HEALTH SEEKING BEHAVIOUR AMONG WOMEN OF BETIM VILLAGE IN GOA

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Dissertation submitted in partial fulfilment of the requirements for the Degree of Master of Arts in Women's Studies.

Women's Studies Programme
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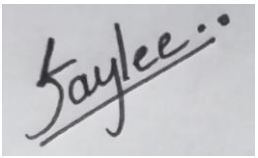
DECLARATION

I, Saylee Yeshwant Lolienkar, hereby declare that the dissertation titled '*Health Seeking Behaviour Among Women of Betim Village in Goa'* is the outcome of my study undertaken under the guidance of Ms Sulochana Pednekar, Assistant Professor, Women's Studies Programme, Manohar Parrikar School of Law, Governance and Public Policy, Goa University. This work has not previously formed the basis for the award of any degree, diploma or certificate of this Institute or any other Institute or University. I have duly acknowledged all the sources used by me in the preparation of this dissertation.



Saylee Yeshwant Lolienkar

5th July 2021

CERTIFICATE

This to certify that the dissertation titled '*Health Seeking Behaviour among Women of Betim Village* in Goa' is the record of the original work by Miss Saylee Yeshwant Lolienkar under my guidance and to the best of my knowledge. The research results presented in this dissertation have not previously formed the basis for the award of any degree, diploma or certificate of this or any other university.

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As I started working on my dissertation, I had only one thought: if I try,

Nothing Is Impossible

I want to take this opportunity to show gratitude towards all the respondents and all the people involved in the study for giving their valuable time.

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CHAPTER 1

INTRODUCTION

According to the World Health Organization (WHO), health is *"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"* (WHO 1994).

Health systems around the world are failing to meet the specific health needs of women and girls. WHO also states that today women's health has become an urgent priority, yet the data surrounding this issue is limited and often unreliable (WHO, 2019).

If a woman of the house is healthy, then the family is healthy. Many women are often ignorant about health issues that may occur to them over their lifetime because they are mostly unaware of their bodies. These issues are often discussed less due to the shame and stigma attached to some health problems. Many social, cultural, economic, political and religious factors do not allow women to learn about it. They seem to take it very lightly and don't seek help from qualified medical practitioners.

Kanbarkar & B. Has defined health-seeking behaviour as a "*Sequence of remedial action that individuals undertake to rectify perceived ill-health"* (N.Kanbarkar & K.B, 2017).

Studies have pointed out various determinants of health-seeking behaviour such as cost of treatment, how convenient it is to approach the health facility, quality of services provided and if life is at risk. Understanding health-seeking behaviour in a community setting is crucial. (Kumar et.al 2019)

The factors that affect women's health-seeking behaviour depend on the disease's type and severity. Depending on the severity, women choose different forms of treatment and medication. For example, if a woman has a headache, she might not seek immediate medical help, but she may use self-medication, traditional medicine, or completely ignore the pain. If the pain continues for many days, she might think of going to a medical health care facility because curing this pain is not in her hand anymore. The other factor may be accessibility. Seeking medical help also depends on where the person is living and the facilities available to them.

There may be many advances and facilities in the medical world for women, but we do not know how many women use these facilities? The main thing is understanding why women do not seek medical help, and the challenges women face in accessing health care. It may be anything like attitude towards

health, personal problems like finances, not being aware of these services, cultural issues, the power relationship between men and women etc. It is crucial to identify the reasons affecting access to health care facilities. One needs to understand whether there is the availability of medical facilities, are they accessible to individuals, and can afford the services available to them.

Why did I choose this topic?

There are many health-related problems women face in the course of their lives. I have come across women in my family who ignore their health issues, saying it is minor and would not pay attention. But you never know when these small and insignificant problems can shape into big ones.

In one of my course papers in semester III - Women's Health: Critical Debates, I learned that many factors like economic, social, environmental, etc., due to which women ignore their health and don't seek help for their health problems on time. I wanted to understand whether women in my village seek help for their health problems or not. This course inspired me to choose this particular topic for my dissertation. I was very keen on finding out different aspects of women's health and their behaviour towards it. I decided to do research work in my village Betim to learn more about it.

I wanted to find answers to the following research questions as listed below :

- What are the types of medical facilities provided to women in my village?
- What are the barriers they face accessing medical health facilities?
- Do they have any knowledge or awareness of different health problems?
- How far are the public and private health centres?
- Do women visit medical doctors only if anything serious?
- Are they benefiting from any government scheme?

The following are the objectives of my study.

Objectives

1. To map the medical facilities available in Betim village.

2. To study the health-seeking behaviour of women.

3. To understand the perceptions of women towards health care.

CHAPTER 2

LITERATURE REVIEW

I conducted a literature search using keywords health-seeking behaviour and health-seeking behaviour among women to identify studies on health-seeking behaviour.

Das and Das (2017) found that besides the availability, accessibility, & acceptability of the health system, the health-seeking behaviour is influenced by various other factors such as socio-economic, socio-cultural and individual perceptions. Health seeking behaviour is a dynamic process evolving through self-evaluation of symptoms, self-treatment, seeking advice from family, social networks, and the professional sector. (S. Das and Das 2017)

Researchers have conducted studies comparing men and women's health-seeking behaviour together; few are only on men or women. They have studied specific health issues and an individual's perspective and behaviour towards them.

I have categorized my literature review into three sections based on the studies conducted at the International level, National level and Goa specific at the state level.

2.1 International Level Studies:

In this section, we present studies on health-seeking behaviour in different countries.

Vandan et al. (2019) conducted a study to understand the minority women in accessing healthcare services in Hong Kong. The study is based on five themes: attitude and awareness, socio-cultural factors, time constraints, financial burden, and inadequate interaction. The study conducted Focus Group Discussions with 30 women aged between 21—72 years from India, Nepal, and Pakistan. The study found that the challenges faced by women in accessing health care were due to language, culture and communication. It also found out how long waiting periods discouraged women from seeking health care.

They also mentioned that enhancing access to appropriate healthcare-related information, culturally informed patient-provider interaction can improve knowledge, trust and satisfaction among these women. (Vandan, Wong, and Fong 2019)

In my study, my respondent told me that they also had to stand in long queues for seeking medical help in public health care.

E. Johansson (2000) conducted a study on Gender and tuberculosis control: perspectives on health-seeking behaviour among men and women in Vietnam. The study was conducted on tuberculosis patients to study health-seeking behaviour. The study focuses on gender differences and the delay in seeking treatment undertaken in four districts in Vietnam, including rural and urban areas. The study used a qualitative method, and data was collected by conducting 16 focus group discussions among different patients. Researchers found out that participant's had three main factors contributing to delay in health-seeking behaviour. These were economic constraints, social isolation and attitude of staff and poor quality of health services.

The main factor contributing to delay among women was a fear of social isolation from the family or the community. A factor contributing to delay among men was fear of the cost of diagnosis and treatment. Staff attitudes and quality of health service facilities were not keeping up to people's expectations of appropriate health services. Women were more sensitive compared to men for poor service conditions and the attitude of the staff. Men often neglected the symptoms until they reached the severe stage in which they only tended to go to public health care. But, in the case of women, they first seek private health care before they go to public health care. And also, they practised self-medication. (Johansson et al. 2000)

In my research, I also found that the women respondents primarily practised self-medication before seeking any health care. They mostly preferred home remedies over allopathic treatment from health practitioners.

Musinguzi et al.(2018) conducted a study on the factors influencing compliance and health-seeking behaviour for hypertension in Mukono and Buikwe in Uganda. It was a qualitative study among hypertension patients. The study found that patients sought different channels of care for their hypertension problem. They tend to take self-medication and herbal medicines for their health problems. They don't practice regular monitoring of blood pressure. Access to anti-hypertensive treatment with or without prescription was common among the patients.

Other factors influencing health-seeking behaviour were attitudes of staff, shortage of medicines, awareness among patients about the adverse effects of hypertensive medication, and they also feared that this medicine would stay lifelong with them. (Musinguzi et al. 2018)

When I was conducting an interview, women respondents shared their experiences of visiting the government health clinics. They told me that mostly the health centre remains closed, so they don't want to go to the health centre. They also mentioned that there are not many facilities available in health care, and most women have not come across any awareness programmes conducted in the village about health.

2.2. National Level Studies:

In this section, I have mentioned a few studies conducted in different parts of India on health-seeking behaviour.

Ravi and Kulasekaran(2014) conducted a study on care-seeking behaviour and barriers to access services for sexual health problems among rural women in Tamil Nadu. The reason behind not seeking treatment was a family tradition and poor socio-economic conditions. (Puthuchira Ravi and Athimulam Kulasekaran 2014)

Das et al.(2018) conducted a study on the gendered experience concerning health-seeking behaviour in an urban slum of Kolkata, India. They used referral techniques for selecting participants for the research, and data was collected through face to face in-depth interviews using semi-structured questionnaires. This study shows that there were gender differences in access to health care. They found that men were more inclined towards formal health care, whereas women were more inclined towards alternative health care. (M. Das et al. 2018)

In my study, I have also conducted face to face in-depth interviews using an unstructured interview guide, and the questions were open-ended.

Nayak S. & K.V.M Varambally(2017) conducted a study on "Impact of autonomy on health-seeking behaviour: evidence from rural India".The study tried to probe into the dimensions of women's autonomy and other associated factors influencing women's health-seeking behaviour. The methods used were multistage sampling and structured questionnaires. They found that women's control over economic resources at the household level did not influence woman's decision to seek healthcare. In contrast, women's freedom of movement significantly influenced their health-seeking behaviour.(S. and Varambally 2017).

Gill et al.(2015) conducted a study on morbidity patterns and health-seeking behaviour of women of reproductive age in slums of Amritsar city (Punjab), India

The method used was convenience sampling; 50 clusters of married women of 15-45 years for the study. Pre-designed and pretested proforma used to interview women. The result showed that many women of reproductive age had one or more health problems, and only a few of them took treatment from qualified practitioners. (Gill, Devgun, and Mahajan 2015)

In my study, I found that most women from Betim village don't seek treatment from qualified practitioners but instead opt for home remedies.

Vincent et al.(2017) conducted a study on pregnant women's healthcare-seeking behaviour during pregnancy and awareness about complications during pregnancy in rural south India. They found out that the pregnant women were aware of the importance of antenatal care, but they did not know complications in pregnancy. Transportation was also a barrier in seeking health care. The decision making power regarding health care was with their husband. (Vincent et al. 2017)

In my study, my respondents also said that transportation is a barrier to not accessing health care.

V. Kotecha et al.(2012) conducted a study on health-seeking behaviour and utilization of health services by pregnant mothers in Vadodara slums. In this study, 60 pregnant women in their third trimester interviewed using a random sampling method from 30 Anganwadis. They found that around 87% of the women were registered in Anganwadi as the Anganwadi worker went around in the village areas and made women registered in Anganwadi. Most women preferred private hospitals rather than the government set up despite having financial crises. And almost all women used to go for antenatal care for their baby's good health and safe delivery, and 9% preferred home delivery. Most women ignored postnatal care (Kotecha et al., 2012).

In my study, I found that women respondents depended on Anganwadi for nutritional value for themselves and their children. They get various pulses, benefit from Mamta schemes, and participated in awareness programmes related to their health.

Durr-e- Nayab(2005) conducted a study on women's health-seeking behaviour reporting symptoms of reproductive tract infections. The study focused on whether women seek help or not when they are sick and the differentials that exist in the health-seeking behaviour among women with different

backgrounds. The study found that very few women reported reproductive tract infections and sought medical help. The decision to seek help depends on a woman's educational, economic status and interspousal communication. It also found that lack of finances to access any health service and considering the symptom as something common not needing attention were the two main reasons for not seeking help.(Nayab 2005).

Kumar(2014) study conducted on Health Seeking Behaviour of Women with Sexually Transmitted Diseases in the Reproductive Age Group Attending Out-patient Department of Tertiary Care Hospital- Ananthapuramu, AP. A total of 275 women with age group 15 - 49 years with symptoms of sexually transmitted disease attending Out Patient Department (OPD) at the hospital were selected. The study found that more than half the patients (64%) sought treatment at a Government institution first, while 30% went to the private practitioner, and 6% of them sought treatment from pharmacists. (Kumar and Pujari 2014)

According to the researchers, as age increases, the health-seeking tendency gets weakened. Only when the suffering becomes intolerable, then they seek medical services. Their study also reveals that many factors influence seeking medical help like residential status, whether living in rural or urban areas and having access to medical facilities, shyness to seek treatment, complete ignorance or intentional negligence. Employment status also plays a significant role in influencing individuals' lives and driving them to seek early treatment. The study also shows that literacy helps each individual understand better the impact of the disease concerning morbidity and mortality. (Kumar and Pujari 2014)

While I was doing my research, I also came across four women respondents who bought medicines directly from pharmacies without consulting any qualified practitioners. And how literacy plays an essential role in understanding their health.

2.3 Studies conducted in Goa:

This section presents the studies conducted in Goa about health-seeking behaviour.

Desouza (2006), in her book one chapter, focuses on cancer. In the chapter, there is mention of universal screening for cervical cancer and speaks about invasive cancer of the cervix as the commonest affecting female genital tract and the second commonest cancer among women. The chapter also says that women in the age group of 20-60 are the targets of cervical screening programmes. The teenage group before 20 years and the age group after 60 are not prone to this disease. In India, most cases are

diagnosed at an advanced stage of disease as there is no early screening. The studies say that cancer is preventable if cytological screening is done and treating pre-cancer patients even before they have any symptoms. (Desouza, 2006)

According to NFHS 2019 - 20, only 1.2% of women ever did a screening test for cervical cancer. And the examination for breast cancer was 1.3 % in rural as well as in urban areas. (National Family Health Survey - 5, 2019 - 2020)

In my study, all the women respondents belong to the age group between 28 - 60 years, and they are unaware of cervical cancer, which can affect them. Neither the sub-health centre nor the Anganwadi has carried out an awareness programme regarding this issue which is extremely important.

Vaz et al. S.(2012) conducted a study of health-seeking behaviour among medical students in Goa, India. A study used a structured pretested questionnaire. A total of 281 students took part in the study across three semesters. They found that 80.4% of the student population reported some form of illness in the preceding twelve months. They found that 31.3% of students self investigated and 66.3% students had taken self-treatment. They found a need to have a formal health program for the medical students to set guidelines to follow if they fall ill, and medicines should be made available. The students needed to be aware of self-treatment dangers and investigation of any health problems. (Vaz et al. 2012)

As we can see, they being medical students and knowing about medicines, diseases and treatment, and they preferred self-treatment. I find their behaviour of treating themself similar to the respondents in my study.

