

Exploring Family Planning and Mobile Phone Use among Low-Literate Population in Peri-Urban Areas of Delhi, India

Research Study Report

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The Institute for Reproductive Health (IRH) is part of the Georgetown University Medical Center, an internationally recognized academic medical center with a three-part mission of research, teaching and patient care. IRH is a leading technical resource and learning center committed to developing and increasing the availability of effective, easy-to-use, fertility awareness-based methods (FAM) of family planning.

IRH was awarded the 5-year Fertility Awareness-Based Methods (FAM) Project by the United States Agency for International Development (USAID) in September 2007. This 5-year project aims to increase access and use of FAM within a broad range of service delivery programs using systems-oriented scaling up approaches.

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Acronyms

CBOs	Community-based Organizations
FP	Family Planning
IRH	Institute for Reproductive Health
IRB	Institutional Review Board
IVR	Interactive Voice Recording
IUD	Intra-uterine Device
MTP	Medical Termination of Pregnancy
MC	Menstrual Cycle
NCR	National Capital Region
NFHS	National Family Health and Welfare Statistics
NOIDA	North Okhala Industrial Development Authority
OBC	Other Backward Class
SDM	Standard Days Method
SMS	Short Message Service
STDs	Sexually Transmitted Diseases
UP	Utter Pradesh
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

Despite Indian Government's significant efforts to increase the reach of family planning services nearer to the communities, about one-fourth of the women reported that their pregnancy was unintended and the same finding was noted in all three rounds of National Family Health Survey (NFHS) conducted throughout India during 1992-2006. This stagnant rate of unwanted pregnancy currently poses one of the greatest challenges to women's reproductive health and becomes an important public health concern because of its association with adverse social and health outcomes. The report of Family Welfare Statistics in India highlights that social factors such as female literacy, age at marriage of girls, status of women, and lack of male involvement in family planning also play a significant role in the context of family planning (Family Welfare Statistics in India, 2011). Attentive to some of these factors and cutting-edge technology for mobile phones, Georgetown University's Institute for Reproductive Health (IRH) came up with the development of a mobile phone service called CycleTel™ that facilitates use of a family planning method with Short Message Service (SMS). CycleTel is based on the Standard Days Method® (SDM), a fertility awareness-based method of family planning, which is recognized as an evidence-based practice by the World Health Organization (WHO). After successful testing of the CycleTel among the literate population groups and typically in urban settings, IRH aims to test it out among low-literate population groups in the peri-urban areas of Delhi at the interface of the urban and rural boundaries.

As a first step, IRH felt it essential to have some background knowledge of the settings as well as groups and that there were some pertinent questions which require attention before launching any such new concept. Some of such questions were- what are the general attitudes, values, and norms about family health in the study population that could affect acceptance and use of CycleTel, how do women and men with lower levels of literacy access health information, what is the general level of knowledge about the menstrual cycle, fertility, and family planning and where do individuals seek information about these issues, how do women and men describe their mobile phone use, are mobile phones seen as an acceptable way of accessing health and/or family planning information and finally how do people react to simulated mobile phone messages about the Standard Days Method.

With the Institutional Collaboration of IRH, MAAS-CHRD and a community-based organisation, AWSAR-India, a study was undertaken in three sites namely Ashoknagar, Loni (with a lower middle class population) and Dankaur (with brick-kiln workers population) in peri-urban areas of Delhi bordering with Utter Pradesh (U.P.). Based on the suggested

eligibility criteria of married men and women in the age group of 18-34 years and those who own/have access to mobile phone were identified by the AWSAR-India outreach staff. A list of 69 eligible participants was prepared through a survey using a participant eligibility guide. Out of this, 27 participants (18 women and 9 men) in the age range of 18-34 years, as per the definition of low literacy and basic literacy categories were purposively selected for conducting the interviews. Interviews were conducted in three sites during 6-8 May 2013 by a team of 6 experienced researchers (4 women and 2 men) in the local language Hindi using female and male interview guides. A pair of women interviewers interviewed women respondents and a pair of male interviewers interviewed male respondents. Interviews were audio-recorded and observations were noted. After transcription and translation, interviews were processed using a qualitative data management program, MAXQDA. Thematic analysis was carried out

The study not only showed existence of strong traditional beliefs and value system in the study area but also a gender differential gradient of male domination. In general, there was a lack of awareness and information among people about fertile days, conception etc. Women reported tracking of their menstrual cycles mainly for preventing conception and for personal hygiene. Use of sanitary pads was seen less and instead use of a cloth was reported by some women. Beliefs such as menstruation is filthy hence isolation of women during that period is necessary, still exist in some high-income households with joint families unlike in nuclear families. Among main information sources, women reported discussion either with elder women family members, particularly sister-in-laws or lady doctors where as men respondents reported discussion in peer group or colleagues at work place. Majority of the respondents denied having fertility desire in next one year as they already have 3 or more children. Both men and women reported that they know about family planning methods particularly condoms, Copper-T and contraceptive pills; however there were some reservations regarding their use. Men expressed unwillingness about condoms due to a lack of satisfaction which according to them can only be through direct contact. Some women expressed fear of side-effects such as bleeding etc. that may cause due to use of Copper-T and pills. Although a few respondents expressed concern towards unwanted pregnancies, a casual tendency to go for MTPs rather than adopting other family planning methods was observed.

