	Yes.....1 No.....2	→Q. 8b

8a	Do this room is inside or outside your home? क्या यह कमरा घर के अन्दर है या घर के बाहर ?	Inside.....1 Outside..... 2	
8b	Do you have proper ventilation in your kitchen? क्या रसोई से धुआँ निकालने के लिए पूरी व्यवस्था है ?	Yes .....1 No..... 2	
9	How many rooms are there in your home? आपके घर में कितने कमरे है ?	No. of rooms..... ☐☐	
10	What kind of toilet facility does your household use? आपके परिवार में किस प्रकार के शौचालय का प्रयोग किया जाता है ?	Double pit.....1 Single pit.....2 Septic tank.....3 Connected to sewer.....4 Service latrine.....5 Community latrine.....6 None/bush/field.....7 Other, _____ 8	
11	What is the main source of lighting for your household? आपके घर में रोशनी का मुख्य साधन क्या है ?	Electricity.....1 Kerosene.....2 Gas.....3 Oil.....4 Candles.....5 None.....6 Other, _____ 7	
12	Did anyone die in your household in the last five years? पिछले पाच वर्षो में आपके घर में किसी की मृत्यु हुई है ?	Yes.....1 No.....2 Don't know 8	 → Q 14 → Q 14
13	Was anyone who died a women? क्या मरने वाली कोई औरत थी ?	Yes.....1 No.....2 Don't know 8	 → Q 14 → Q 14
13a	How old was she who died? मरने वाली औरत की उम्र कितनी थी ?	_____Years ☐☐ Don't know..... 98	
13b	**If the women was 15-49 years old she died, ask:** What was the reason for her death ? यदि मरने वाली औरत 15–49 वर्ष की थी तो पूछो : उसकी मृत्यु का कारण क्या था ?	Pregnancy related .....01 Related to labor or delivery.....02 After delivery.....03 Others.....04 Don't know.....98 Not Applicable, Not 15-49 99	

14	Does your household own any agricultural land? क्या आपकी कोई जमीन है ?	Yes.....1 No.....2	→ Q 16
15	How many acres of agriculture land does your household own? आपके पास खेती के लिए कितनी जमीन है ?	Acres_____ ☐☐☐ ☐ (Last box is for decimals)	

			Yes	No	DK
16	Does your household have the following items: क्या आपके घर में निम्न लिखित समान है?				
	a Car/Jeep कार /जीप		1	2	8
	b Motorbike, Scooter मोटर साईकल,स्कूटर		1	2	8
	c Bicycle साइकल		1	2	8
	d Cart drawn by animals बैलगाड़ी		1	2	8
	e Tractor ट्रेक्टर		1	2	8
	f Television टेलीविजन		1	2	8
	g Radio रेडियो		1	2	8
	h Refrigerator फ्रिज		1	2	8
	I Electric fan बिजली का पंखा		1	2	8
	j Generator जनरेटर		1	2	8
	k Ricemill/Flourmill चावल/आटा मिल		1	2	8
	l Telephone टेलीफोन		1	2	8

	Ask questions 17-23 from the head of the household or any responsible person		
17	What is the approximate yearly income of your household? आपके परिवार की वार्षिक आय कितनी है ?	Rs ___ ☐☐☐☐☐☐ Don't know.....999998	