2.4 Research Gap

From the literature review, we can see that most studies focus on a particular group of people, like patients with a specific illness or disease. The studies focused on patients suffering from tuberculosis, reproductive tract infections, sexually transmitted diseases, hypertension, sexual problems, minority groups of women, and antenatal care facilities available for pregnant women. There are not many studies conducted in a community setting on health-seeking behaviour among the general population. Therefore, this study is planned in a community setting to study the health-seeking behaviour among women residing at Betim village in Goa.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter focuses on the research methodology used in carrying out the study.

3.1 Study area

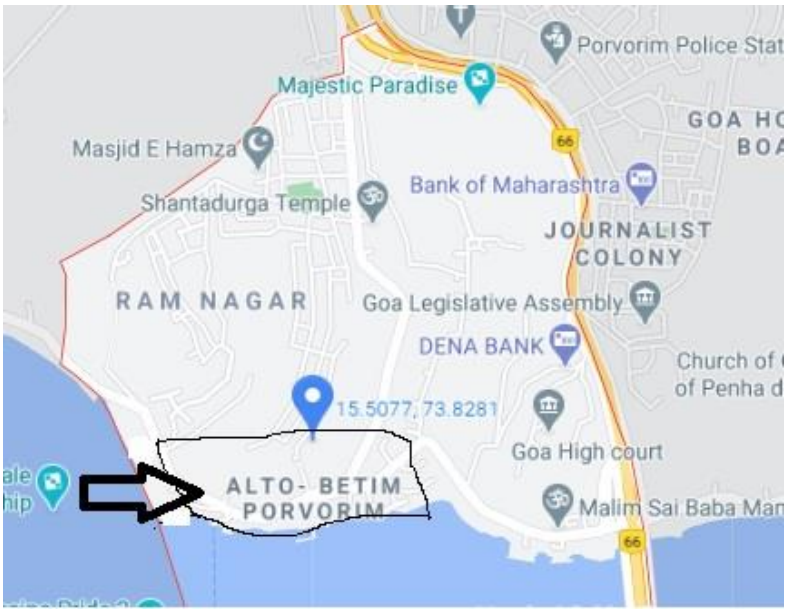
Goa is one of the smallest states of India. According to the 2011 census, Goa's population is 14,58,545, of which the male population is 739140 (51%) and the female is 719405 (49%).

Goa has two districts, North Goa and South Goa. There are 12 talukas in Goa, of which six are in North and six in south Goa. The study is based in North Goa and located in Bardez taluka. According to Census 2011, the total area of Bardez is 264 km², including 121.90 km² rural area and 142.08 km² urban area. Bardez taluka has a population of 2,37,440 people.

There are about 43 villages in Bardez taluka. I have selected Penha-de-Franca village for my study. It has a population of 15,342, of which 7,816 are males while 7,526 are females. In Penha-de-Franca, the female sex ratio is 963 against the state average of 973. The literacy rate is 92.73 % higher than the state average of 88.70 %. Male literacy is around 94.07 %, while the female literacy rate is 91.34 %. Penha-de-Franca has total administration of over 3,850 houses to which it supplies basic amenities like water and sewerage (Census 2011)

In the Penha-de-Franca panchayat area, there are 11 wards, namely from wards 1 - 11. The study area is Betim village which is ward number 6 under the jurisdiction of Penha-de- Franca. The villages that fall under this panchayat area are Britona, Betim, part of Porvorim and Penha-de-Franca. Betim village is situated on the banks of the Mandovi River. The population of this village consists of locals (Goans - who are original natives of Goa) and migrants who have travelled from other states, mainly from Bihar, Uttar Pradesh, Karnataka, Madhya Pradesh etc. They have migrated to Goa in search of work. The migrants work in casinos as construction labourers, domestic helpers, and few are self-employed like carpenters, painters etc.

Figure 3.1: Study Area



Source:https://www.google.com/maps/place/Alto+Betim+Porvorim,+Penha+de+Fran%C3%A7a,+Goa/@15.5090028,73.8206947,15z/data=!3m1!4b1!4m5!3m4!1s0x3bbfc071fc592f25:0xe559c084bc98e5c3!8m2!3d15.5064156!4d73.8281319

3.2 Study Sample

This study has carried out two types of interviews - key informant interviews and in-depth interviews. The key informants in this study are a Multi-Purpose Health Worker (MPHW) and a traditional healer. In this study, ten in-depth interviews were conducted with married women respondents from the Betim village of Bardez taluka. The five women were natives of Goa and five women from the migrant population who belonged to other states in India. Both key informant and respondent interviews were conducted using unstructured interview guides.

Demko & et al. (1970, 286p.) defined migration as "*migration and typology is generally based on the change in residence, journey to work, types of boundaries crossed and many others".*

Lee, E.S (1970, 290p.) defined migration as a *"permanent or semi-permanent change of residence"*.

In this study, local and migrant women were selected to study health-seeking behaviour and check for similarities, differences, and challenges they faced in seeking health care. I have included migrants in my study to check for their access to medical facilities, their behaviour towards their health problems challenges encountered in accessing medical treatment and awareness about health care. I felt it was equally important to study if migrant women have limited access to health facilities compared to local women. This study would be incomplete without knowing their health problems and difficulties accessing the medical facilities in Betim village.

In my research work, I have selected women migrants who have migrated from different states to Goa and stayed for more than one year in Betim village in Goa. Women after marriage have to relocate as their husband needs them at home so she can manage the household duties when he is at work. I have selected five married migrant women who have stayed at least one year or more in Betim village.

Women were selected using a simple random method. Women in every 3rd house was selected, and if that house was closed or no female member was present, then the next house was selected. I first interviewed 5 Goan women and then selected migrant women using the above method. When I was conducting the interviews, 2 of the women denied giving the interviews, then women from the next house were selected.

3.3 Study Tools

The study is based on primary data. In the study, First, I carried out a social mapping exercise to map the medical facilities.

A social map is a participatory rural appraisal tool that intends to map the social structures and institutions of the area. The landmarks for social maps are resources such as religious places, health care areas like hospitals, private doctors, alternative medicine practitioners and traditional healing centres or areas for social interactions like community centres, marriage halls, markets, parks, ‘balwadi’ (crèches), police stations or public utility structures. (Sontheimer et al. 1999). It is a rapid technique of summarising and presenting a large amount of information. (Soundappan Kathirvel, 2012).

It is usually conducted by involving community members. But due to the pandemic, it was not possible to gather people together. It was not safe to bring more people to one place and maintain social distance.

I went into the field and conducted social mapping to find out the different facilities provided for the village people. I thought doing social mapping in this village would be beneficial to understand more about the village and the facilities available to people. I had the advantage of belonging to the same village as few places were known to me. I drew the social map as a result of this exercise.

Key informant interviews are qualitative in-depth interviews with people who know what is going on in the community. The purpose of key informant interviews is to collect information from various people, including community leaders, professionals, or residents, with first-hand knowledge about the community.

I used an interview technique and observation method to collect information from Key informants and respondents of my study.

In my study, the key informants are Multi-Purpose health workers of sub-health centre Betim and traditional healers present in the locality of Betim village. While doing the social mapping exercise in the village, I came to know about a traditional healer, so I decided to interview her to find out if women seek medical help from her. Even though I belonged to the same locality, I had never known much about her and her traditional medicines.

During the social mapping exercise, I also identified Anganwadi, which was closed, and no one was available. After inquiring with neighbours about Anganwadi bai, I found her in one of my respondents' houses, and that was the same time I interacted with her.

3.3.1 Types of Interviews and methods used

An unstructured interview is a spontaneous conversation and not a specific set of questions asked in order.

Key Informant Interviews: My first key informant for this research was the female Multi-purpose health worker from the sub-primary health centre, Betim. I went twice to the centre but could

not interview the doctor as she was not present in the sub-health centre because of covid duty in the primary health centre. A Multi-Purpose health worker also deals with pregnant women and mothers to a larger extent.

The second key informant was a traditional medicine healer from the village. She is an 85 years old lady. I came across her while doing a social mapping exercise in the village. She had learned the skills of home delivery and the medicinal value of different herbs given to various health problems from her mother. Later, she started helping people around her. Since she is providing health care medicines, I decided to include her in the study.

Researcher conducting Interviews

Fig 3.1 **Traditional Medicine Healer**

Fig 3.2 **Multipurpose Health worker**

Source – Researcher has clicked the pictures

Informal interaction with Anganwadi helper: While conducting a social mapping exercise, I identified an Agandwadi and helper working. Anganwadi belonged to the same village but in a different ward. As AAnganwadi is also providing services related to health**,** I decided to interact with the

Anganwadi teacher and helper for this research. Since Anganwadi was closed due to the pandemic, I only got a chance to interact with the helper and get relevant information from her while interviewing one of the respondents. The job of Angandwadi helper is mainly assigned to women as they have to deal with pregnant women and children, and it is easy for them to communicate with them and vice versa.

All the three informants were women, and they too, were married.

In-depth Interviews: I conducted in-depth interviews with married women in Betim village ward no 6 using an unstructured interview guide (See Annexure III).

Picture 3.3 **Respondent**

Source – Researcher has clicked the pictures

Observation methods: I moved in and around the Betim area to observe if there are any health awareness posters or banners displayed in the village.

3.5 Ethical Consideration

All the respondents were provided with information about the study, and verbal consent was obtained. The respondents were informed that whatever information they give will be kept confidential. The names of the respondents are not used and only their pictures are used in this research.

Firstly, I interacted and built rapport with the women respondent and interviewed them individually at their houses. All the interviews took place at a convenient time given by the women. When I went the first time, I told them about my research, so most respondents were ready to provide the interview on that day, and few told me to come later when they would be free from work. When I was interviewing the women respondents, they were with their children or alone. Only two women respondent's (Goan) husbands were around while I was interviewing them. One was very free to talk in front of her husband, and the other woman was a little hesitant to talk about menstruation experience, so she took me outside the house and gave the remaining interview.

All the interviews were audio-recorded, and the photographs were taken with their consent.

Due to the pandemic, I took precautions to maintain my and the respondents safety.

3.6 Language & Duration of interviews:

The interviews were conducted in the Konkani language with Goan women and hindi language with migrant women. Later, all interviews were transcribed and translated into English. All the respondents were free to talk during the interview. On average, each interview took around 45 minutes.

3.7 Duration of the Study:

The data collection was carried out from 29th January 2021 to 6th April 2021, which included a social mapping exercise, in-depth interviews with women respondents, interviews of key informants (See table 3.1)

Table no. 3.1 Details on field

Sr. No.	Date	Details of the field visits
1	29-01-2021	Pilot interview
2	04-02-2021	Social mapping + observation
3	21-02-2021	Respondent interview (1)
4	04-03-2021	Respondent interview (1)
5	13-03-2021	Respondent interviews (2) + visit to the health centre
6	20-03-2021	Interview of Traditional medicine giver + respondent interview (1)
7	29-03-2021	Visit the health centre
8	04-04-2021	Respondent interviews (2)
9	05-04-2021	Respondent interview (1)
10	06-04-2021	Respondent interview (1) + interaction with Anganwadi helper
11	07-04-2021	Key informant interview Multi-Purpose health worker

CHAPTER 4

CASE NARRATIVES

In this chapter, we present the case narratives of Key informants and respondent interviews.

4.1 KEY INFORMANTS

4.1.1 MULTI-PURPOSE HEALTH WORKER (MPHW) OF SUB-HEALTH CENTRE PEHNA DE FRANCE (BETIM II)

Details of Multi-Purpose health worker (MPHW) :

My name is Vidhya, and I am 35 years old. I am from Sawantwadi, Maharashtra, but my husband and I have shifted to Porvorim and are staying in a rented room after getting this job. I have completed my nursing course. I have been working in a health centre for the past eight years since the sub-health centre Betim has started.

About Sub-Health centre

Sub-health centre Penha-de-France (II) Betim covers a total population of 5362. Sub-centre in Betim is started in 2013. In this sub-health centre, there are three staff: doctor, Multi-Purpose health worker and attendant. But the doctor comes only once a week, which is on Friday in the afternoon from 2:30 - 3:30 pm. Before the pandemic, a doctor was coming in the morning, from 10 – 12 pm. Sub-health is open on all days except on Sunday from 9:30 to 4:30 pm.

Duties of a Multi-Purpose health worker-

On most days, my duties are to do fieldwork and survey the houses to find out if people have any health illness or problem such as malaria, dengue, fever, cold, leprosies, diabetes, blood pressure and tuberculosis. Then we motivate them to come to health and take treatment. We also see that any

pregnant women who have not registered at the sub-health centre and Anganwadi are encouraged to register their pregnancy.

When we go for a survey, we take details like names of family members, head of the family, find out if they have diseases, how many children and their age, any pregnant women and her details. We also inform them about our health camps which happen every two months. I also have to give a monthly report to the primary health centre in Porvorim.

My duties in the health field are to do immunization for children up to 5 years, which take place on the 18th of every month, and if it is a Sunday or public holiday, it is done on the next day. If any newly pregnant woman comes, I have to register her and give her all the details of when to have her check-up and do the pregnancy test again if she is unsure. Other activities like Family planning services and promoting institutional delivery. To check if she is eligible for the Janani Suraksha Yojana scheme and take required documents like ration card, income certificate, caste certificate, and bank details.

Facilities provided for people

There are not many facilities available in this sub-health centre because it is not the main branch. We check blood pressure, diabetes, cholesterol, blood test for malaria, dressing of wounds or cuts (which was done before pandemic), and conducting immunization. If anyone comes to us for fever and cold, we directly send them to Porvorim Health for covid testing.

Availability of Medicines

Before the pandemic, we used to give crocin tablets, dolo 650, cough syrup, but now we don't provide it and advise them to do the covid testing.

Condoms, pregnancy kits, oral tablets (i-pill), iron, calcium tablets for pregnant women are also available. Many people from Betim take their monthly medicine for blood pressure, cholesterol, and diabetes from here.

Duties of attendant in the health centre

An attendant has to clean the OPD area, keep medicine in place, and helps me in dressing wounds, but now we don't do the dressing of wounds /cuts as it can be infectious if not disposed of properly.

Emergency care facilities :

If any patient is severe, we directly send them to primary health centre Porvorim, or Asilo hospital, Mapusa or Goa Medical College (GMC). We don't take responsibility as we don't have many facilities here. Once, one woman came to me and said that her periods don't stop, and she continues to bleed for a month. So I immediately advised her to go to GMC.

Health Seeking Population -

I have been working here for the past nine years, and I have seen all kinds of people coming here, whether locals or migrants or any passer-by or people who are working here who want to check their blood pressure. Men, as well as women, come here. Men visit a sub-health centre to check blood pressure, diabetes, dressing of wounds, taking monthly tablets.