As far as mobile phone usage was concerned, men generally had ownership whereas the most of women did not have it. While men were found conversant with using different functions in the mobile, women were mostly restricted to call function. Mobile handsets were China-made models from local markets, which they reported many times remain defective or

non-functional. Being the low-literate population and low income group, the expenditure on phone call recharge was minimal (Rs. 10-50 in a week or fortnight) in many households. While men and women could elaborate on advantages and disadvantages, they strongly opposed use of mobile phone by unmarried girls and considered it inappropriate. In case of married women, such objection was not reported.

When inquired about concept of receiving mobile-based information on family planning issues, many were affirmative, but a few expressed their reluctance. As far as simulation exercise was concerned, men reported most preferred option as receiving SMS to avoid disturbance in the work whereas women reported receiving phone calls as they were not aware of SMS. Since people in this area speak *Dehati* (village-side) Hindi, some difficulties were faced by the respondents while communicating with the researchers. Although reported as a mutual discussion process, the final decision was seen predominantly of men regarding health seeking, use of family planning method as well as mobile usage by women.

Suggested interventions include provision of family planning information (fertile days, importance of family planning, MTPs and women's health etc.) through one-to-one communication or group discussion in locally spoken Hindi; pilot-testing of 'structuring of the language' and local contextualization of 'Hindi terms' in the simulation text for better explaining the SDM, CycleBeads and 'CycleTel' concepts, involvement of teachers and other community-based organizations (CBOs) in this process and organising short-term trainings on mobile use especially for women. In all these processes, consent and involvement of male members would be a crucial step in this male-dominated community.

Although mobile phone use is common in the study areas, factors such as limited awareness on family planning, low literacy causing language barriers, low affordability, and limited access to mobile phones for women amongst a strong male dominated community raise questions whether mobile phones are the best mode to reach this population at the moment.

This study suggests a strategic approach of involving family planning education through one-to-one discussions or FGDs or other communication strategies, introduction to CycleBeads and SDM, short trainings on mobile use for women, with a possible shift to mobile phone-based CycleTel service over the time which might be a useful way forward in this community.

Background

India with population of nearly 1.21 billion is ranked as second most densely populated country in the world. The Indian Government was one of the first in the world to launch a national family planning programme in 1951. It was later expanded to include maternal and child health, family welfare and nutrition. As per National Family Health Survey (NFHS) III report (2005-06), most commonly practiced Family Planning methods in the country include birth control pills, condoms, sterilization, IUD (Intrauterine device) etc. It further reported that the knowledge of contraceptive methods is practically universal; at least 98 percentages of women and men age 15-49 are aware of one or more methods of contraception and female and male sterilization are the mostly widely known methods. Despite Government's significant efforts to increase the reach of family planning services nearer to the communities, about one-fourth of the women reported that their pregnancy was unintended in all three rounds of NFHS conducted throughout India during 1992-2006 (IIPS and Macro International, 2007). This stagnant rate of unwanted pregnancy currently poses one of the greatest challenges associated with Indian women's reproductive health and even termed by some experts as one of the important public health issues in India because of its association with adverse social and health outcomes (Dixit et al., 2012).

Furthermore, the report of Family Welfare Statistics in India highlights social factors such as female literacy, age at marriage of girls, status of women, and lack of male involvement in family planning also play a significant role in the context of family planning (Family Welfare Statistics in India, 2011).

Attentive to some of these above factors and cutting-edge technology for mobile phones in recent years, several companies and institutions developed newer options for providing health information via mobile phone. Among these, Georgetown University's Institute for Reproductive Health (IRH) also came up with the development of a mobile phone service called CycleTel™ that facilitates use of a family planning method with Short Message Service (SMS). CycleTel is based on the Standard Days Method® (SDM), a fertility awareness-based method of family planning, which was developed by IRH (IRH, 2012). Developed and tested through rigorous field trials by IRH with support from the U.S. Agency for International Development (USAID) in 2000-2002, it has been introduced in over 30 countries, including India, and is recognized as an evidence-based practice by the World Health Organization (WHO).

IRH conducted CycleTel proof-of-concept testing through focus group discussions, cognitive interviews and manual testing of the service with in Lucknow and Delhi in India (IRH, 2012).

Furthermore, they built a prototype of an interactive voice recording (IVR) for the CycleTel screening and tested it with women in Jharkhand in December 2011.