18	Approximately how much did you spend last month for medicines? आपने पिछले एक महिने में दवाई पर लगभग कितना पैसा खर्च किया ?	Rs _____ ☐☐.☐☐ Don't know.....9998	
19	Approximately how much did you spend last month on other health care costs? आपने पिछले एक महिने में अन्य स्वास्थ्य संबंधी कार्यो पर कितना पैसा खर्च किया ?	Rs _____ ☐☐☐☐ 98 Don't know.....9998	
20	Does your household have any debt? क्या आपके घर पर कोई ऋण है ?	Yes.....1 No.....2 Don't know 8	
21	Do you have a below-poverty line card from government? क्या आपके पास गरीबी रेखा से नीचे होने का सरकारी कार्ड है ?	Yes.....1 No.....2 Don't know 8	
22	What is the religion of the head of the household? आपके परिवार का धर्म क्या है ?	Hindu.....1 Muslim .....2 Other, _____ 3	→ End the Interview → End the Interview
23	Do you belong to Scheduled Caste, Scheduled Tribe or Other Backward Classes? क्या आप अनुसूचितजाति, अनूजनजाति या अन्य पिछडा वर्ग से संबध रखते है ?	Scheduled Caste (SC).....1 Scheduled Tribe (ST) .....2 Other Backward Class (OBC) ...3 General Caste 4	

Go to Questionnaire for Individual Information from Woman

Development Study on Reproductive Health
In the State of Madhya Pradesh, India

Household Survey
Eligible Woman

Identification		
1	District_____	Tikamgarh.....1 Damoh.....2
2	Block _____	☐☐
3	City/town/village _____	☐☐☐☐
4	Ward (if city) _____	☐☐☐☐☐☐
5	Size of community	> one lakh.....1 50,000 - 1 lakh.....2 < 50,000.....3 Rural.....4
6	PSU Number	☐☐
7	Household Number	☐☐
8	Eligibility Status Line Number	☐☐
9	Interview Result	Completed ..... 1 Incomplete .....2 Refused..... ..... 3 Other.....4
10	Name of Interviewer_____	
11	Date of Interview_____	☐☐ ☐☐ ☐☐ D D M M Y Y
12	Name of the Supervisor_____	
13	Date of Checking_____	☐☐ ☐☐ ☐☐ D D M M Y Y

Hello. My name is _____. We are conducting a district survey about the health of women and children. We would very much appreciate your participation in this survey. We are interviewing ever-married women between 15 and 49 years of age.

I would like to ask you some questions about your family's health. The amount of time needed will be less than 30 minutes. Participation in the survey is voluntary. If you decide to participate, you may stop answering questions at any time. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. We hope that you will participate in the survey since your views are important. Do you want to ask me anything about the survey at this time?

Do you agree to participate in the study?

Continue if client agrees. If she does not agree, thank her and go to the next interview.

1. Demographic Data

I would like to ask some questions about you and your family.
मैं आपके ओर आपके परिवार से सम्बधित कुछ प्रश्न पूछना चाहुगी !

Q.No.	Question	Code	Skip to
1	How old were you at your last birthday? पिछले जन्म दिन पर आपकी उम्र क्या थी	_____ Years ☐☐	
2	What is your marital status? आपकी वैवाहिक स्थिती क्या है ?	Currently married or living together.....1 Separated, deserted .....2 Divorced.....3 Widowed.....4	
3	How many hours a day do you read a newspaper or magazine? एक दिन मे आप कितने घण्टे अखबार या पत्रिका पढते है ?	_____Hours ☐☐ ☐☐ Never.....00	
4	How many hours a day do you listen to radio? एक दिन मे आप कितने घण्टे रेडियो सुनते है ?	_____Hours ☐☐ ☐☐ Never .....00 Illiterate 97	→ Q. 7
5	What hours of the day are best for you to listen to the radio? दिन के किस समय मे आप रेडियो सुनते है ! **Circle all mentioned.**	Early morning (5-9am).....1 Late morning (9-12).....2 Mid-day (12-1 pm).....3 Early afternoon (1-4 pm) .....4 Late afternoon (4-6 pm) .....5 Evening (6-8 pm).....6 Night (8-12 midnight)..... 7	
6	What radio stations do you listen to? आप कौन सा रेडियो केन्द्र सुनते है ? **Circle all mentioned.**	Vivid Bharti.....1 Jabalpur.....2 AIR Delhi.....3 Others_____ 4 Don't know 8	
7	How many hours a day do you watch television? एक दिन मे आप कितने घण्टे टी.वी. देखते है ?	Hours..... ☐☐ Do not Watch Tv 98	→ Q. 10
8	What hours of the day are best for you to watch television? दिन के किस–किस समय मे टी.वी. देखना पसंद करते है ? **Circle all mentioned.**	Early morning (5-9am) .....1 Late morning (9-12) .....2 Mid-day (12-1 pm) .....3 Early afternoon (1-4 pm) .....4 Late afternoon (4-6 pm)..... ... 5 Evening (6-8 pm) .....6 Night (8-12 midnight) 7	