Women patients and their health problems -

Women mostly come in case of Pregnancy, immunization for their children, if their children are sick. And also, women have come here with health issues like dizziness, fainting, checking blood pressure, diabetes, taking their monthly tablets.

When women are pregnant, their husbands come with them to register in health, but they don't accompany their wives afterwards for a check-up. Even for immunization, I have seen only mothers coming with their children, no fathers coming. I also tried to ask a few women if they face any personal problems regarding family or finances, but they always say no.

Women beneficiaries for schemes -

Two local women have benefited from Janani Suraksha Yojana in 2017, 2018. After one month of delivery, the 700 rs. is credited into their bank account. Janani Suraksha Yojana (JSY) is a safe motherhood intervention under the National Rural Health Mission (NRHM). The scheme was launched on 12th April 2005. The objective behind the implementation was to reduce maternal and neo-natal

mortality, and it also focused on promoting institutional delivery among poor pregnant women. In 2019 and 2020, there were no beneficiaries. In 2021 now, no women have benefitted from these schemes. Most pregnant women who come here belong to the Above poverty line (APL), and their annual income is more than 50000. so they cannot benefit from this scheme.

Pradhan Mantri Surakshit Matritva Abhiyan is done in primary health centre Porvorim. But the same procedure is carried out.

30 Pregnant women came to the health centre and received care in the year 2019- 2020. In 2021, 10 pregnant women have registered till now. Some women even say that they have or will register themselves in a private hospital.

The procedure applies to both local and migrant women (who have lived six months in Betim).

First, we give them a pregnancy test and send them a basic examination in a primary health centre. Other tests for pregnant women are Haemoglobin, red blood cells, white blood cells, blood group, diabetes, urine.

Ultrasound and thyroid are carried out in Asilo, district hospital at Mapusa. Women can do their monthly check-ups in sub-centre Betim or primary health centre, Porvorim. We also strictly advise them not to do home delivery.

We start them on medication like Iron tablets, calcium, vitamin D, 5 mg folic acid tablets till nine months and six months after delivery.

Awareness programmes organized by health centre -

We have organized awareness programs on menstrual hygiene, save the girl child, malaria, importance of immunization, breast cancer, and tuberculosis. We also motivate women for institutional delivery. These all programs mostly take place in Betim Anganwadi. We also conduct meetings with Anganwadi teachers and helpers to see if any women or children have any health-related problems. Anganwadi teachers and helpers also motivate pregnant women to get themselves registered at sub-health centres. And also seek treatment for any kind of health issues. There are also health camps organized by health centres where we check blood pressure, diabetes and cholesterol. It happens every 2-3 months, but it didn't happen this year due to the pandemic. The response of the women audience is good, but we wish to have more women attending this programme in future.

Due to this pandemic, we cannot conduct interactive sessions or awareness programs as it is not safe. And as there is less staff in the primary health centre, Porvorim, we are placed there for covid duty. This health centre remains closed when we are called at the primary health centre. According to MPHW, *"Amka health close karun voiche padta aafayta thay, kaay choice na"* (she needs to go whenever she is called, she doesn't have a choice)

I sometimes even go to sub-health centre Britona for covid duty. But I have to come on immunization day as we cannot compromise on children's health.

Difficulties faced in the health centre -

We also face difficulty in this health centre as there is no electricity, water and very little space for OPD. It is challenging to work from morning to evening in the summer season. Many patients who come here also complain about not having enough space to sit.

4.1.2 TRADITIONAL MEDICINE HEALER

Basic details of traditional medicine healer -

My name is Chandralekha, and I am 85 years old. I never went to school. My native place is Querim in Pernem taluka. I was married at the age of 15, and I had four children, and my husband died 35 years ago.

Who taught you about traditional medicine -

First, my mother used to give medicine to people and also made many home deliveries. My two sisters and I helped her by bringing medicinal leaves, roots from the forest. She taught us which medicine is a cure for which disease. My sisters were scared to watch the deliveries that she made, but I was never scared of watching. When I was married, I never thought I would get a chance to do home delivery, but when I was 30 /32 years old and married, I did my first home delivery on my own. It was an emergency case. That woman was in labour pain, and her husband had gone to call for transport to take her to hospital, but when I saw her, the child was already out and screaming, so all the neighbours motivated

me to do her delivery, so I did it was successful. And after that, I did six deliveries which were in Betim only. Even all of mine were at home. Later I stopped doing home deliveries as many hospitals were coming up, and most of the people were opting for institutional deliveries rather than home deliveries. But for many years, I continue to give baths to newborns and mothers.

Source of Medicines -

First, there were forests, and it was easy to find medicinal leaves, roots, herbs, but now there are no forests, so it is difficult to get. And now I have become old, so I am not able to go and get the herbs. I request my son or daughter-in-law to bring few medicinal leaves that are found in Betim. Sometimes I tell those people who come to me for help, get herbs, and make and then give them.

Treatment for illnesses -

Treatment for Vomiting: Stem of guava plant is given to chew if anyone has vomiting,

Treatment for Acidity: ginger juice & sugar or tell to eat garlic cloves and drink hot water after having food.

Treatment for Jaundice (Kamin): methi leaves, jeera, three glasses of water boil it for 15/20 minutes Treatment for the Gas problem: eating ajwain (vovo) used for gas problems.

Treatment for twisted hands or legs: People also come to me if their leg is twisted or swollen; I do the oiling for at least 20 /25 minutes. I don't use any special oil but only coconut oil.

Type of illnesses treated -

All people come to me, mostly children come to me if their leg is twisted or hand or leg is painful. I do oiling for the twisted leg and apply Haldi powder, little sugar, little water and boil it and use the hot paste to the pain area, and in two days, the pain is gone. Many women come to me to take medicine for jaundice, twisted legs, swollen hands and legs, vomiting, acidity problems. They tell me that they don't want to go to the doctor. They feel better when they take my medicine. I give them treatment but still advise them to go to the doctor for a check-up or blood test. Usually, men don't come to me; they prefer to go to the doctor.

Charges for the medicines -

No, I never charged money for giving medicine or helping people. First, when I used to do home deliveries, people used to give me sari by their wish, but I never asked for anything. When I give baths

to delivered ladies and their newborn children, they gave me money (10/20 rupees), a sari, a blouse or a pant piece for my husband.

I have never done or will be doing this kind of help of treating people for money. I know (gyaan) as my mother taught me to do this, so I am using this knowledge to treat people.

4.2 ANGANWADI HELPER

I had an interaction with the Anganwadi helper. I also wanted to interact with the teacher (bai), but she didn't come to Anganwadi because of this pandemic. so I could only interact with the helper present there

Basic details of Anganwadi helper :

My name is Bharti Surlikar, and I am 38 years old. I stay in Betim, only almost 1 km away from Anganwadi, and I walk every day for work. I got the job four years back, the timings of my work are from 8 am to 12:30 pm, but sometimes it gets extended till 1 pm.

About Anganwadi -

Under I.C.D.S Bardez, Anganwadi no. 68 –We have a population of 1400, which covers the area of Betim (ward no. 6) and some areas of Porvorim. (Near Shantadurga temple and Majestic hotel)

Facilities provided for pregnant women and children -

Once a pregnant woman crosses three months of her pregnancy, she is registered at Anganwadi under Integrated Child Development Services (ICDS). All women who live in Betim come under this program. When a woman reaches the 5^{th} month of her pregnancy, she gets various pulses (Kaddan) like ragi, wheat, rice, moong, tul daal, urad dal, jaggery, and a salt packet every month. The motive behind giving this is to provide nutrients for pregnant women so there are no complications in pregnancy and

delivery. When a child is born, they also get pulses till the child reaches five years of age. And the mother continues to get it till the child is 2 ½ years old.

Beneficiaries under I.C.D.S –

In Betim, all women, both Goan and migrants, benefit from pulses. The documents required for Goan are an aadhar card, bank account, income certificate and ration card to get money under this scheme. But migrants don't have this document, so they don't get the money given post-pregnancy. They only get pulses (Kaddan). An immunization card of the child is issued for both Goan as well as migrant women.

Awareness programmes conducted -

The meetings are conducted every month in Anganwadi. The sister (Nurse / Multi-Purpose health worker) of health comes and discusses various issues like how many new registrations happened, any health problems observed in mothers and children, and deciding which programs to conduct for the betterment of women and children about their health. Anganwadi teacher (Bayi) and helper need to send women to the health centre if women face any health issues. We also give lectures to promote institutional delivery among women and send them to the health centre to make immunization cards for their newborn children, so they don't suffer from any disease.

Before this pandemic, programs surach as tuberculosis, menstrual hygiene, and the importance of immunising the child on time, how to take care during pregnancy, and was taught to check for breast cancer problems. Women are taught how to check their breasts by touching them and identify the problem. If they feel breast is swollen or feel the skin is hard, they should immediately consult a doctor. These programs would happen every 3 -6 months, and now due to the pandemic, we cannot keep these programs by gathering people, so now we can only give pulses (Kaddan). But when women come to collect pulses (Kaddan), we make them aware of the covid situation and tell them to take precautions.

Response of women for the programmes -

I think approximately 20- 25 women attend. We inform them about the program beforehand when they come to take pulses. But few of them follow up and come for the programs. When we ask the women why not attending the programs, they say they were too busy with household duties, engaged with work in the morning, and cannot leave children at home alone.

4.3 RESPONDENT INTERVIEWS

Respondent numbers **1 to 5** are the interviews of the Goan women, and from Respondent **A to E** are the interviews of the migrant women.

Respondent 1

Socio-demographic profile- I am 35 years old and belong to a village in Pernem. I studied till 10th and couldn't continue my studies due to financial problems and started helping my family by doing a job. After marriage, I came to my husband's house in Betim. It has been nine years since my wedding, and our family consists of me, my husband, and our four-year-old son. My brother-in-law and his wife stay in a different house but the same village.

Menstruation – I had my first menstrual when I was 13 years old. I used cloth from childhood, but my sister-in-law recommended using a sanitary pad as it doesn't require cleaning and drying. Ever since that day, I have been using a sanitary pad, and I am satisfied. I never had a severe menstruation problem, and I am getting my monthly cycle with just 3 -4 days delays.

Marriage and Pregnancy – I had an arranged marriage, I got married at the age of 27, so it is nine years since my wedding. My son was born four years after our marriage. After four years of our marriage, I was delivered with a baby boy, and it was a normal delivery in a private hospital in Porvorim named Jesus Mary Joseph. In the days of Pregnancy, my husband and my sister took care of me. They were the ones who stayed in the hospital during her delivery days. They also took care of me in my pre and post-pregnancy days. My husband always accompanied me for check-ups. Within a year of my son's birth, I was diagnosed with hypothyroidism, and the symptom of it was gaining weight and tiredness. I am seeking treatment from the same private hospital where the delivery took place. I also had to leave my job as I wanted to rest at home, and I didn't want to bring complications in my Pregnancy.

Health seeking behaviour in private or public-

Accessing private health care:-

I did not get my menstrual cycle for a month, then I used a pregnancy test kit to check if I was pregnant, and it was positive. My husband and I directly went to a private hospital (Jesus, Mary and Joseph) for confirmation, and there we got the news that I was pregnant. My husband and sister decided to carry out further pregnancy process and delivery in the same hospital as it was close to our house, and travelling was much better. Apart from my husband and sister, I had no other relatives to stay in the hospital during delivery. According to the convenience of my husband and sister, I agreed to deliver in a private hospital. Being a private hospital, it was costly. My husband paid around 60,000/- including mother and child charges, and medicine charges were separate. So the total amount paid was around 70,000/- which was expensive for us. Some amount was our savings, and some my husband borrowed from his friends.

Within a year of her childbirth, I was diagnosed with hypothyroidism, and the symptom for it was gaining weight and feeling tired. We went to the same private hospital where my delivery took place. And I am still taking medicine for it named Thyronorm 25mcg.

If we have any health issues, we have to go to a private clinic in Verem, Porvorim or Panjim as sub-health centres do not have all the facilities. And it is mostly closed. It is open for a particular time, and a doctor is also not available there every day. We don't depend on public health care. We go directly to private clinics. We know that the doctors' fees are very high, but we can afford to pay doctor's fees and buy medicine. But if it requires a lot of money, we would seek help from public health care.

Accessing public health care:-

The Sub-health centre is very close to us, around 100 metres from my house. The only problem we face in accessing it is it does not have many facilities like blood tests for thyroid, no doctors on regular days, and it is also closed for most days. We don't depend on any health facilities for any kind of problems.

But I remember two years back when my son was suffering from a bad cough and fever, we took him to a private hospital for treatment, but the doctors told us that it is a serious case as they will have to

do scanning and a lot of money would be required. We took him to Goa medical college Bambolim where his treatment was free of cost.

He was perfectly fine after admitting him for five days in the hospital. We can afford to buy medicines for our problems, but if any other health issues require a lot of money for treatment, we will go to GMC.

Traditional medicinal practices- I have acidity problems, for which I take homemade medicine like eating *'vovo'* (ajwain) and raw garlic cloves. I prefer Ayurveda or homemade medicine for minor health issues because it will not affect health. Having allopathic tablets often may have side effects. I also suffer from frequent stomach aches, so I apply crushed garlic with coconut oil. Once, I went to Akka (traditional healer) as I was vomiting, she gave me guava stem to chew, and I was fine in 2 days. Whenever I get vomiting, I chew guava stem. My husband drinks aloe vera juice which is beneficial for health. I only drank it twice, but then I don't remember to take it as I am busy with my household work.

Access to health services during a pandemic- Pandemic had affected us very much. Whenever we wanted to go to a doctor for a check-up or whenever any family member was sick because of lockdown, we could not visit the doctor, so we mostly took homemade medicine or bought medicine directly from the pharmacy.

Benefitted from health schemes -– I got Mamta scheme from Anganwadi, which was 5000/- after two years of delivery.

Aware about breast cancer or other health problems- I have attended only one health camp two years back, which was held for health checkups (blood pressure, diabetes, cholesterol was checked). But I attended three sessions at Anganwadi where there was a program about breast cancer, tuberculosis and menstrual hygiene.

Respondent 2

Socio-demographic profile – I am 39 years old. Before marriage, I used to live in Valpoi. I studied till 9th. Furthermore, I didn't want to continue as I failed in many subjects because my brother

and I used to help our mother collect firewood, clean house, collect water from wells, and go into the forest to collect cashews, jackfruits, some wild fruits and sell them. We didn't get time to study, and we were least interested in doing it. And our mother never forced us to go to school and continue our education. My brother is three years younger than me, he went to school till class 5 and left the school like me.