After successful testing of the CycleTel among the literate population groups and typically in urban settings, IRH wanted to test it out among low-literate population groups, typically those in the peri-urban areas at the interface of the urban and rural boundaries. So thus the study was undertaken with the aim to understand if and how CycleTel can be offered to low-literate populations in India. Some of the pertinent questions were as listed below.

Research questions

- What are the general attitudes, values, and norms about family health in the study population that could affect acceptance and use of CycleTel?
- How do women and men with lower levels of literacy access health information?
- What is the general level of knowledge about the menstrual cycle, fertility, and family planning and where do individuals seek information about these issues?
- How do women and men describe their mobile phone use and whether mobile phones are seen as an acceptable way of accessing health and/or family planning information?

Institutional Collaboration-IRH, MAAS-CHRD and AWSAR-India

IRH hired The Maharashtra Association of Anthropological Sciences-Centre for Health Research and Development unit (MAAS-CHRD), based in Maharashtra for carrying out this study through an open competitive bidding process. This research organization conducts research studies linked to social science and behavioural research among tribal as well as non-tribal populations. It is also involved in operational research in health systems and contributes to policy discussions at national and international level. The researchers at MAAS-CHRD have training and expertise in different disciplines like medical anthropology, health and social sciences, public health and epidemiology and they are trained in using qualitative and quantitative research methods as well as a combined mixed methods approach.

An initial discussion with IRH researcher revealed that USAID (the funding agency) wanted this research to be carried out among low-literate population in peri-urban areas of Delhi i.e. National Capital Region (NCR). Through a research contact, MAAS-CHRD identified a small community based organization named Association for Welfare, Social Action and Research (AWSAR-India) which works in the peri-urban areas of Delhi. AWSAR-India is involved in various services such as education, after school support centres, early childhood

development and education, vocational training centres, and a wide range of activities like health promotion, youth development, information dissemination, women empowerment, *Kisaan Sahayata* Kendra, research and technical Assistance and other services rendered for the voluntary agencies, etc. Further AWSAR India is also involved in various survey activities.

Considering this background of the AWSAR-India and their rapport and familiarity with the settings in North India, especially in peri-urban areas of Delhi, MAAS-CHRD solicited support from AWSAR-INDIA for the facilitation of the present study. This way the institutional collaboration came into existence.

Methodology

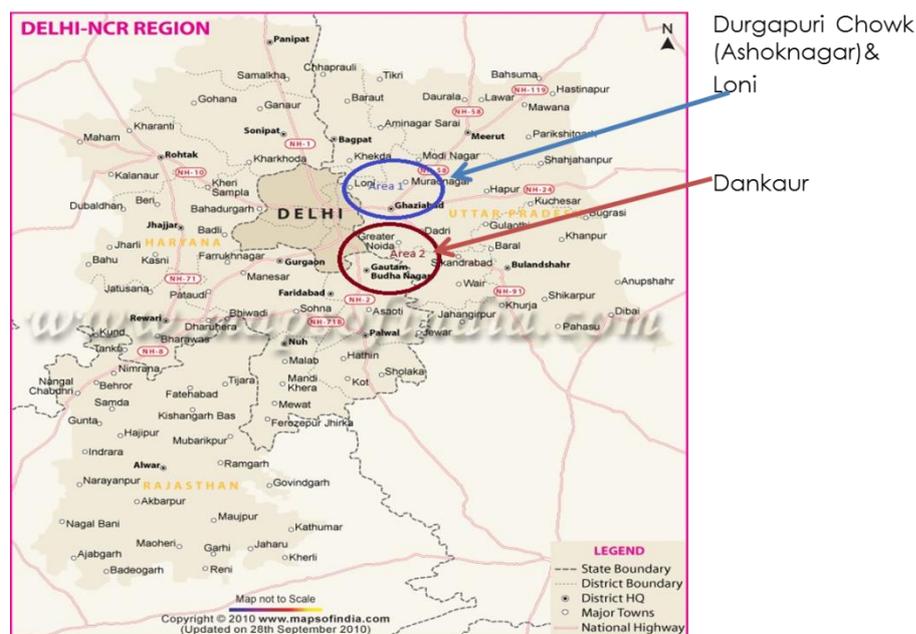
Ethics Approval

The study was approved by the Institutional Review Board (IRB) of the Georgetown University.

Pilot visit to field sites

Initially two researchers from MAAS-CHRD visited Delhi for 3 days to test the feasibility of the study and for getting a sense of logistic arrangements required for the field work. They interacted with the Head of AWSAR-India and explained the research objectives of the study.

Fig. 1 Map of the study area



(Source: www.mapsofindia.com)

Head of AWSAR-India team mentioned that their work is spread in three peri-urban areas of Delhi namely, Ashoknagar, Loni and Dankaur (Fig.1). These three areas have different socio-economic backgrounds. As per his instructions and help from one staff member at AWSAR-India, researchers went to visit the three field sites. Considering the focus of study on low-literate population, and after discussion with the IRH researcher, it was mutually decided to undertake a study in three different sites to get a representative picture.