9	What television channels do you watch? आप कौन सा टी.वी. चैनल देखते है ? **Circle all mentioned.**	Doordarshan .....01 Metro.....02 Soni.....03 Star Plus.....04 Star Movies .....05 Star News .....06 Star Sports..... 07 Discovery..... 08 Zee Tv..... 09 Zee Movies ..... 10 Zee News..... 11 Others..... 12 Don't Know 98	

10	Aside from your housework, are you currently working? धर के काम के आलावा आजकल आप और कुछ काम करती हैं ?	Yes.....1 No 2	→ Q. 12
11	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, or do paid work in their home. Are you currently doing any of these things or any other work? जैसा कि आप जानती है कुछ महिलांए ऐसा काम करती हैं जिसके लिए उनको कुछ पेसा या सामान मिल जाता हैं कुछ अन्य महिलाएँ वस्तुएँ बेचती है, या अपने धर पर कुछ काम करके पैसा कमाती हैं । क्या इस समय आप इस प्रकार का कोई काम कर रही है ?	Yes.....1 No.....2	→ Q.18
12	What is your occupation, that is what kind of work do you mainly do? आपका व्यवसाय क्या है ? यानि आप मुख्य रुप से क्या काम करती है ?	Official.....01 Agriculture worker.....02 Carpenter/mason.....03 Individual merchant.....04 Labor.....05 Domestic Servant..... 06 Small scale merchant (vendor) 07 Small scale entrepreneur (small business) ..... 08 Bidi rolling or other piece work in the home..... 09 Other _____ 10	
3	Do you keep the money you earn, give it	Woman keeps it entirely.....1	

	to your husband, or someone else? जो पैसा कमाती है उसे आप अपने पास रखती हैं या अपने पति को देती है ? या परिवार का कोई अन्य सदस्य रखता हैं ?	Woman gives it all to husband.... 2 Woman keeps some, gives some to husband .....3 Other _____ 4	→Q. 15
14	How do you spend the money you earn? अपने द्वारा कमाए गए पैसे को आप कैसे खर्च करती है ? ***Circle all she mentions.***	Food..... .1 Household expenses.....2 Own personal expenses.....3 Children's expenses .....4 Savings..... .5 Other _____ 6	
15	Do you migrate for work? क्या आपको काम के लिए यह जगह बदलनी पडतीं है ?	Yes.....1 No.....2	→Q. 22
16	When do you migrate? कब बदलनी पडतीं है ?	During Rabi (Nov-March).....1 During Summer (April-June) ... ..2 Other _____ 3	
17	How many times each year do you migrate? आप एक वर्ष में कितनी बार जगह बदलते हैं ?	Times..... ☐ It varies from year to year.....7 Don't know 8	→Q 22 →Q 22 →Q 22
18	Would you like to have an income of your own? आप अपनी कुछ कमाई चाहती है ?	Yes.....1 No.....2 Don't know 3	 →Q 22 →Q 22
19	If you had an income of your own, how do you think you would spend it? अगर आप अपनी कुछ कमाई करती है तो उसे आप किस तरह खर्च करना चाहेंगी **Circle all she mentions.**	Food.....1 Household expenses.....2 Own personal expenses .....3 Children's expenses .....4 Savings.....5 Other, _____ 6	
20	Do you think you would be allowed to earn an income working in your home? क्या आप सोचती है कि आपको घर में रहकर कुछ कमाई करने की इजाजत दी जाएगी ?	Yes.....1 No.....2 Don't know 8	
21	Do you think you would be allowed to earn an income working outside your home? क्या आप सोचती है कि आपको घर से बाहर जाकर काम करने की इजाजत मिलेगी ?	Yes.....1 No.....2 Don't know 8	