Menstruation – - I got my first menstrual cycle when I was in class 7th. I was getting severe cramps during my periods. When I told my mother about the pain, she said it is part of life, stomach pain is common during menstruation, and it will slowly get over once you grow up. I also started ignoring the pain and getting used to it. But when I was 17-18 years old, the pain was getting worse, and I could not ignore or handle it. Then my cousin sister took me to a private doctor at Ponda, and he gave me the medicine, which was a powder that he told me to mix in milk and drink. He also told me to continue it for two months. And that medicine worked like magic for me, and I got rid of that pain. Now when I get my periods, I don't suffer from the same kind of stomach pain as before. Now the pain remains for one day or even for a few hours and not more than that.

Marriage and Pregnancy– My marriage was a love marriage, and my family was against it due to caste as my husband belonged to a lower caste than me. But I went against my family and married him at the age of 24, and also we shifted to Betim after marriage as my husband's work was in Panjim. For the last 15 years, we have been staying in a rented room. I have two children, one girl and one boy. My first child was one year after our marriage, and my second child was after five years. Both my delivery was normal, and both were in GMC Bambolim, as we had financial problems and could not go to a private hospital. After my second child, I did the operation.

For both of my pregnancies, I went alone to GMC for a check-up by bus. It wasn't easy to travel, but I didn't have an option as my husband was busy with his work, and we dint have any relatives in Betim. And my family (mother, brother, cousin, sister, uncle, aunty) had stopped talking to me as I went against them and married. I had no support from my family during my Pregnancy. My in-laws were very old, so I also dint call them here, as it would increase my work, so I managed everything on my own.

Health seeking behaviour in private or public-

Accessing private health care:-

I went to a private clinic when I could not bear the pain during menstruation. And also, at my mother's house, our family avoided going to private doctors as their fee was expensive, and we could not afford it.

And there are no private clinics or Ayurveda or homoeopathy centres where we live. If we want to go to a private health centre, we have to go to Verem or wait till evening to go to Ramnagar Betim as the doctor's visiting time is from 6:30 pm to 7:30 pm. We have only one sub-health centre at present, and we cannot entirely depend on it. There are not many health facilities available in Betim village

Accessing public health care:-

Both my deliveries took place in public health care which is Goa medical college in Bambolim. As my husband was the only person earning at home and his salary was very low, we could not afford private health centres, so we decided to go for public health care. Three years back, I fell in the bathroom and from that day, I have been having head pain. I am taking the treatment from GMC about that. Doctors have made reports like CT scans, MRI and Blood tests. When I was at Valpoi, we used to go to the health centre for problems like fever, cold, headache etc. now also we depend on GMC as once I went to sub-health centre Betim for cold, but the doctor there is not available every day, so we don't go there. It is easier to get medicine from a pharmacy directly. My husband mostly brings medicines from the pharmacy for fever, cold, headache and any pain killer.

Traditional medicinal practices- We all avoid spending money and instead adopt homemade medicine for cold, acidity, applying Haldi paste for wounds or drinking lime water if I feel dizzy. Before marriage, when I was at my mother's house in Valpoi, she used to give us homemade medicine for cold, fever, any kind of pain. I also use that medicine like eating garlic cloves for acidity, haldi doodh (turmeric milk) for cold, freshly made hot mustard oil for any joint pains. Twice my hand was swollen and was in pain, so I went directly to that lady (Akka) traditional medicine healer who applies oil, and the pain was gone.

Access to health services during a pandemic - Pandemic has affected us very much because my husband, son, and I got affected with covid. And we were home quarantined for one month. But we were asymptomatic. After two months, when I took my son to a private clinic as he was having pain in his eyes, everyone was scared of us as they thought we would infect them. When we were home quarantined, I had a bad headache, but we would not be able to go out and buy medicine or go to the

doctor. I instead applied Vicks, tiger balm or 'Sunth' (home medicine) on my forehead. I only had this option to get relief.

Benefitted from health schemes - I have not got money pre or post-pregnancy from Anganwadi or health. But I got rice, wheat, ragi, jaggery, moong dal and other pulses through Anganwadi during my Pregnancy and even after two years.

Aware about breast cancer or other health problems- – I am not aware of any breast cancer. I have just heard on T.V that many women get breast cancer, but I don't know much about it. But I have attended one program which Aganwadi organized in Betim on menstrual hygiene. Apart from that, I have not participated in any programs related to women's health.

Respondent 3

Socio-demographic profile – I am 45 years old, and my mother's house is in Ribandar. I only studied till the 7^{th} class. I have no brother's sister. I am an only child. I wanted to study more, but there was a financial problem in my house, and all responsibility of earning was on my mother as my father was ill, so he could not earn, so my mother started working and earning for us.

Menstruation – I got my menstruation when I was 17 years old. It was very late as my mother told me. When I got my periods, it was very little, so my mother and aunty took me to GMC, where I found out that my haemoglobin was very low. I was advised to eat vegetables and take iron, calcium tablets for two months. And my haemoglobin level increased after taking medicine and eating vegetables. I got menopause (periods stopped) at the age of 40.

Marriage and Pregnancy – I got married at the age of 28, and it was an arranged marriage. And we have two children, a girl and a boy. After one year of marriage, I got pregnant, and we got a girl. After her birth, I fell and injured my back. I was operated on, so my husband and I decided that we will not have kids for 2 to 3 years till I was fine. After two years, when I was pregnant again, I met with an accident as I fell from a bike and had an abortion. This affected our family very much, but in the next year, I got pregnant, and I got a boy. The first delivery was normal, and the second was caesarean. After my second child, I did an operation. My first delivery took place in GMC, and the second delivery took place in a private hospital.

Health seeking behaviour in private or public-

Accessing private health care:-

For my second delivery, I went to a private hospital in Porvorim, as my abortion also took place there, so that doctor knew me. I had also accessed private health care when I fractured my leg. Whenever I got a fever or a cold, I would always go to a private clinic in Panjim. Once, I also got chikungunya fever and when I took medicine for it. I got side effects, and they sent me to GMC for further treatment. I take my children to a private clinic as going to GMC requires a lot of time. Whereas a private clinic is in Panjim, Porvorim as it is close to our house.

Accessing public health care:-

I had my first delivery in public health care in GMC. After my first child, when I was operated on for my back, it also took place in GMC. Before marriage, when I had a low haemoglobin level, I took medicine from public health care. And my further treatment of chikungunya was also in GMC. I never went to a sub-health centre for any kind of health problem. As people tell me, there is not much facility there. So take traditional medicine, which I have learned over the years.

Traditional medicinal practices- After having side effects of the medicine, I have decided not to take allopathic medicine as I am scared. I take homemade medicine like applying balm when I get a headache and drink turmeric milk (haldiche doodh) for the cold. I drink lime water if I feel dizzy rather than going to the hospital. Once my neighbour told me the medicine that Akka had given worked for her, and her leg pain had completely gone, I went to her when my full hand was paining from neck till fingers. I could not do any kind of work, so she massaged me twice, and my hand was completely fine. I was happy, so I asked her about the fees, but she said she is not doing this for money.

Access to health services during a pandemic - Pandemic had impacted us. In the lockdown, I got stomach pain and started vomiting, and there were no private clinics open, and I didn't want to go to GMC, so I went to a traditional medicine giver (Akka) next to our house. She gave me a guava stem and told me to chew till the juice of the stem goes into my stomach. I did as she said, and I was completely fine in 2 days.

Benefitted from health schemes – I have not got any money as part of the schemes. Nor I didn't get pulses from Anganwadi.

Aware about breast cancer or other health problems- I have only attended one camp on diabetes from sub-health centre Betim. Where they checked diabetes pre and post breakfast, and it was normal. But now I have a mobile phone, so I watch videos and learn about cancer, menstruation, and other body problems.

Respondent 4

Socio-demographic profile – I am 60 years old. My mother's house is in Siolim. I didn't go to school and my elder sister also never went to school as we were not told what school was and the importance of studying.

Menstruation – I got my first menstrual cycle (bhairche) when I was 13 years old. My sisters also got their periods (bhairche) at the same age as me. I have two sisters, one elder and one younger to me. I used to get a monthly menstrual flow for three years, but when I was 16 years old, I had problems getting it every month. I got it once in 2 or 3 months. My mother said that I have less blood, so I don't get it, so she started to give me a piece of jaggery to eat every day. I also started to eat *tambdi bhaji*, *palak bhaji* (spinach) every alternate day. She said that I would get it when my blood increases, and after 7 -8 months, I got my periods like before, and till 50 years, I was getting my periods. After that, it stopped (menopause).

Marriage and Pregnancy – We have been married for 35 years now. It was an arranged marriage. Other relatives had bought the *sayrigat* (proposal) when I was 19 years old, and in the same year, I got married as we were not allowed to say no in any decision taken by our elders.

After two years of our marriage, I got my first child, which was a daughter. She was a very weak baby, and we took a lot of care of her for three years. Our second child was again a daughter, which happened after five years of our first child. After that, my mother in law told me to get pregnant again as they wanted a boy. After three years, we finally got a boy. Who was also very weak, and till now, he is. He gets sick very frequently, like cold, fever, acidity, vomiting. All my deliveries were normal, and the first two deliveries took place in the government hospital Ribandar and the final delivery in a private hospital. I did not have any Pregnancy-related problems.

Health seeking behaviour in private or public-

Accessing private health care:-

When I got spondylitis, I went to various private doctors in Porvorim and Panjim, but no medicine worked. I went to GMC, and I sought treatment from it, but because of the pandemic, as there was no transport, it was difficult to go there for a checkup.

Last month my husband got a urine infection, kidney stones, so we took him to a private hospital in Porvorim as we were scared of taking him to GMC as cases were rising. With my son and son-in-law's help, we took him to a private hospital where he was operated on for kidney stones and treated for urine infection and prostate. It was very expensive. We spent almost 1 lakh rupees, but we borrowed money from our relatives. And our son spent his savings which he had kept, to buy a bike for him to go to work.

Accessing public health care:-

I got blood pressure, cholesterol, diabetes, and increased uric acid problems in the last seven years. I am taking treatment from GMC. Now I don't have a problem with uric acid. But I am taking medicine for blood pressure, diabetes and cholesterol. And also, recently, I got spondylosis. I went to various private doctors in Porvorim and Panjim, but no medicine worked for me. Now I have started to go to GMC for the treatment. I used to faint frequently, so my daughter and son in law took me to GMC for treatment. Now I am doing well.

I have visited both private and public hospitals. But mostly go to GMC as private clinics are very expensive, and my husband left his job when he met with an accident. He was a driver of a Bombay bus, but after the accident, he left the job. He has been unwell since that day. Now only my son goes for a job, and he runs the house, and both daughters are married. So it is difficult to manage the expenses of private hospitals. Now, I take medicine for blood pressure and cholesterol from a health centre in Betim or even GMC, and I go for checkups every three months. But now, in this covid situation, I have not gone to GMC for a check-up. I took medicine from a health centre.

Traditional medicinal practices- sometimes I feel like fainting or my neck and shoulder pains. Still, I apply ointments given by the doctor, or I apply Suya Prakash ayurvedic oil, Menthodex pain balm, and I get relief. I avoid going to the doctor and taking allopathic medicines like painkillers or antibiotics for spondylosis or any kind of pain. I also prefer traditional medicine because it is safe, free and has no

side effects on health. Whenever I get a urine infection or feel a burning sensation when I urinate, I boil water and put jeera, lime juice, and coriander powder and drink. And after taking it for 3 /4 days, I am completely fine. If my blood pressure increases, I immediately take sugar water and lime water for low blood pressure. And I sleep for some time, but I avoid going to the doctor because we don't have our vehicle to travel, so it gets difficult to go on public transport to the hospital when you are sick.

Access to health services during a pandemic - Covid has affected our lives as I have not gone for my checkup in GMC as we have to go in buses, and it is not safe. And because of covid, my husband had to take treatment from a private hospital, which was very expensive. In the beginning, the pandemic health centre was also closed, and it was difficult for us to check our blood pressure.

Benefitted from health schemes - I have not got any health schemes during my pregnancy days and also later.

Aware about breast cancer or other health problems- – I have never attended any programs regarding breast cancer awareness. But I go to a camp organised by the health centre Betim for checking diabetes, cholesterol, and blood pressure.

Respondent 5

Socio-demographic profile – I am 52 years old, and my mother's place is in Kumbarjuva. I have two brothers older than me, and I'm the younger one. I failed the SSC exams, so I didn't continue my studies.

Menstruation – I got my periods at the age of 16, which was very painful till now. I get the worst kind of pain. First, when I used to get the pain, everyone told me that it is natural to get pain, so I got used to that pain. 2 years back, when I got my periods, it was very heavy, and it didn't stop for three weeks. So my husband took me to the doctor. He gave me medicine to stop. But sometimes, I get these kinds of heavy periods. Doctors said that my thyroid is very high, so we cannot put you on heavy medication.

Marriage and Pregnancy – I was married at the age of 21. My father was very sick, so he wanted me to get married first, then my older brothers. My husband is eight years older than me. After one year of our marriage, I delivered a baby girl, which was a normal delivery. And after seven years, I got pregnant, and my son was born, which was cesarean delivery. Doctors told me that it was very critical, and I needed bed rest till my delivery. During that time, I was diagnosed with thyroid, but it was borderline thyroid. I didn't seek any treatment. Both my deliveries were in a private hospital in Porvorim.

Health seeking behaviour in private or public-

Accessing private health care:-

When I was getting heavy bleeding during my menstruation, my husband took me to a private clinic in Panjim and Porvorim. If sometimes I have any health problems, then we directly go to our family doctor. He knows my health history and does not give me a high dose of medicine because of my thyroid. Some medicine has side effects on me. I mostly do all my blood tests in a private laboratory and show the report to the family doctor.

Accessing public health care:-

During the birth of my son, I was diagnosed with thyroid, but after two years, my thyroid was very high, so my husband took me to GMC. I am on medications now, and I also take blood pressure tablets given in GMC.

I never went to the health centre for any health problem as people say it is closed most of the time and there are not many facilities available, so we directly go to a private clinic. The only time we went to the primary health centre was to do covid testing.

Traditional medicinal practices- I have a mobile now, so I watch various videos on traditional medicines and try to do it. I prefer traditional medicine over allopathic medicine. When my nose gets blocked and remains for 2/3 days, it can be cleared by putting juice of tulsi leaves in my nose. When I bathe, I take some hot water in my mouth and keep it till I finish bathing. By doing this, I have seen my thyroid level decrease. Every day after having lunch, I eat two cloves of garlic. It is good for digestion and keeps blood pressure in control. I also suffer from a severe headache, but I don't take any medicine but apply balm or Vicks. I have learned these practices over the years from my mother, and now I'm

learning from youtube. There are so many ayurvedic medicines and kitchen ingredients which work like magic for your health.