Ashoknagar: A suburb of Shahdara, which lies in east and northeast Delhi. It shares boundaries with Uttar Pradesh (U.P.). Shahdara may also refer to the trans-Yamuna region in general. Mostly migrants from U.P. and Bihar have settled there for more than two generations. It is a lower-middle class community with Class 3 and 4 workers serving in the public sector. Houses are well built and those were initially 'unauthorised', but later 'regularised' by the government.

Loni: Loni have moderate transportation system connected by Delhi-Shaharanpur Road and it is well connected by U.P. as well as Delhi. It is dominated by people coming from interiors of U.P. in search of job in Delhi and there are around 50 villages surrounded. Here, Gujjar caste is predominant. A major part of the population is of cart-pullers, but others are involved in skilled work such as electrical work and tailoring. Housing pattern includes unauthorized houses, slum areas and other well built houses. Most of the married females in this area still cover their faces when around men

Dankaur: It is a town and a nagar panchayat in Gautam Buddha Nagar District in the state of U.P. It is a part of Greater NOIDA. It is situated approximately 55 kilometres east of Delhi along the bank of river Yamuna. The place is well connected by rail link on Northern Railway on Delhi-Aligarh link. Brick kiln workers come from interior parts of U.P. namely from Muradabad, Shahjahanpur etc. to Dankaur for work. They work for a total of 7-8 months (Summer and Winter) and go back to their native places during the monsoon season when the brick making industry comes to a halt.. They always travel with their children, families and cattle to the brick kiln sites as per their deal with the labour contractor. Brick kilns are mostly owned by dominant caste groups the *Gujjars* and *Jats*. The Gujjar's belong to Other Backward Class (OBC) group. There is a hierarchy as the owner, munim (clerk), labour contractor, accountant, family of workers. The dominant caste *Gujjar* (sub group: *bhati*), *jat*, are normally owners of the brick kiln and people who work on the brick kiln are from fakir community (muslim) or *chammars*. Higher castes do not even drink or share water from the *chammar* community (since traditionally they were involved in skinning of dead animals). Normally payment is made to the male head of the household although bifurcation of male

and female salaries is given. Salary redistribution is mostly managed at individual household level with senior male's participation on how much each one within a family will get.

The selection of a setting in U.P. was also important for this particular study since U.P. was reported to have a maximum number (81420) of MTPs in the country performed by 576 approved institutions (Family Welfare Statistics in India, 2011). This number requires a serious attention towards family planning needs in this area.

Participant eligibility and sampling

Based on the suggested eligibility criteria, married men and women in the age group of 18-34 years and those who own/have access to mobile phones were identified by the AWSAR-India outreach staff. A list of 69 eligible participants was prepared using a participant eligibility guide (Annex-1). Since the study aimed to understand the feasibility of using of CycleTel among low-literate women and men, apart from the eligibility criteria outlined above, three defined categories of literacy were also considered. Those, who have the basic literacy i.e. minimum but adequate ability to read and write (those with secondary school education), people having numeracy (those who can read or write numbers only) or low-literacy (inability to read or write well enough to perform necessary tasks in society) were considered. However, during the eligibility survey, no participants were identified in the category of Numeracy. Hence participants belonging to the two categories (Basic and Low literacy) were only selected. As per the requirement of the study a total of 27 participants (18 women and 9 men) were purposively selected from the list of 69 participants from three settings. The sample distribution is indicated in Table-1.

Table-1: Sample of study respondents												
Age Groups	Ashoknagar				Loni				Dankaur			
	Male		Female		Male		Female		Male		Female	
	BL	LL	BL	LL	BL	LL	BL	LL	BL	LL	BL	LL
18 - 24 yrs								1		1		2
25 - 30 yrs	1		4	2	1		3	1	1			2
31 - 34 yrs	2				2		1			1		2
Total (n=27)	3		4	2	3		4	2	1	2		6

Note: BL: Basic Literacy; LL: Low Literacy

Considering the 'culture of silence' around discussing fertility issues, menstruation and family planning methods, we planned couple case studies to understand the family dynamics and decision-making processes, especially with reference to family planning as well as mobile phone usage. Among 27 participants, as per the sampling plan, 8 participants (constituting 4 couples) were recruited for the purpose of presenting their data in the form of case studies to highlight the issues in the couple communication process.

Challenges in recruitment of participants

Age at marriage and fear of legal action

The age at marriage prevalent in the study area for boys and girls was lesser than the legal age of marriage (18 years for girls and 21 years for boys in INDIA). The first barrier in recruiting the participants was that those who were on the border-line and were aware about the legalities involved in this process refused to get involved in the eligibility survey as well as interviews. Thus we missed them because of this legal sensitivity around the age of marriage in India. However, in Dankaur we were able to involve 3 out of the total 5 eligible participants in the age range of 18-24 years. This could be attributed to their lesser exposure to the world in the sense of legal issues around the age at marriage etc.