2 Reproductive History, Intentions & Contraception

22	How many living children do you have? आपके कितने बच्चे (जीवित) है ?	Number [ ][ ] None.....00	→Q 27
23	How many are boys and how many are girls? आपके कितने लडके और कितनी लडकियां है ?	Boys [ ][ ] Girls [ ][ ]	
24	How old is your last baby? आपका अन्तिम बच्चा कब हुआ ?	Less than one year..... 00 In Completed Years [ ][ ]	
25	How old was your last baby when an ANM/MPW visited you first time in your home आपका अन्तिम बच्चा कितने साल का था जब स्वास्थ्य कार्यकर्ता आपके घर पहली बार आई थी ?	Less than one week.....1 Less than two months.....2 Less than three months .....3 Less than six months .....4 Did not visit .....5 Don't remember..... .8 Not applicable.....9 (for urban area)	
26	Did the ANM perform an abdominal examination during your last pregnancy if your pregnancy was going well? यह जानने के लिए कि आपका गर्भ ठीक स्थिती में है क्या स्वास्थ्य कार्यकर्ता ने,, आपके पेट का परीक्षण किया था ?	Yes.....1 No.....2 Don't Remember .....8 Not applicable.....9 (for urban area)	

27	Are you currently pregnant? क्या आप इस समय गर्भवती है ?	Yes.....1 No.....2 Don't know 8	→ Q.30
28	I am now going to ask some questions and I am interested in <u>your</u> opinions and desires. Yours may be the same as or different from your husband's or other relatives, but I only want to know what you think. मैआपसे आपकी राय ओर इच्छा संबधित प्रश्न पुछना चाहुँगी हो सकता है कि आपकी राय आपके पति या रिश्तेदार से अलग हो या मिलती – जुलती हो लेकिन मै आपकी सोच ी जानना चाहुँगी।		
29	Would you like to have a/another child or would you prefer not to have any (more) children? आप और बच्चा चाहती है या नही ?	Want more.....1 Want no more..... 2 Can not get pregnant .....3 Up to God .....4 Undecided.....8	 →Q.32 →Q.32 →Q.32 →Q.32
30	Do you want this child to be a girl or boy? आप लडका चाहती है या लडकी ?	Girl child.....1 Boy child.....2 It doesn't matter.....3 Don't know.....8	 →Q 32 →Q 32

31	What is the main reason you prefer that gender? आपकी इस पसन्द मुख्य का कारण क्या है ?	Economic reason .....1 Help in house or work.....2 Husband or parents-in-law prefers that gender.....3 Society prefers that gender..... 4 God's will..... 5 She likes that gender .....6 She does not have that gender..... 7 Other, _____ 8	

32	What do you think is the ideal time there should be between one pregnancy and the next? आपकी राय में दों बच्चों के बीच में कितना अन्तर होना चाहिए ?	<1 year .....0 One year.....1 Two years.....2 Three years or More.....3 Don't know 8	→Q. 34 →Q. 34 →Q. 34 →Q.34
33	How did you learn that this is a good spacing for pregnancies? आपने यह कहां से जाना कि दों बच्चो के बीच में यही सही अन्तर है ?	Television.....0 1 Radio.. .....02 Read about it .....03 ANM/MPW/Sub Center..... 04 UFWC/PPC.....05 Nurse/Pvt Doctor..... 06 Govt Doctor .....07 Anganwadi worker..... 08 Friend, relative, neighbor .....09 Husband .....10 Mother in-law.....11 Other _____ 12	