Access to health services during a pandemic - Yes, the pandemic has affected me because I could not go to the doctor for a checkup or do a blood test. My husband got covid, so we remained home quarantined for a month. That was a difficult time for us, but traditional and homemade medicine has helped me a lot.

Benefitted from health schemes – No, I have not got any money from Anganwadi or the health centre.

Aware about breast cancer or other health problems- First, I was unaware of any health problems or dangerous diseases that harm us, but I learned from my phone. I watch videos on breast cancer, tuberculosis, keeping blood pressure in control, and keeping my weight in control by going for walks.

Respondent A

Socio-demographic profile – I am 30 years old and was born in Gorakhpur, Uttar Pradesh. I have four brothers, all of them are married. I studied till 9th class and afterwards left the school because I was married at 15. So I had to leave school and be at home to learn household work. All my brothers studied till class 5 or 6 and joined my father and uncle in our fields.

Menstruation – I got my first menstruation at the age of 12, and it is regular till now. I never experienced health problems during menstruation. In my village, I took cloth (kapda) whenever we got periods (Mahina), but after shifting here, I continue to take kapda, but it was difficult to dry the cloth in the open no private place to dry the cloth. As years went I dry the cloth in the open but on a separate rope away from regular clothes. My daughter has not got her periods (Mahina), but I will tell her to use pads as it is nicer than cloth.

Marriage and pregnancy- I am married for 15 years now, in our village when we are married, we have to stay at our mother's house for five years, and after we turn 20 years, we can go to our husband's house. This ceremony is called ‘gauna’. When I went to my husband’s house my mother in law told me to move to goa with my husband as he had got a job. And I should take care of him, cook food

and settle there. When I was pregnant at the age of 21, my husband took me to our village for delivery. I stayed there till my child was born. In Gorakhpur, most people undergo home delivery and also did home delivery. My second son was also born through home delivery in Gorakhpur in two years of my first child. When we are pregnant, we don't take bed rest like here in goa. I have seen people taking rest when they are pregnant. But we do all the household duties, walk-in our house but don't go out of the house as we are not allowed to go out till the child is born. When Amma (the lady who does home delivery) comes to do delivery gives the list of what to eat and not to eat. She also gives baths for mother and child.

Health seeking behaviour in private or public-

Accessing private health care:-

A year ago, when I had ear problems, I went to a private clinic at Verem. My husband and my daughters also go to private clinics as health is not opened in the evening. But the expenses of private clinics are high, but we don't have an option rather than to go there. Once I went to the doctor in Ramnagar in Betim, I had giddiness (Ghuval yeta). I had to go alone as my husband had gone to work. So I went walking and told my elder daughter to stay home and take care of her small daughter. In case of an emergency, we have to go to a private clinic in Verem or Betim. Health centres are not open in the evening or doctors are not there every day.

Accessing public health care:-

After my second child, when I came to goa again, I got a bad stomach ache, so I went to GMC for a check-up as we thought that medications in private hospitals would be expensive. In GMC, doctors did my scanning, and reports were normal. Doctors gave me tablets for ten days.

In 10 years, I have gone to the health centre 3 to 4 times for checking blood pressure, fever, and if I feel dizzy and fainting. It is difficult to get doctors every day in the health centre. And the nurse there also doesn't give medicine directly without consultation of the doctor. So we have to go to private clinics.

Some facilities are available like immunization, blood tests for malaria, dengue but only on some days. In full Betim, only one pharmacy is available for people, and sometimes all medicine is not available.

Traditional medicinal practices- I don't feel sick often, so I don't go, but sometimes I take lime water if I feel giddiness. And if my head is paining, I apply tiger balm or Vicks, but I don't take tablets. I apply Haldi paste to wounds if my children and husband need it.

Access to health services during the pandemic - We did not go to any clinic or hospital during the pandemic as we were scared. Even when I got a cut on my foot, my husband bought Dettol and a bandage, and he did the dressing at home only.

Benefitted from health schemes – No, I did get any schemes or money in my village or Goa.

Aware of breast cancer or other health problems- No, I have not attended any programs or camps organized by the health centre. But I remember once a doctor in a health centre told me to maintain hygiene during menstruation (Mahina). It is very necessary to do so. I remember when health people went house to house to give information about covid 19 and told us to take all the precautions.

Respondent B

Socio-demographic profile – I am 35 years old. My mother's house is in Karnataka. I never went to school as in my village there were not many schools. There were two schools. Only my younger sister and brothers went to school till 4th std, and afterwards, they left school. I never went to school because my mother and father never told me to go or encouraged me about studying. So I was never interested in learning.

Menstruation – I got my first menstrual cycle when I was 12 years old. My mother had never told me about periods or bleeding. I had gone to my neighbour's house to play, but other girls and boys started laughing at me and pointing towards my ghagra (skirt). They told me I got red (laal laal). I started crying and immediately ran from their house and told my mother about this. She bathed me and changed my clothes, and told me to put a cloth underneath. And afterwards, she told me that every month for five days I would get like this (laal laal) and I have to put cloth and afterwards change it when the cloth is filled and wash it and dry it in sunlight. She also told me not to tell anyone about this incident. She said that I was grown up, and now it was my age of marriage (Shaadi ke layak ho gayi hai).

Marriage and pregnancy – I was married at the age of 15 in 2001 in Karnataka. Then we moved to goa in search of a job. My husband got a job as a cleaner in the hotel, and we all shifted to a rented room in Taleigao. I got my first son in 2002, and after two years in 2004, I got my second son. Both were born by caesarean in GMC. I never had pregnancy-related problems or menstruation problems till now.

In the year 2008, my family and I had gone to Karnataka to attend a wedding. That time my husband met with an accident and died. My Children and I stayed there for one year. But I kept my younger son with my mother, and we returned to Taleigao and stayed till 2015. I started working as domestic help in many houses. I had put my son to school in Panjim, but it was difficult to continue their studies. I am the only one to earn in the house and pay the rent, send money to the village for my son and my mother. So it wasn't easy to manage. My son left school and started to work in shops from the age of 11.

Health seeking behaviour in private or public-

Accessing private health care:-

I never went to any private clinic because my neighbour used to tell me that doctor's fees are too much. So we couldn't afford doctor's fees and medicine separately. When we stayed in Taleigao, there was a pharmacy very close to our house. So now my son works in Taleigao only, so he brings medicine directly from the pharmacy as the person working in the pharmacy knows me and my son very well.

Accessing public health care:-

I don't have any serious problems regarding health. I don't take any medicine. Sometimes when I get a fever, cold I go to Panjim health or GMC. When my husband was there, I got malaria, so he took me to the health centre, and I was tested. They gave me tablets, and I was totally fine in 2 months.

We always go to public health care in Panjim or GMC because it is free, and we cannot afford to spend a lot of money on medicine when we shifted here to Betim 5 years back. I never went to the health centre in Betim. I know doctors from Panjim Health centre, and I would go there only. I never had problems accessing health facilities; whenever I went, doctors were helpful and did blood tests.

Traditional medicinal practices- whenever I feel that I will dizzy, I drink lime water. Or if I get acidity, I chew garlic cloves and drink hot water, which Akka had told me to. Whenever I get a headache, I apply balm or put '*sunth'*. These are small problems that can be solved using kitchen ingredients. There is no need to spend money on doctors or medicine.

Access to health services during a pandemic - In this pandemic, I have lost my job, but my son is still working, so we can at least pay rent for a room and eat two meals. But I had no serious health issues in this pandemic. But my son got headache tablets for me from the pharmacy.

Benefitted from health schemes – I had not got any schemes about health or even when I was pregnant.

Aware about breast cancer or other health problems- no, I am not aware of any problems which happen to our body. There were no programs about this in my village, and here in Goa, I never got a chance to attend as I was always working and did not have time for this.

Respondent C

Socio-demographic profile – I am 28 years old, my mother's and husband's house is in Gorakhpur, Uttar Pradesh. I didn't want to study at all as we were very poor and could not afford it. I helped my mother in household duties and took care of my younger brother and sister. I have two brothers and one sister. Now I have not studied, but I forced my brothers and sister to go to school and learn to read and write. Now brothers and sisters are studying in classes 6 and 8 respectively. I didn't get a chance to study because of our poor condition and responsibility, but now my husband sends money to his family and me in the village, which helps them afford to study.

I got my menstruation (MC) when I was 17 years old, just two months before my marriage. We believe that if we eat something sour like tamarind (imli), raw mangoes, then we get (MC) early, but I didn't eat that, so I got late. Usually, we should get by the age of 12 or 13. From that day onwards I got it very normal.

Marriage and pregnancy – at the age of 17, I was married to a 21 years old man, and till five years I stayed in my mother's house (gauna), and after five years when I went to my husband's house that same year, I was pregnant. After five years, when I went to my husband's house that same year, I was pregnant. In our village, Gorakhpur, most people do home delivery, but my husband did not allow me to do home delivery. He took me to the government hospital there, and we got a girl. In the same year, we shifted to Betim as my husband's friends helped him get a painting job. After four years, I got my second girl child in a private hospital in Porvorim. And three years after my second child, I only got my third girl child delivered in the private hospital. All my deliveries were normal. My mother in law and other relatives forced me to have a fourth child and said that it should be a boy, but my husband told me that we don't need a boy now.

We are blessed with three girls, and we are happy with it. He also says that whatever property we have in our village, be it a field or a house, I will give it to my daughters only, and we don't need a son now. My husband supported me in all my work. He wasn't allowed to do home delivery as it is not safe, and the remaining two deliveries were done in a private hospital because he wanted me to take rest and our children to be safe. He says that doctors in government hospitals will not take care of you. He also bought me sanitary pads (pads) after delivery and told me not to take cloth (kapda). When I was at my mother's house, I took clothes only as I didn't know what a sanitary pad was. (kapda)

In all my pregnancies, I never faced any problems. My husband took care of me. He mostly accompanied me to the hospital for checkups, and if sometimes he could not come, he would ask his friend's wife to go with me. He would also arrange a rickshaw for us. But the only problem I faced was that I had to take my children whenever I went for a checkup.

Health seeking behaviour in private or public-

Accessing private health care:-

My two deliveries were done in a private hospital because he wanted me to rest and our children safe. He says that doctors in government hospitals will not take care of you.

My husband goes to a private hospital if he has a fever, cold because the health centre is not open in the late evening when he comes from work and also the doctor does not come every day.

Accessing public health care:-

My husband did not allow me to do home delivery. He took me to the government hospital for my first child. I went to a health centre for immunization for my children. And sometimes I would get cough than I would go there, that time doctor gave me syrup, tablets but mostly doctor is not there. She comes only for one day, so now I don't go for my checkup. I only visit health for my children.

We only faced problems as the health centre is sometimes closed and if open, only one day doctors come. We cannot go there for any kind of problem because the nurse there doesn't give us medicine without a prescription. She told us to either go to primary health Porvorim or any private doctor. And I cannot go to Porvorim health all alone by leaving my children. And in the evening, when my husband comes, the health in Porvorim is not open, so there is no option rather than going to a private clinic.

Traditional medicinal practices- I mostly face gas problems, so I eat garlic cloves, sometimes I get urine infection so I make hot jeera water and drink and I am fine. Sometimes I have joint pain, so I apply hot coconut oil or tiger balm, but I don't want to take medicine or go to the doctor. By taking this traditional medicine (Ghar ki davayi), a problem can be solved then why we have to go to the doctor. I have learned this from my mother (Maa) and mother in law (Saas).

Access to health services during a pandemic - During covid, all private clinics were closed, so my husband bought medicine for fever, stomach pain, syrup for children directly from the pharmacy without consultation.

Benefitted from health schemes – In the village for my first daughter, I got 1200 rupees after 20 days of delivery, and 100 rupees was for ASHA workers. Now my children and I get grains from Anganwadi.

Aware about breast cancer or other health problems - I have attended programs in Anganwadi on menstruation, tuberculosis, and precaution to be taken in the covid situation

Respondent D

Socio-demographic profile – I am 30 years old, and I'm from Patna, Bihar. My husband's house is also in Patna. I have been staying in Betim for the last six years. I have one younger sister. My mother and father died when we were young. So my uncle (chacha) raised (paala possa) us. So I never got a chance to go to school. I was helping my aunty (Chachi) in the house, but my sister went to school till 4th std. After that, she also started helping in the kitchen and other work. We had a vegetable stall, and my sister helped my uncle with that.

Menstruation – I got my period (Mahina) when I was 14 years old. I had menstrual cramps during those five days. In those days I used to stay at home only. My periods were regular, and cramps too. As years passed, I got used to it. Now I am getting menstrual pain, but I never went to the doctor as I am shy. I always take cloth when I have periods. Still, now I am taking cloth as I am used to them.

Marriage and pregnancy– I was married at the age of 22. It was an arranged marriage. My husband is four years older than me. I got pregnant after a year of our marriage. During that time, my husband came to goa as his brother called him for a job in a hotel. I was with my mother and sister in law. I delivered a boy in a government hospital in Bihar. It was a normal delivery. After six months of my son's birth, my husband took me and my son to goa as he had taken a rented room in Betim so we could stay together.

Health seeking behaviour in private or public-

Accessing private health care:-

Before coming to goa, we rarely used to go to hospitals. We used medicine from the kitchen, which was taught to us by our family. I never went to a private hospital for myself in Bihar nor here in goa. As people say, they take a lot of money. We only took our son to the clinic in Verem when he was continuously vomiting and had a cold.

Accessing public health care:-

My delivery took place in a government hospital in Bihar. I used to go for a checkup every two months. After we came to Goa, I once went to GMC Bambolim as my head was paining very badly. My husband was at work, so he told me to go alone, but I took my neighbour with me and went, and I left my son with our landlady. I used to go to the health centre only for my son's immunization, but I went for myself two years back as I had got cut on my hand. It was bleeding, so the nurse and attendant did my dressing and told me to go to Porvorim health centre for further medication as the doctor was not available in Betim. The next day my husband took me to the Porvorim health centre, where doctors gave me medicines.

Traditional medicinal practices- we mostly rely on traditional medicines, as we have seen our Chachi using them and teaching us. It is also safe and has no side effects.

My husband and I drink coriander water twice a week, so we don't get urine infections. We are drinking ginger or pepper tea for loose motion. Whenever we get a cough, we mix honey in hot water and drink it.