Family Planning regarded as the issue of those who are already having children

When AWSAR India team introduced and explained the potential participants and particularly to the young married respondents (age 18-24 years), those who were recently married obviously in consultation with their in-laws refused to get interviewed. Their response was- *"those who have children can only tell about that (family planning), how we can tell"*. Though AWSAR-India team tried to convince them, they were reluctant and did not show any willingness and even denied participating in the eligibility survey itself.

Another barrier AWSAR-India staff faced was pressure from the in-laws who did not want their daughter-in-laws and sons to discuss with strangers about the family planning.

Study team

MAAS-CHRD team deployed four experienced women researchers with health social science background and who have previous experience of conducting in-depth interviews and carrying out transcription and translations of voice files. One senior male researcher (post doc level) as MAAS-CHRD team leader who has an extensive experience of

conducting in-depth interviews and qualitative research studies in health social sciences shouldered the responsibility for the current assignment. He looked after overall supervision of the field team and facilitation of the study. Apart from that he kept a close coordination and communication with the IRH team during the entire study period. Another male researcher at post doc level was appointed along with the team leader to ensure the quality check of transcripts and logistics management of the study and to help with the data analysis and report writing. One male researcher also accompanied the study team who looked after logistics arrangements for the team and handled recharge issues of mobile phones of the respondents.

Orientation and training of the interviewers and tools used for the study

IRH Program Officer for Research, Ms. Heather Buesseler, travelled to India from April 25-May 11, 2013 to conduct orientation, observe/supervise data collection, and facilitate a debriefing discussion with MAAS-CHRD team. The researcher from IRH oriented the team of the interviewers to research protocol as well as the interview guide. Interviewers were trained about appropriate procedures for obtaining signed informed consents and use of voice recording devices etc. MAAS-CHRD team did a rigorous brain-storming with inputs from Ms. Heather on the interview guides for women and men respondents. The group process provided critical inputs for revisions attentive to the local realities and helped in finalization of the interview guides (Annex II and III). These were translated in the local language *Hindi* for the interview purpose. Mock interviews were conducted as a part of the training.

Pretesting of the interview guides was done in a field area called 'Kudalwadi' near Pune where MAAS-CHRD researchers had previously carried out research studies. This area is a scrap industry and predominantly has residing migrant workers from Bihar and U.P. who also speak Hindi. This setting was purposely selected to understand whether the interview questions were properly framed and people could respond because their dialect was similar to the actual study setting. About 6 interviews (4 with women and 2 with men respondents) were conducted and recorded. Pretesting helped in a substantial revision of the interview guides and provided exposure and experiences with simulation exercise for the researchers.

The interview guide included questions related to socio-demographics, family background, sources of health information, fertility awareness, couple communication, perceptions, awareness and experience of family planning methods, mobile phone awareness and use, experiences with simulation (receiving a phone call, calling a number and receiving a text

message) and finally views on receiving health/family planning information via mobile and acceptance of such service.

Interview Process

Interviews were carried out during 6th-8th May 2013 in all three sites in peri-urban areas of Delhi. Participants were initially informed about the study by AWSAR-India team and called upon for interviews on the decided date and time at convenient places for participants for conducting interviews. In Ashoknagar and Loni, participants were called at their vocational course training centre and local office respectively whereas in case of brick-kiln workers, interviews were conducted at their actual work sites. Two teams (each team consisting of two researchers) of women researchers conducted interviews of women, whereas a team of male researchers interviewed men participants. Consent forms were explained by the researchers to the participants and a written consent was obtained from each of them (Annex IV). In case of illiterate participants, thumb impressions were obtained. Interviews were conducted in the local language 'Hindi' using the bilingual interview guide. Interviews were audio-recorded with participants' prior permission.

In case of couple interviews, husband and wife in each couple were interviewed separately by men and women researchers at the same time so as to eliminate the bias that might have been added in case interviews would have been conducted on different occasions.

During all interviews, researchers guided participants through a simulation of potential iterations of CycleTel specific for populations with similar literacy status. Three possibilities were presented: 1) phone call the participant receives, 2) phone call the participant places to a subscription service, and 3) text message. For both types of calls, the same message was used. For the text message, a series of symbols was used. Afterwards, researchers asked participants questions to determine their comprehension and preference. The messages used for simulation were adapted from the already tested CycleTel SMS-based system that is used by literate and urban population. Below is a description of each simulated iteration.

Sample Message in ENGLISH

"Today, May X (enter date). If you have sexual relations today, you are not likely to get pregnant. The service will call again tomorrow to alert you of your status. Thank you".