34	**Check the answer to Q2 and Q27. If the woman is currently married and currently not pregnant, continue. If she is not currently married or if she is pregnant, skip to 42.**		
34a	Are you and your husband currently doing something or using any method to delay or avoid getting pregnant? क्या आप और आपके पति इस समय गर्भधारण को देर से या गर्भधारण से बचने के लिए कोई तरीका प्रयोग कर रहे है ?	Yes .....1 No 2	→Q 41

35	What method are you using? आप कौन सा तरीका प्रयोग कर रहे है ?	Female sterilization.....1 Male sterilization .....2 Condom/Nirodh .....3 IUD/loop .....4 Pill.....5 Rhythm/safe period .....6 Withdrawal/other natural.....7 Other 8	 →Q. 37 →Q. 37 →Q. 37 →Q. 37 →Q 40 →Q 40 →Q. 37
36	Are you satisfied with your decision to be operated? क्या आप अपने ओप्रेशन करवा लेने से फैसले सन्तुष्ट है ?	Yes.....1 No 2	
37	Where did you hear about this method? इस तरीके के बारे में कहां से सुना ? ***Circle all mentioned***	Husband .....01 Government doctor .....02 Nurse.....03 ANM/LHV ..... 04 Male MPW..... 05 Anganwadi worker..... 06 Other government worker .....07 NGO worker.....08 Private doctor..... 09 Private paramedic.....10 Dai.....11 Mother/mother-in-law..... 12 Other relative/friend.....13 No one/self ..... 14 Radio .....15 Television.....16 Poster.....17 Newspaper.....18 Magazine.....19 Hoarding, wall painting .....20 Cinema ..... 21 Drama, folk dance, street play..... 22 Other _____ 23	

39	Where did you last obtain this method? यह तरीका आपने आखिरी कहां से बार हासिल किया ?	District hospital .....01 CHC .....02 PHC.....03 SC/ANM/MPW .....04 Anganwadi center or worker ....05 Private practitioner..... ..... 06 Government Camp..... .....07 Other _____ ..... 08 Don't Know..... 98	
40	What is the most important reason you are using this method? इस तरीके को प्रयोग करने का मुख्य कारण क्या था ?	My husband wanted .....1 My health .....2 We are poor, economic reason .....3 We do not want more children .....4 Spacing.....5 Other, _____ 6	
41	In your opinion, who should decide how many children you and your husband will have? आपकी राय मे, आपके और आपके पति के कितने बच्चे होने चाहिए इसका फैसला किसे लेना चाहिए ?	Husband .....01 Herself .....02 Husband and wife together .....03 God .....04 Parent in-law .....05 Other _____ 06 Don't know 98	

42	Sometimes a woman becomes pregnant at a time that is not convenient for her or her family? Has this ever happened to you? कुछ महिलाएं कभी कभी ऐसे समय में गर्भवती हो जाती है जबकि वह और उसका परिवार ऐसा नहीं चाहता क्या आपके साथ कभी ऐसा हुआ है ?	Yes.....1 No.....2	→Q. 47
43	Did you have an induced abortion at that time? क्या उस समय आपने गर्भपात करवाया था ?	Yes.....1 No.....2	→Q. 47
44	Who made the decision to have the abortion? गर्भपात कराने का फैसला किसने लिया था ?	Herself.....1 Husband.....2 Both.....3 Other person in household..... ..4 Jointly with others in household 5	
45	Where did you have the abortion performed? आपने गर्भपात कहां कराया था ?	At home.....1 At dai's home.....2 In CHC/Hospital..... ...3 In PHC..... ....4 Private clinic.....5 Sub-Center..... 6 Other, _____ 7	
46	How many induced abortions have you had?	Number_____ [ ][ ]	

	आपने कुल कितने गर्भपात कराए है ?		