Access to health services during a pandemic - Pandemic has not affected my health because I mostly take homemade medicine. My husband had bought tablets for fever and cough syrup for my son from the pharmacy. But once I fell and got hurt on my leg and hand, the health centre was not open, so I cleaned the wound, applied Dettol, and told my husband to bring antiseptic cream from the pharmacy.

Benefitted from health schemes – No, I have got any schemes in my village, but when we came to stay in Betim, Anganwadi helper gave us pulses (Kaddan) as my son used to go to balwadi.

Aware about breast cancer or other health problems- I have attended programmes in Anganwadi about menstrual hygiene and tuberculosis. But I have not gone to the health centre for health camps as I don't think I have blood pressure or diabetes.

Respondent E

Socio-demographic profile – I am 35 years old. I belong to Gwalior, Madhya Pradesh. I studied till class 4th and afterwards I left as my brother was born. I wanted to take care of him. I came to Betim,

Goa, ten years back as my sister was pregnant, so she called me to take care of her. After coming, I started working as a domestic help in people's houses and staying with my sister and her husband

Menstruation – As per my mother (maa) and aunty (Chachi), I got my periods (Mahina) very late when I was 17 years old. She was worried about my late periods. She also took me to the doctor when I was 15 years old. The doctor told her everyone doesn't need to have periods at 12 or 13 years. I asked for medicine from the doctor as I got my periods early, but the doctor didn't give. I get my menstruation every month without any pain.

Marriage and pregnancy– I got married at the age of 27 to my sister's brother-in-law. And we started staying in a separate rented room in Betim only. My daughter was born two years after our marriage. It was a normal delivery in GMC

Health seeking behaviour in private or public-

Accessing private health care:-

We cannot afford to go to private clinics like me, and my husband earns less, and we cannot spend it on doctors and expensive medicines. But one day, my daughter got a high fever, so we took her to a private clinic in Verem as the health centre in Betim was closed in the evening.

Accessing public health care:-

During pregnancy also, I used to go to the health centre or GMC for a checkup. When I came to Goa, I didn't have blood pressure. Still, after childbirth, I started feeling giddy while working at various houses, so I went to the health centre Betim. They checked my pressure, and it was high, so they told me to rest for one day and meet the doctor in primary health centre Porvorim or GMC, so my husband took me to GMC. Afterwards, they started me on blood pressure medications, which was enam 5 mg and till now, I'm taking it. I gave immunizations for my daughter in Betim health. We could not afford private hospitals, so we went to public health care. I have also kept medicines from the pharmacy for fever, cold, headache and painkillers for toothache. I directly take these medicines, and I find relief as I don't have time to go to the doctor as there is a lot of household work. When a dog bit me, I went to Porvorim Health centre for treatment as Betim health centre does not have enough facilities and doctors. In Porvorim, doctors were very helpful and friendly.

Traditional medicinal practices- I also get joint pain as I have to work, and I get no time to rest, so apply hot mustard oil for my hands and legs. I also eat ajwain and garlic cloves when I get gas problems and give them to my husband. Often while working, I feel dizzy, so I know that my blood pressure has increased, so I have lemon water as this lockdown health centre was closed, so I have to treat myself. Once, I also went to Akka as I was feeling vomiting while having food, and my eyes were light yellow, so she told me it was jaundice. She confirmed it by adding a few drops of coconut oil to my urine sample. She gave me a drink to take for a week, and it worked for me, and I was feeling normal. I trust her and her medicines now, and now I can go for whatever health problem.

I have learned some of this medicine from my mother, and sometimes I ask my husband to show me videos on his phone related to natural medicines or food recipes, and I try them.

Access to health services during a pandemic - Pandemic had affected as my daughter got a cough, and no doctor was available. We directly took syrup from the pharmacy and treated her. When I wanted to check my blood pressure, the health centre was closed, so that was the time I treated myself.

Benefitted from health schemes – I have not got any money related schemes, but I got Kaddan (pulses) from Anganwadi.

Aware about breast cancer or other health problems- I have attended health camps organized by health centres on blood pressure, diabetes and cholesterol. And two programmes held in Anganwadi about tuberculosis and menstrual hygiene.

CHAPTER 5

FINDINGS

In this chapter, I am presenting the findings of the research based on social mapping exercise, key informant interviews, in-depth interviews of respondents and observation

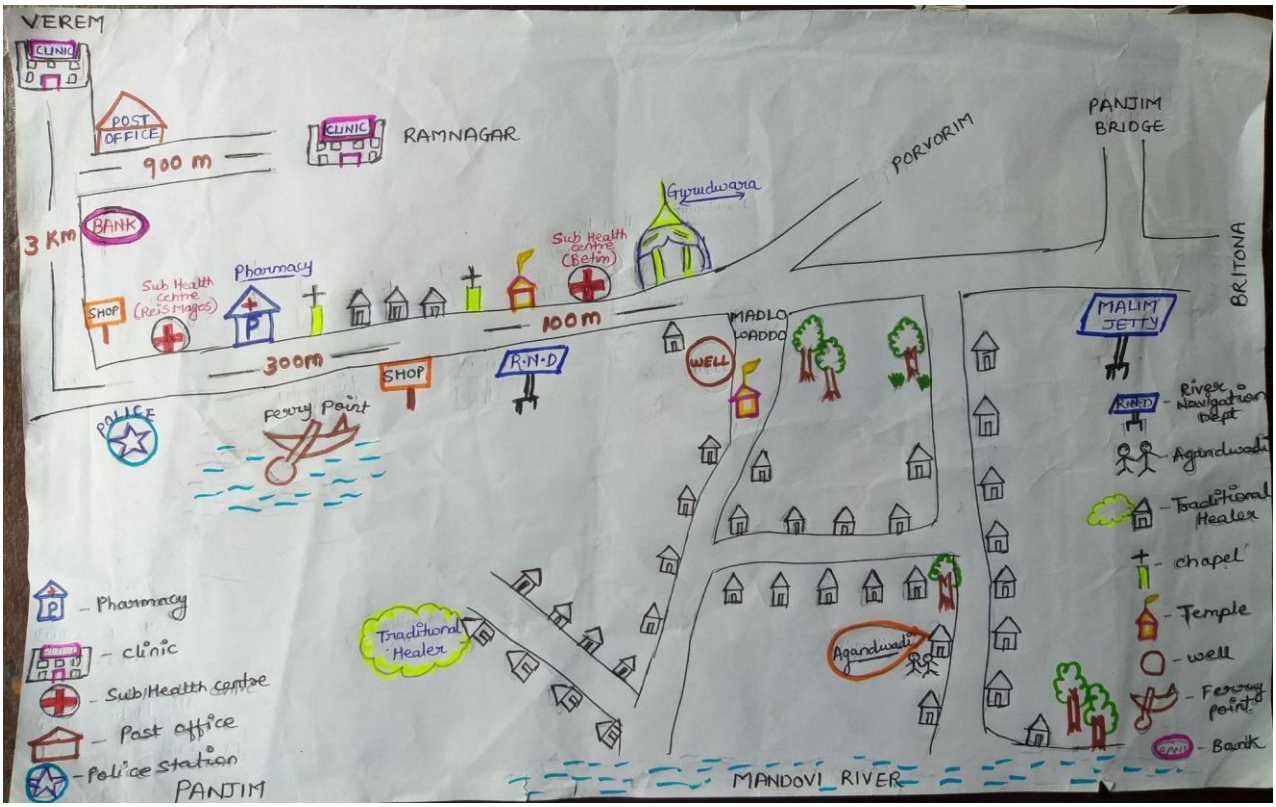
5.1 **Social Mapping of Betim Village:**

I initially wanted to do a Focus group discussion and conduct a social mapping exercise. Due to this pandemic, it was not possible to gather women as it was not safe. So I decided to walk around in the research area and carried out a social mapping exercise to find out the different medical facilities available in the village.

My study area is ward no six, known as “Modlo waddo” or Baaikade " I started walking from the left from the well located in Modlo waddo. First, at around 100 meters away from the study area, I identified the sub-health centre Betim which comes under the primary health centre, Porvorim. The health centre was open, but there were no doctors or Multi-Purpose health workers, but only an attendant was available. So I decided to interview the staff at the primary health centre to find out about the services and facilities provided for women in Betim village.

In the study area, there are other health facilities in the village. There are many grocery shops, petrol pumps, vegetable and fruits vendors, hotels, bars, restaurants, pre-primary schools, bakeries, electricals, stationery, car mechanics etc.

Figure 5.1: Social map of medical facilities in Betim



Source:- Researcher has self-drawn

Picture 5.1: **Inside of a sub-health centre**

Picture 5.2: **Outside of a sub-health centre**

Picture 5.3 **Inside of a sub health centr**

Picture 5.4 **Inside of a sub health centre**

Source - Researcher has taken the pictures.

Picture 5.1 - where the chairs are kept, it is the same area for doctors and patients.

Picture 5.2 – Board of the sub-health centre

Picture 5.3, 5.4 - The area for medicines

5.1.1 Medicals facilities in the study area

Government health facilities

There are two sub-health centres in the study area -

Sub-health centre Penha-De -France (II) Betim, which falls under primary health centre Porvorim. And sub-health centre Reis Magos which falls under primary health centre Candolim.

Betim sub-health centre covers a total population of 5362. It was started in 2013. In this sub-health centre, a doctor, Multi-Purpose health worker (MPHW) and attendant are on duty. But the doctor comes once a week, which is on Friday in the afternoon from 2:30 - 3:30 pm. Before the pandemic, the doctor was coming in the morning, from 10 – 12 pm. Sub-health centre is open on all the days except on Sundays from 9:30 to 4:30 pm. Attendant and Multi-Purpose health workers are available daily, but sometimes Multi-Purpose health worker goes on the field.

Betim health centre caters to the population of only ward no 6. And Reis Magos health centre is used by people living in different wards of Betim village and not for the people living in ward 6. It is located around 320 metres away from the study area. According to the women respondents, they have never visited Reis Magos health centre. Betim centre is more accessible than both the health centre as it is very close to their residence.

5.1.2 Private clinics

In Betim village, there is only one private clinic in Ramnagar, around 900 metres away from my study area, which is open only in the evenings from 6:30 pm to 8:00 pm and closed on Sunday. There is another clinic in Verem, which is around 3 km away from Betim. As shown on the map. (refer fig 5.1) There are many grocery shops, banks, post office, temples, gurudwara, chapels, police station, pre-primary schools etc., but there are limited health facilities.

5.1.3 Pharmacy

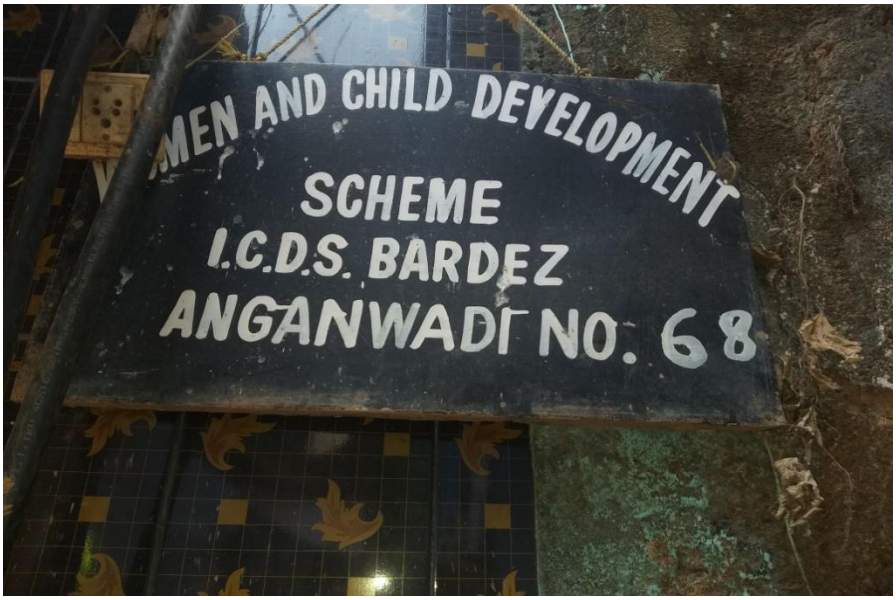
There is only one pharmacy in Betim at around 300 metres from the study area near the Betim ferry. The pharmacy is open all day except on Sunday from 10 am to 10 pm (12 hours).

Health-related services

5.1.4 Anganwadi

While doing the social mapping exercise, I also identified Angadwadi, which functions in one of the houses in the village. Pregnant women and their newborns are dependent on pulses and other nutritional supplements from Anganwadi. When I interviewed, I found that it covers 1400 population, combining people from Betim village (ward no 6) and some parts of Porvorim.

Picture 5.5 **Outside the Anganwadi**



Source: Researcher has taken during social mapping

There are many facilities provided to pregnant women and children. Once pregnant women are registered to ICDS, they start getting various pulses (Kaddan) till 2 ½ years after their delivery. The motive behind giving this is to provide nutrients for pregnant women so that there are no complications in their pregnancy and delivery. Children also benefit from this scheme of getting pulses till they reach five years of age.

In Betim, both Goan and migrants get this benefit of pulses. But the migrants don't have a ration card and aadhar card, so they cannot benefit from the Mamta scheme, which is given post-pregnancy.

Combine activities that Agandwadi and Sub-health centre held before the pandemic were meetings to discuss various issues like how many new registrations happened, any health problems observed in mothers and children and programs for betterment for women and children on their health. Programs were also organised on tuberculosis, menstrual hygiene, and the importance of immunising the child on time. They conducted awareness programs about care during pregnancy, breast cancer, where they taught them to identify how to check their breasts by touching them. If they felt any part swollen or feel the skin hard, they should immediately consult a doctor. These programs would happen every 3 -6 months.

As per Anganwadi helper, approximately 20- 25 women have attended the programs. But few of them attend, and when asked the women the reason for not attending the programs, they would say that they were too busy with household duties and cannot leave children at home alone.

Due to the pandemic, Agandwadi was closed during the lockdown. Therefore, people did not get the pulses during those months. But after the stock came, they were given double the quantity of the pulses which they had missed. They also were not allowed to conduct meetings and programs, which included a gathering of people. They are only given Kaddan (pulses). But when women come to collect Kaddan, they make them aware of the covid situation and tell them to take precautions.

The women also tell them how their lives have changed because of this pandemic. First, their children were kept in Anganwadi (balwadi). They would get free time to go somewhere or see a doctor, health centres for check-ups, and now their children are at home. They cannot go as it is not safe to take them.