Phone call

Participants were instructed that they would need to provide the date of their (spouse's date in case of male respondents) last menstrual period date during the registration, based on which the service would call them each day to tell if the woman is likely to get pregnant or not if she has sexual relations with her husband. If they pick up the call, they would need to listen to a recorded message from the service.

Simulation process: One interviewer leaves the room to make the phone call. When the call connects to the participant's phone, he/she reads a CycleTel message from a script and simulates a recording (see sample message). The interviewer in the room with the participant needs to observe the participant's level of comfort, etc., as outlined in the interview guide, and continue with the follow-up questions. The interviewer who went outside will have to come back into the room to know when to continue with the simulation.

Calling into the service

The respondents were instructed about this second option that would be calling into a number to find out whether the woman can get pregnant that day. They would have to remember to call every day. They were told to call a number on their phone and listen to the recording.

Simulation process: One interviewer leaves the room to receive the phone call. When the call connects to the participant's phone, he/she reads a CycleTel message from a script (see sample message). The interviewer in the room with the participant needs to observe the participant's level of comfort, etc., as outlined in the interview guide, and continue with the follow-up questions. The interviewer who went outside can return to the room to continue with the simulation.

[Interviewer observes how comfortable the participant is in dialing the number and listening to the message.]

Text Messaging

The respondents were told that service would send them one SMS with a symbol that would let them know the days that they (in case of male respondent, his wife) can get pregnant. Four different types of symbols (+++; ###; ***) were presented to the respondents and they were asked to choose any one which they like to receive as a message to indicate it was an "unsafe day" where they were likely to get pregnant if they did not abstain or use a condom.

After finishing of each interview, as approved by Georgetown Institutional Review Board, participants were reimbursed with a credit of Rs. 500 as recharge in their mobile phones for their time and participation in the study.

Data management and analysis

After the interviews were finished, a metrics of respondents ID (indicating initials of the site, gender, interview number, and literacy status), date of interview, site etc. was maintained. The audio recorded files were transcribed initially in Hindi and later translated in English by the research team. Second level quality checking was also carried out by the senior researchers. Since the study was qualitative in nature, the transcribed data were processed using a data management software program MAXqda (Version 11; Verbi, Germany). Age range for both women and men respondents was provided along with the mean age.

For descriptive data, two levels of coding were carried out. At first level, descriptive coding (summarising the segments of data) was done. This was followed by second level of pattern coding which grouped those summaries into smaller number of sets, themes and constructs (Miles and Huberman, 1994). This further helped in laying the groundwork for analysis by surfacing common themes and directional processes.

Since some of the issues associated with gender and decision making in family planning matters were also immersed with couple communication, nesting and overlapping coding was also carried out rather than keeping chunk boundaries fixed.

As proposed by Carney (1990), a ladder of 'analytical abstraction' was followed particularly for this kind of analysis of data (cf Miles and Huberman, 1994). Various steps involved in this process were reconstruction of interview tapes, coding of the text, identifying themes and trends, testing hypothesis and reducing the bulk data for analysis and finally integrating data into the explanatory framework. The results were presented with the framework of cross-cutting and gender-specific features related to family planning and mobile use. Narratives from low-literate respondents were presented with the label of literacy status, gender and site in the brackets whereas for others with only gender and area implying that they belonged to basic literacy category.

The data from couple interviews were analysed by retrieving their responses to common variables and then it was presented in the form of case studies highlighting the major issues in the study. The pseudonyms were used to describe individuals and sites.

Results

Socio-demographic profile of the respondents

The sample included a total 27 respondents (18 women and 9 men) in the age range of 20-33 years. The mean age for respondents was 28.4 years (27.8 years for women and 29.4 years for men). About 12 of 27 were from 'low literacy' category, whereas remaining 15 belonged to 'basic literacy' category. Among these majority of men had basic literacy while nearly half of the women had basic literacy. All respondents except one from Dankaur area were low-literate. Respondents in Ashoknagar and Loni were Hindus, however many respondents from Dankaur area were Muslims. Both women and men in Dankaur were working as brick-kiln labourers migrated from other parts of U.P. Men respondents from Ashoknagar and Loni area were involved in skilled labour work such as tailoring, electrical work, driving etc. whereas women were mostly housewives.

Family type

Majority of respondents in Ashoknagar and Loni mentioned that they had extended families (two brothers and their wives and children living in the same house/complex) or joint families (a couple living with either the wife's or husband's parents). Some were living with just their nuclear family (Husband, wife and children), especially the migratory populations in Dankaur. Respondents in Ashoknagar and Loni area reported having 2-3 children, whereas in Dankaur area where respondents belonging to Muslim community reported having 4-5 children. Parents of the respondents were mostly staying in villages, away from the peri-urban sites. However on asking about the important family members, many male respondents acknowledged parents and especially 'father' being in the role of 'family head' and caring the entire family, whereas women reported husband and children as the most important family members. This indicates a strong existence of the traditional value system of respect for elders as family heads as well as women's commitment towards family in these peri-urban areas of Delhi. Respondents reported personal visits to their houses or telephonic communication with the parents and other siblings residing in villages.