3. Women's Status & Activities

47	Who decides in your household on the purchase of household items? आपके घर के खास सामान को खरीदने का फैसला कौन लेता है ?	Myself..... 1 Husband..... ..2 Wife and husband jointly .....3 Others in household ..... .4 Jointly with others in household .5 Head of household 6	
48	Who decides what items to cook? खाने में क्या बनेगा इसका फैसला कौन लेता है ?	Myself.....1 Husband .....2 Wife and husband jointly.....3 Mother in-law .....5 Others in household .....6 Jointly with others in household 7 Head of household 8	
49	Who decides about obtaining health care for you? आपके स्वास्थ्य की देखभाल का फैसला कौन लेता है ?	Myself.....1 Husband .....2 Wife and husband jointly.....3 Mother in-law .....4 Others in household .....5 Jointly with others in household 6 Head of household 7	
50	Who decides about your children's education? आपके बच्चो की शिक्षा का फैसला कौन लेता है ?	Myself .....01 Husband .....02 Wife and husband jointly .....03 Mother in-law .....04 Others in household ..... .05 Jointly with others in household 06 Head of household..... 07 Not applicable 98	

51	Do you participate in any community activities? क्या आप अपने समुदाय की गतिविधियों में भाग लेती है ?	Yes.....1 No 2	→Q 53
52	Would you like to participate in any community activities? क्या आप अपने समुदाय की गतिविधियों में भाग लेना चाहेगी ?	Yes.....1 No.....2 My husband would not allow ...3 Don't know 8	

53	Are there any activities related to the health sector in your community, such as: आपके समुदाय में स्वास्थ्य से संबंधित क्या कोई गतिविधियाँ चल रही है जैसे :	Yes	No	Don't Know	
	a) immunization campaigns टीकाकरण	1	2	8	
	b) home visits ?घर पर आना	1	2	8	
	c) distribution of contraceptives/medicines गर्भनिरोधक बांटना	1	2	8	
	d)group talks/songs/drama/street play/puppet show on health स्वास्थ्य संबधी सामुहीक बातचीत/गीत ड्रामा/नाटक/कठपुतली खेल।	1	2	8	
	e) camp केम्प	1	2	8	
	f) audio-visual programme	1	2	8	
	g)other, अन्य_____	1	2	8	
54	Do you participate in any health activities of the community? क्या आप अपने समुदाय में होने वाली स्वास्थ्य संबधी गतिविधियों में भाग लेती है ?	Yes.....1 No 2			→ Q 56
55	What kind of health activities do you participate in? आप किस प्रकार के स्वास्थ्य कार्यो में भाग लेती है ? **Circle all mentioned**	Immunization campaign.....1 Home visits .....2 Distribution of medicines/contraceptives.....3 Other, _____ 4			
56	Do you know of any women's development groups in your community? क्या आप अपने समुदाय के किसी महिला विकास समुह के बारे मे जानती है ?	Yes.....1 No 2			→ Q 58
57	Do you participate in any women's development group in your community? क्या आप अपने समुदाय के किसी महिला विकास समुह में भाग लेती है ?	Yes.....1 No 2			
58	In some communities, training is offered to women who want to improve their situation or earn an income. Would you like to receive this kind of training if it is someday available in your community? कुछ समुदायों में इस प्रकार का प्रशिक्षण दिया जाता है जिससे महिला को अपनी स्थिति सुधारने तथा कुछ पैसा कमाने का अवसर मिलता है अगर आपके समुदाय में ऐसा प्रशिक्षण दिया जाय तो क्या आप प्रशिक्षण लेना चाहेगी ?	Yes .....1 No .....2 Don't know 8			 → Q 61 → Q 61

59	What kind of training would you like to receive if it were offered? अगर आपसे पुछा जाए तो किस प्रकार का प्रशिक्षण आप लेना चाहेगी ?	Agriculture training .....1 Confection (weaving, embroidery, stitching) .....2 Adult literacy.....3 Any other income generating training.....4 Other, _____ 5 Don't know 8	
60	Do you think you would be allowed to participate in training? क्या आप सोचती है कि आपको प्रशिक्षण लेने दिया जाएगा ?	Yes.....1 No.....2 Don't know 8	