Other health providers

5.1.5 Traditional healer

I also identified a traditional medicine healer who was an 85 years old lady living in the same study area. I decided to interview her to find out more about her traditional medicine and see if women

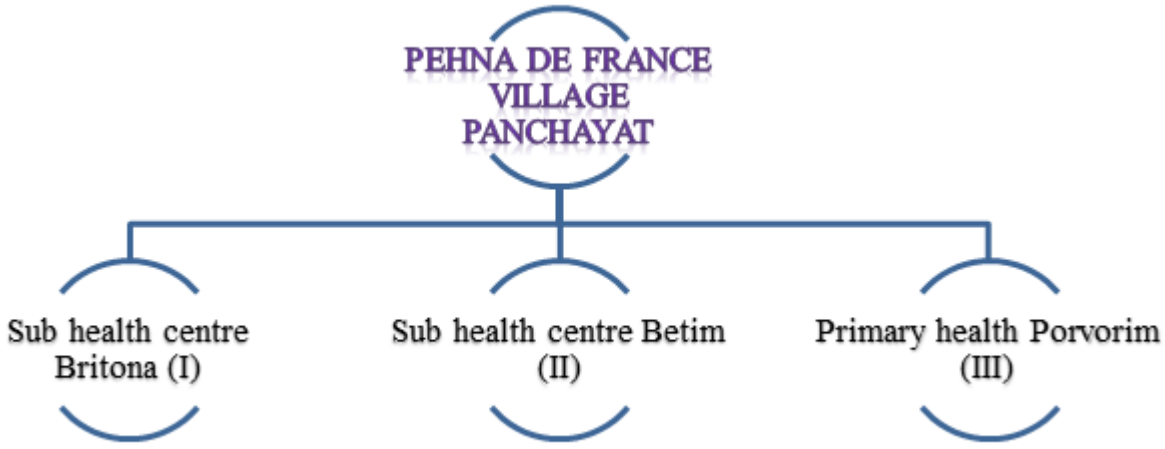
seek help. People living in Betim come to her, and her relatives who live in other villages also ask her about medicines over calls or sometimes visit her.

While doing a social mapping exercise, I also used the observation technique to look around the Betim area if there were any awareness posters regarding women's health or Covid. I did not find any posters displayed in the study area.

Women mostly come for immunization for their children up to 5 years, held on the 18th of every month from morning 9:30 am to 1 pm. And both men and women also take their monthly tablets from here. They can check blood pressure and diabetes at the centre. Various health camps for checking blood pressure, cholesterol and diabetes are organised where people come in large numbers

Now I am presenting the finding based on **Key Informant Interviews**.

Figure 5.2 Flowchart of medical facilities under Penha De France village panchayat



Source – Researcher has made it

As shown in figure 5.2, under Pehna De France village panchayat, there are three health centres: Primary Health centre Porvorim which is 4 km away from the study area. And the remaining two are sub-health centre Betim (II) and Britona (I). Most people from both sub-centre that have major symptoms are sent to a primary health centre for further treatment.

As per the information provided by the Multi-Purpose health worker following are the duties;

To do fieldwork, survey the houses if people have malaria, dengue, fever, cold, leprosies, diabetes, blood pressure, tuberculosis. She also motivates the sick people to go to primary health centre Porvorim and take treatment as there are not many facilities available in Betim health centre. It also encourages pregnant women to register in both health centres and Anganwadi. So that their monthly check-up can take place to ensure they have a safe delivery. Her work timings are from 9:30 to 4:30. And sometimes she has to do double duty whenever she is called to the health centre Porvorim or Britona

Facilities provided for the people :

Pregnant women who want to carry out delivery in a government hospital must register their name under the sub-health centre. The MPHW gives all the details of when to come for a check-up, to do the pregnancy test again. Family planning information and services are provided to women and promoting institutional delivery. To check if she is eligible for Janani Suraksha Yojana Scheme and take required documents like ration card, income certificate, caste certificate, and bank details.

There are not many facilities provided for people at the sub-health centre because it is not the main branch, but they check blood pressure, diabetes, immunization, cholesterol, blood test for malaria, dressing of wounds or cuts (which was done before pandemic). Due to the pandemic, these services are not provided at sub-centres. If a patient comes in with fever and cold, they are directly sent to Porvorim health centre for Covid testing.

Before the pandemic, medicine like crocin tablets, dolo 650, cough syrup but now they don't give it and advise them to do the testing. Condoms, pregnancy kits, oral tablets (i-pill), iron, calcium tablets for pregnant women are also available. Many people, including men and women from Betim, take their monthly medicine for blood pressure, cholesterol and diabetes from here.

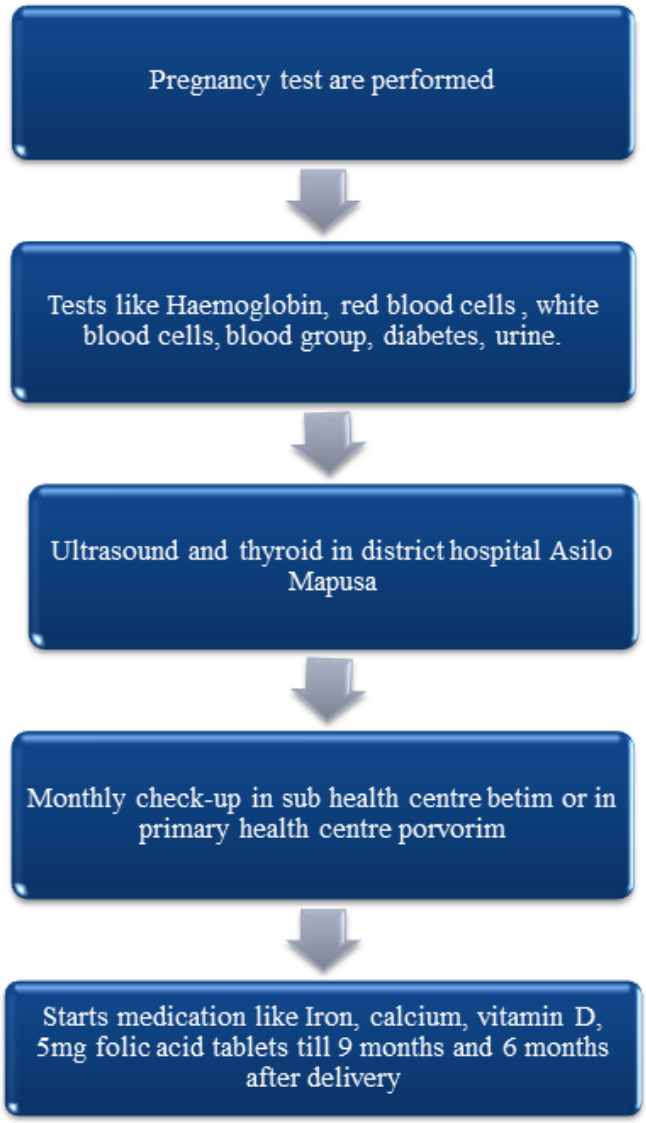
Women mostly visit in case of pregnancy, and their husbands go with them to register in health, but afterwards, they don’t accompany their wives for a check-up. For the immunization of their children, most mothers go with their children, but fathers never go. Women mostly complain about dizziness, blood pressure, diabetes, cholesterol, fever, cold, and acidity.

Health-related schemes:

In 2017 and 2018, 2 local women benefited from Janani Suraksha Yojana. In 2019 and 2020, there were no beneficiaries. In 2021 at present, no women have benefitted from these schemes. Because mostly the women belong to the Above poverty line (APL) category and their annual income is more than 50000. so they cannot be benefitted from this scheme. Migrant women cannot benefit from these schemes as they don't belong to this state and don't have a ration card.

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is not officially done in sub-health centres, but the same procedure is carried out, which implies both locals and migrant women. (refer fig 5.2)

Figure 5.3 Flowchart of services provided under PMSMA



Before the pandemic, many awareness programs were organised on menstrual hygiene, saving girl children, malaria, the importance of immunization, breast cancer, and tuberculosis. The response of the women audience was good. It was mostly held in Betim Anganwadi, Where they conduct meetings with Anganwadi teachers and helpers to see if any women or children have any health-related problems. Anganwadi teachers and helpers also motivate pregnant women to get themselves registered in health. And also seek treatment for any kind of health issues.

Now during this pandemic, they cannot conduct interactive sessions, health camps or awareness programs as it is not safe. And as there is less staff in primary health centre Porvorim or sub-health centre in Britona. They are placed there for covid duty. This health centre remains close when they are

called there. Many people complained that it is closed. But immunization takes place every month as the health of a child cannot be compromised.

They face a lot of difficulty in this health centre as there is no electricity, water facility and very little space for OPD. While interviewing her, I noticed these problems too. Many patients who go there also complain about not having enough space to sit. As most of the time the health centre is closed, most people assume that it will be closed and there is no use going there. But according to MPHW, she doesn't have any choice rather than closing and going to another health centre. She has to go wherever she is called.

Posters Displayed in the Sub-health centre:

Picture 5.6 **Rashtriya Bal swasthya karyakram**

Picture 5.7 – **ORS and Zinc for mothers**

Picture 5.8 **Nutritious Food for Pregnant women**

Picture 5.9 **Cleanliness**

Source - The researcher has taken the pictures during the field visit

The following are the details of the Posters :

Picture 5.6 is about Rashtriya Bal Swasthya Karyakram, aiming at early identification and intervention of diseases.

Picture 5.7 is about the Importance of ORS and Zinc tablets for mothers

Picture 5.8 is about the Importance of nutritious food in pregnancy

Picture 5.9 is about the Importance of cleanliness (“cleanliness is next to godliness”)

Next, I am presenting the findings from the interview of **Traditional Medicine Healer**.

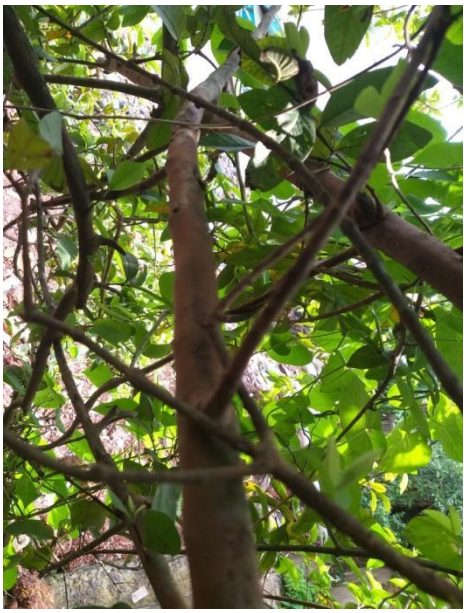
The traditional healer provides traditional medicines for jaundice, twisted leg, swollen hand leg, vomiting, acidity problems. And men don't come, and they prefer going to the doctor and taking allopathic medicines rather than traditional medicines.

Picture 5.10 **Methi Leaves**

Picture 5.11 **Ajwain ‘Vovo’**

Picture 5.12 **Garlic cloves**

Picture 5.13 **Guava stem**



Source - All the pictures are taken by the researcher

She informed me that most women don't want to go to the doctor, and they come to her for treatment. As per the respondents, traditional medicine has worked like magic for them. Difficulties faced by traditional healers are that there are not many medicinal herbs available. So whichever medicinal plants are available in Betim that only she can use and due to old age, she asked for the help of her son, daughter in law or the same people who come to her for help to bring medicinal plants. But still, she has not given up on helping people; she does it for humanity and not for money. She uses her knowledge for the betterment of the people.

Now, I am presenting the findings based on the responses of **Women Respondents**.

I have interviewed ten women respondents. Five of them belong to Goa, and five are from other states of India. The migrant women respondents were from Uttar Pradesh (2), Bihar (1), Madhya Pradesh(1) and Karnataka (1). From my study, I have learned that most of the migrants shifted to Goa with their families. They mostly came here to manage the house. All the women respondents are married and in the age group between 28 - 60 years.

Socio-demographic profile of the respondents

4 out of 10 (40%) women are illiterate, consisting of 3 migrants and one Goan as they had financial crises at home, forced into household duties and never encouraged to go to school. The majority of the women respondents went to school (60%) and studied until 4th, 7th, 9th and 10th but didn't continue their studies further. They had a burden of responsibilities at home, financial problems, failed in exams and marriage, respectively.

The 5 out of 10 women had at least one delivery in a private hospital in Porvorim. It is close to them, the financial condition is stable, and the doctor was familiar with her health history. And remaining women chose both their deliveries in the government hospital as their financial condition was not good, and they could not afford the expenses. Two migrant women belonging to the same village Gorakhpur in Uttar Pradesh did their deliveries differently. One chose home delivery, and the other woman with her husband went against their village tradition of home deliveries and did it in a government hospital.

Women are mostly accessing private clinics in case of emergency. They have seen sub-health centres closed most of the time, do not have many facilities, and doctors are not available every day in case of emergency. They don't have any other option than going to private health care. If they want to go to a private clinic, it is far from where they reside, almost 1 to 3 km away. And they have to wait for the clinic to open in the evening. Accessing private health centres in Panjim or Porvorim is easier and relatively closer than GMC in Bambolim, where they have to stay in long queues from morning to evening. All their time is getting wasted. Some seek help only from private doctors because doctors are familiar and they know their health history.

3 out of 5 migrant women said that they could not afford private health care as the doctor's fees are high and medicine is also expensive. But they took their children to private health care when needed. In one of the interviews, it was found that husbands use to drink aloe vera juice as it is good for health, but women of the house forget to drink it due to household responsibility. We can see that they tend to ignore their health needs just because of money or workload.

Women access sub-health centres if they suffer from fever, cold or dizziness. They check their blood pressure and are sent to a primary health centre for other medications. But mostly, they have accessed health centres for the immunization of their children rather than themselves. As they face a financial crisis, they cannot afford to spend money on health, so they want a free health centre, but this

centre remains closed, and doctors are not available every day. They have to face problems like spending money on private health care, so women tend to ignore their health problems, use traditional medicines or practice self-medication.

Both Goan and migrant buy medicines from pharmacies as they don't want to go to the doctor for small health issues like fever, cold, headache, and toothache; they tend to take painkillers. One migrant woman also said that it is easier to take medicine from pharmacies than go to the doctor, which is a waste of time because there is a lot of household work she has to handle independently.

5 out of 10 (50%) respondents, including Goan and migrants, have opted for medicine from her.

Women respondents opt for traditional medicine or self-medication. It is safe to use, has no side effects, and is free, which is available in the kitchen, garden, or some herbs are also available around Betim village. They also avoid going to the doctor as they don't have their transport. They often indulge in self-medication at home using natural products, which they have either learned from their elders or used technology like Youtube. Drinking lime water whenever they feel dizzy, drinking hot turmeric milk for cold, eating ajwain and garlic for acidity and drinking jeera water was mostly done. Sometimes they even use ayurvedic oils for pain and balm for headaches. During pandemic, as there were no doctors available so they mostly relied on traditional medicines.