Health concerns and sources of health information

Respondents in general reported that they approach doctors if there are any health related problems or any need for information. Women were primarily concerned about the health of their children or elders (parents or in-laws); however they were found not so keen about seeking medical help for their own problems. Some women in Dankaur area did mention that they communicate with husband initially for consultation as well as getting permission to go

to the doctor. But at the same time some of them mentioned that because husbands work outside, they have more exposure and better knowledge of things.

“When I have some health problem, I ask my husband. He knows many things. When he has something, he asks me. We also discuss with father-in-law, brother-in-law or his wife. If there is a problem, consultation is needed.” (A low-literate female, Dankaur)

Following narratives suggest that the decision making process on help seeking is complex and involves multiple factors such as type of family, influence of elderly (experienced) people, husband’s decision and/ joint decision by the couple, type of health provider, advice from friends or peers and relatives etc.

One of the male respondents said- *“My father makes decision. He tells, but we also decide. Father says, “Take there”, we say there is better place (doctor) than this. Means wherever family feels better, we go there”.*

(A male, Loni)

Another male reported

“If there is some minor health problem, we go to dispensary nearby. But if there is a big problem, we have to go to GTB Hospital”. (A male, Ashoknagar)

One of the respondents mentioned prior positive experience as a reason for help seeking from a particular private practitioner and elaborates on why he trusts him.

“We have faith in him. He is a good doctor. Once my wife had TB. I took her to several places. Nobody said that they will treat her. This one did and because of him my wife is alive.” (A male, Ashoknagar)

Regarding health information some people acknowledged media, especially television and developments in science-*“Today information about everything comes on television, news channels. Science is making so much progress that sitting in a house we get knowledge of everything.”* (A male, Loni)

Some male respondents provided explanations for approaching the private sector. A male in Dankaur comments on the inefficiency of public health system. It reflects lack of people’s faith in it which prompts them to go to the private sector even though it is expensive.

“I would go to the private. I don’t go to the govt. Here whatever medicine tablet we need to take they write it (prescribe) in the medical store. Rest they give those 4 tablets for 1Rs. and make small packs and ask us to go. There is no blood test, nothing, just keep standing in the queue give them the prescription and go. Whatever govt. hospitals we have, there is nothing in it. As we go to the private, work is immediately done. Injection, X-ray, whatever we need to do, everything is done quickly, but in the govt hospitals nothing happens. That’s why we go to the private hospital. We pay Rs 50-100 to purchase medicines, and immediately return home with medicines. Nobody goes to the govt. hospital. It’s wastage of time, they don’t provide any medicine and if they give, they would prescribe that from outside (medical) store. Papers are made in Rs. 1 and we need Rs 500 to buy medicines from outside. There is no benefit”.

Fertility awareness

a. Menstrual cycle: Beliefs and practices

We found that most of the respondents, both men and women were well aware of the menstrual cycle and the phenomenon was commonly referred by ‘MC’. Nevertheless, some also mentioned different local terms such as ‘mahawari’, ‘mahina’, ‘date’ etc.

A woman in Dankaur elaborated a practice to refer to menstrual cycle-*“I don’t have sexual relations (‘bolchal’) in those days of month. I do not go near him (husband) or I do not even talk to him”.* (A low-literate female, Dankaur)

Another low-literate woman in Dankaur who was pregnant at the time of interview mentioned that she did not remember whether menstruation was regular. She was not even sure when it would come after delivery and was concerned about it.

“Initially I used to remember; now I do not remember anything. Since the baby was in my womb, I do not remember anything. It is now 10 months. Since then my MC has not come. If my child is born, then up to 2 years my MC does not start. I do not have any information about knowing this”.

On the other side, a woman in Ashoknagar who has some basic literacy could clearly talk with details about menstrual cycle- *“Initially my date used to come; many women refer it (menstruation) as date. I am also educated. It used to come on 1st and now after having children, the time has changed. Now it comes on 28th and goes up to 3rd and then it stops”.*

(A female, Ashoknagar)

When inquired about tracking of menstrual cycle, majority of women mentioned that they are concerned and do keep a track of it mainly to avoid conception and they were cautious about other health problems that might result during the menstruation. It further suggests that they were aware about tracking the menstruation, but at the same time unsure about fertile days.

“There is a need to keep this information. We are husband and wife, sometime relations (bolchal) happens. We are afraid, that menstruation may stop and child may be conceived. We are concerned that a baby should not be conceived”.