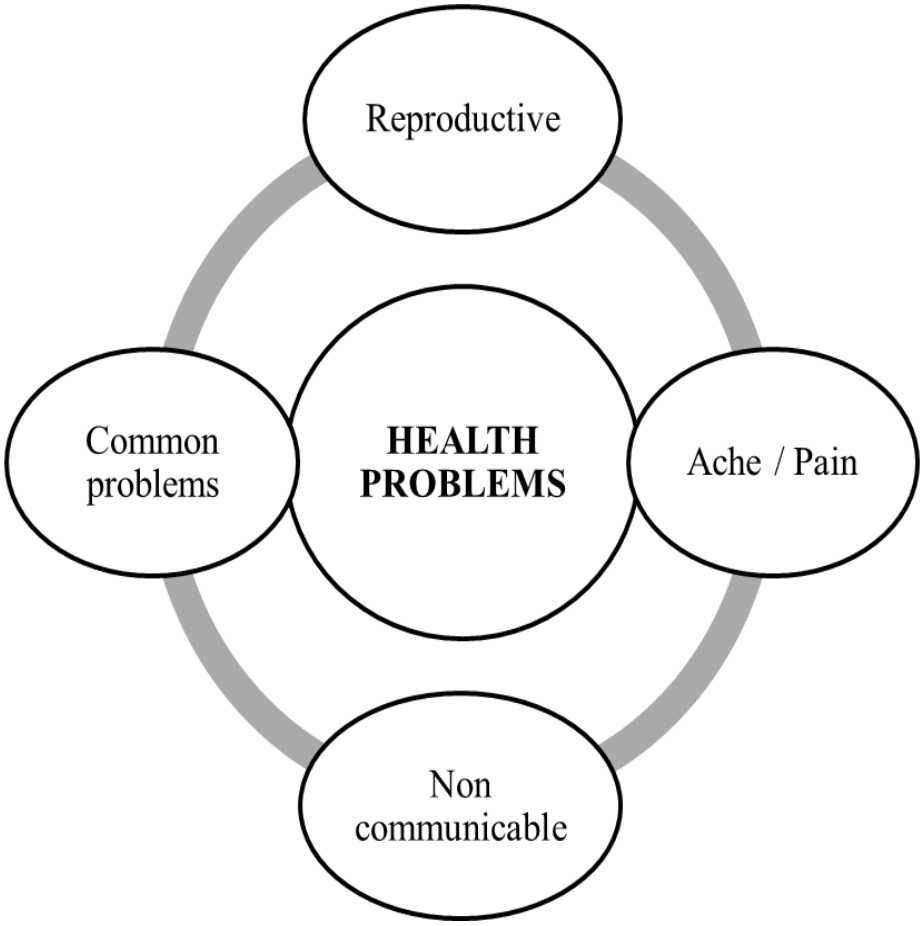
5 out of 10 women have also opted for traditional medicine healers whenever they had health issues like vomiting, leg or hand swelling, or severe pain. And they were happy with the result they got. This made them trust traditional medicine more than allopathic ones, which is more accessible and safe to use.

6 out of 10 women respondents (3 Goan and 3 Migrant) have attended awareness programmes organised by Anganwadi on breast cancer, tuberculosis and menstrual hygiene. But only a few of them use the internet to learn medicines or watch videos relevant to their health. Apart from that, they don't have any kind of health-related information, one of the reasons maybe they are not much exposed to technology where they can learn. Financial problems is another issue most of them face, so buying a phone for themselves is not possible. They are also so busy in their household that they don't think it is necessary to know about your body and its problems.

The women also shared with the Aganwadi helper how their lives have changed because of this pandemic. First, their children used to go to Anganwadi (balwadi). They would get free time to go somewhere or in health for a check-up, but now when their children are at home, they cannot go in health as it is not safe to take them.

In my study, I also wanted to compare Goans and migrants if they were facing any differences or partiality in accessing health centres, but they never faced it. Apart from this thing, migrant women could not benefit from Janani Suraksha Yojana (JSY). They never experience changed behaviour from doctors or traditional medicine healers. They were treated equally as Goans.

Figure 5.4 **Women facing health problems**



Source – Researcher has made it.

In figure 5.4, health problems reported by women are explained. They are divided into four categories :

1) Reproductive includes menstrual cramps or problems, abortion and haemoglobin and urine infection.

2) Aches/pains include stomach ache, leg pain, hand pain, spondylitis, headache, joint pain and ENT (Ear / Nose / Tongue).

3) Non-communicable includes hypertension, diabetes, cholesterol and thyroid

4) Common problems include fever, cold, acidity/ gas, fainting, vomiting, dizziness, loose motion, wounds and accidents.

As I have analysed the women respondents interviewed regarding health problems faced. Most women face headaches, fever, cold, acidity and dizziness, usually solved by taking traditional medicines and not seeking help from qualified practitioners.

If we see, 3 out of 10 women (2 Goan and one migrant) have hypertension and are on medication from GMC. And the reason behind feeling dizzy is hypertension. 2 women also have thyroid (both Goan) and have been on medication from GMC and private hospitals for many years.

6 out of 10 women also suffered from reproductive problems. They went through menstrual pain, which was ignored by two women completely and got used to it without seeing doctors. And low haemoglobin level, which was solved by eating green vegetables and allopathic medicines. One woman also had an abortion as she met with an accident.

The remaining problems which rarely affected women were Diabetes, cholesterol, spondylitis, wounds, ENT problems, loose motion and vomiting.

Key Findings

➔ There are limited medical facilities in Betim village, consisting of sub-health centres, pharmacies, and traditional medicine healer, so people have difficulties accessing them.

➔ Women face transportation problems as they don't have their transport, they have to rely on public transport even when they are sick. They also tend to depend on their husband to come from work and take them to doctors. Even though the sub-health centre is accessible, it is open only for a limited time period, and according to the respondents, it is closed most of the time. People cannot access it in the case of an emergency.

➔ Due to financial problems, women tend to ignore their health problems. They cannot afford private doctors and their medicines.

➔ They have attended the awareness programs conducted by Agandwadi and sub-health centre; other than that, they don't know much about health problems that can affect their health.

➔ They mostly indulge in traditional medicines rather than allopathic because it is free of cost, which is available in Betim village, no side effects on health, guaranteed cure as their elders taught them.

➔ Two government schemes are available in the sub-health centre.

CHAPTER 6
DISCUSSION

From the above findings, women mostly don't seek help from medical professionals and rely on traditional medicines or try self medications, which saves time and money. The traditional healer in the village is accessible and free of cost, so this is advantageous. They feel her medicine is very effective, and all those respondents who have used it talk good things about it. This makes them believe in traditional medicine rather than allopathic.

They also buy medicines from pharmacies for present and future use without consulting doctors.

Women respondents have seen the sub-health centre in the village closed most of the time, so they assume that it will be closed and don't access it. There are also much fewer facilities available there for people. In the evenings, because it is closed, people have to go to private health care in case of an emergency, making them spend money from their pocket, which they sometimes can't afford.

Transportation also plays a key role in not seeking help for any health problem. They either have to depend on public transport or wait till their husband comes from work to take them to health care. This makes them not take their health problems serious. They remain ignorant about their health problems and also rely on traditional medicines or try self-medication.

According to the Multi-Purpose health worker, only two local women benefited from Janani Suraksha Yojana in 2017 and 2018. And there were no beneficiaries in 2019, 2020 and 2021 till now. But Pradhan Mantri Matritva Suraksha Yojana benefits women who want to do their delivery in government hospitals.

They don't have knowledge and awareness about various health problems which can cause them. As per women respondents, very few have attended the awareness programmes organised in the sub-health centres and Anganwadi in the village. They mostly don't have access to technology like the internet for learning about their health and problems associated with them. Because either they are illiterate or have not studied much.

In this study, We also see that the job of Anganwadi helper is a woman. Because there is a stereotype that caring for children is a job of women, she fits into this profession the best. Multi-Purpose health workers also mostly deal with pregnant women and children, so they are considered to fit the job

criteria, which involves women and children. They are considered to fit the job criteria, which mostly involves women and children.

As per the MPHW, the women are only given information about Family planning and not men as they don't accompany them in health.

The women's agency of passing knowledge about traditional medicine and home deliveries to her daughters is also seen where a traditional healer learnt from her mother while she was doing the same.

6.1 Limitation of the study

Due to the Covid-19 pandemic, I could not do focus group discussions among the women to map the village's health facilities. I visited the study area and carried out a social mapping exercise for mapping health facilities such as health care facilities, private clinics, pharmacies, Ayurveda centres, etc.

I could not interview doctors from private health care and know more about health care facilities provided by them.

It was difficult to conduct interviews as many women were scared to come in contact with me. I had to limit the sample size to 10 respondents as it was challenging to go to many houses for interviews. I only had to restrict my study to ward number 6 of Betim due to time constraints, and it was difficult to do interviews from all the wards of the village.

I visited the sub-health centre for two days (Saturday and Monday), but it was closed on Saturday, and on Monday, the attendant told me to come on Tuesday. I visited on Monday, but there was no doctor, only a Multi-Purpose health worker present, so I took her interview. When I asked her when the doctor would come, she said that the doctor comes on Friday, but she was unsure if the doctor would come as all are busy at the primary health centre, Porvorim, for covid duty.

As Anganwadi was closed, the teacher was also not available. I only got a chance to interact with a helper when she was sitting in one of my female respondent's houses.

6.2 My experience from the field

Carrying out this research was an excellent learning experience for me. I was interested to know the challenges faced by women from my village regarding their health.

As I was residing in that same area, it was easy for me to find local women and interview them, but it was difficult for me to interview migrants as they were not ready to talk about themselves. Some of them directly told me that they don't want to talk or don't know what they should talk about. It was difficult for me to convince them to take their interview.

When I interviewed women, I realised both local and migrant women were different from each other in lifestyle, language, and financial problems. But when it came to health issues and problems in accessing the medical facilities were somewhat the same.

During the interview, I noticed that these women had opened up with me quite well. This proved to be an advantage for me as I belong to the same community. They started to talk with me freely about the health problems faced till now.

I have also observed that women face many health problems in their lives, but they seek traditional help or take homemade medicine instead of going to professional doctors. Most of the women told me that they don't seek help from sub-health centre Betim as there are no doctors available every day and not many facilities available. So they tend to take medicine directly from pharmacies or take homemade medicine taught to them by their elders.

When I interviewed a Multi-Purpose health worker of a sub-health centre, I returned twice as the health centre was closed, and when I finally got a chance to take an interview, I had to wait for 30 minutes to take her interview.

While doing the social mapping, I identified traditional medicine giver and in my study area. And conducted her interview, and also, with the help of the respondent, I got to know more about her and her medicines.

Overall it was a great experience as I learnt a lot about women from my village. Talking to an Anganwadi helper, a traditional medicine giver, and a Multi-Purpose health worker was a significant part of this research.

CHAPTER 7

CONCLUSION

Based on my study, I came across different problems women face while accessing medical facilities. Transportation is one of the problems found similar to the study of Vincent et al. (2017). Women respondents opt for traditional medicine rather than allopathic ones due to financial problems and consider their health problems not severe or requiring professional medical help.

The fixed timings to Sub-health centres make them difficult to access health facilities during emergencies.

There were no differences found between Goan and migrant women when it came to accessing health facilities.

There are also limited medical facilities available for the people of Betim village.

There are no previous studies done regarding health-seeking behaviour among women at the community level. This study was conducted with a limited sample, and there is a need for a more extensive study at the community level to understand the health-seeking behaviour among women.

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UNSTRUCTURED INTERVIEW GUIDES

(Annexure I)

Key Informants Interview Guide

1. Name
2. Age
3. Qualification
4. How many years have you been working in a health centre?
5. How many years has this health been open?
6. Who are all present in the centre?
7. Timings of the health centre?
8. When do doctors come?
9. On regular days what staff do?
10. Duties of you and attendant?
11. Who all benefited from health facilities?
12. What can health-related issues be solved here?
13. Who mostly comes here? (men/women/children)
14. For what health problems do women mostly come?
15. What is the treatment given?
16. Do women come alone, or who accompany them while sick/pregnant?
17. Pregnancy-related issues?
18. Which medicines are available?
19. In any serious case, what will you do?
20. Any government schemes are given for women?
21. Procedure for applying the schemes?
22. Till now, how many have benefited from these schemes?
23. Any health camps or awareness programmes organised by the health centre?
24. Response of the audience
25. Do any women have shared their personal health problems with you?
26. Have they ever complained about health facilities?
27. Difficulties faced by you?

28. What are the resources you would like to have in a health centre for the betterment of people?

(Annexure II)

Traditional medicine healer

1. Name
2. Age
3. Education
4. Birthplace
5. Marriage
6. Who has taught you about traditional medicine?
7. Medicines are given to people
8. Who brings medicinal herbs, and where?
9. Who mostly comes to you?
10. Do you charge any fee for medicines?

(Annexure III)

Respondents Guide

1. Age
2. Place of birth
3. Education qualification
4. Menstruation experience
5. Taboos around menstruation
6. Marriage
7. Pregnancy
8. Place of delivery
9. Kinds of Health issue
10. Where do you go for a check-up?
11. Have you accessed private or government health care?
12. How far is it?

13. Who accompany you?
14. Do you ask for permission if you want to go to health care?
15. Did you face any kind of financial problem while accessing medical facilities?
16. Do you know where in the village the medical facilities are available?
17. Use of traditional medicine/self-medication rather than going to the doctor
18. Awareness about breast cancer or other bodily problems
19. Has a pandemic affected your health or access to health care?
20. Expenses on health compared to your husband or children
21. Benefitted from health schemes

Source- Rapid Assessment Procedures (RAP) to Improve the Household Management of Diarrhea (unu.edu)

GLOSSARY

Kaddan – Pulses supplied at Anganwadi

Vovo – Ajwain

Ghuval – feeling giddy

Gauna – Ceremony where women are taken first time to husbands house, which takes place several years after marriage.

Bayi – Teacher

Balwadi – Crèche

Bhairche – Menstruation

Kapda – Cloth

Mahina – Menstruation, which is monthly

Shaadi ke layak ho gayi hai – Girl has attained the age of marriage

Imli –Tamarind

M . C – Code name for Menstruation

Laal - Red

Ghar ki davayi – Homemade medicine

Maa – Mother

Saas – Mother in law

Paala possa – Raised

Palak bhaji – Green spinach leaves

Tamdi bhaji – Red spinach leaves

Amka health close karun voiche padta aafayta thay, kaay choice na – We have to go whenever called by closing the health centre, we don't have any choice

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