(A low-literate female, Dankaur)

Another woman in Loni said *“There should not be problem with the stomach. Sometimes it may happen before time, sometimes get delayed also. If it happens on time then it is good, otherwise stomach (womb) may be spoiled”.*

(A low-literate female, Loni)

Some women expressed their concerns about personal hygiene. Following narrative elaborates this issue.

“At the time of work, we need to remember. Never know at what time suddenly in the middle of the street clothes will get dirty, when such expensive dresses wear, then it is bad. That is why precautions need to be taken. Hence I keep it in my head”.

(A low-literate female, Dankaur)

Women in Dankaur mentioned that they use a cloth during the menstruation instead of sanitary pads, which are generally used by women in urban areas. Awareness about such things was seen to be lacking in this area.

When inquired about ritual beliefs and practices during menstruation period, males commented on the current situation. Following quote from male respondent in Loni elaborates the situation in a joint family with higher socioeconomic status, which suggests existence of practices like social isolation of women during menstruation.

“See, situation in every house is different. Many people consider whatever thing (referring to menstruation) is filthy is filthy. If food is being served in a house, people say just take rest (stay away). However, in some places people say no problem. She is the only one to do (she is the only one to look after the household chores). In general, in this area there is no such thing as staying away (during menstruation). But when it is like people have a big house, they are pandits (those with higher status in the society), if they have maids in the house, they will say-‘when you have this (menstruation), don’t go in the kitchen or wash utensils. Just clean with broom and go away’. Today also there are people who take objections on this thing.”

(A male, Loni)

Another male from the same area acknowledged an indispensable role of a woman to look after family and children explaining why it is difficult for a lady especially in a nuclear family to remain separate during the menstruation.

“She will do everything. Consider, we do not have anybody in house who can cook and we have children, I go out for work, then who will feed children? She will only have to give (she will only have to feed children). But she will keep her safety (hygiene) in those days”.

(A male, Loni)

b. Perceptions and beliefs regarding pregnancy

We found that in general majority of the respondents in three study sites were not able to tell scientific information about the fertile days during which if sexual relations happen, a woman can conceive. It suggests that the awareness on this issue is grossly lacking. People have diverse perceptions and beliefs about the days on which if sexual relations happen, a woman can become pregnant. Furthermore it was also observed that people in these peri-urban areas did not speak openly about sexual relations but rather used local connotations such as *“bolchal or batchit”* meaning a discussion.

There is a widespread belief that fertility begins after day 4 of the menstrual cycle. This is generally the last day of bleeding, the day on which women take a “head bath” (washing entire body, including hair) as a traditional practice. Narratives from some women elaborate this.

“When menstruation (locally referred term ‘MC’) happens, clothes become dirty and the man keeps away. When we take head bath (‘sir dhoye’ in Hindi) and we have a sex (‘Bolchal’ in Hindi) within 8 days, then pregnancy can happen. But it depends on God’s will and if it is there, within 8 days also it can happen. This is not in our hands. We have so many children that I don’t even remember in how many days how many happened”.

(A low-literate, female Dankaur)

“When the month is over (referring to menstruation), on the 5th day when head is cleaned, then till 15th day the mouth of uterus remains open. During that if bolchal happens, then pregnancy will be there”.

(A female, Ashoknagar)

A male said, *“As month comes (month is referred to menstruation), 10-12 days after that the mouth of the uterus (‘bacchadani’ in Hindi) remains open. During that period if ‘batchit (sex) happens, then a woman can become pregnant”.*

(A male, Loni)

Some male respondents perceived the linkage of conception to a particular season.

“There is no such thing as time. During the winter season, when a woman has menstruation, after it is over, within 3-4 days they have sexual relations (local hindi term “batchit”), then it (pregnancy) happens.

(A male, Loni)

c. Sources of information on fertility

As far as sources of information were concerned, low-literate women in Dankaur area especially with nuclear family mentioned that they first speak to their husbands and then to the doctor. Following narrative elaborates that but it also reiterates the dominant role of male in decision making on this issue, especially in low-literate population.

“First I ask this to my husband. After that we consult the doctor. We are going to have a child, so I consult my husband first. Whatever my husband says, I do that only and I say that, this matter depends on him. If he says fine, it is okay, otherwise not. That way such situation has not arrived so far”.

(A low-literate female, Dankaur)

Unlike Dankaur, some women in Loni mentioned that they prefer to talk to the women members in the family such as sister-in-law, sister or other peers. Through them they used to get information or clarify their doubts.

“When it (menstruation) did not happen, one week passed. Then I thought it did not happen with me so I asked my husband to get a machine for urine check (pregnancy test kit). What I saw with that there were two lines. So I came to know that I conceived. My sister-in-law told me about that. She asked me - “it is now two years passed after your marriage, you did not conceive. Then I said, it happened on 4th and it did not come. So she told me that”.

(A female, Loni)

In Ashoknagar, a woman participant reported how a doctor became the source of information.

“When my first child was born, the doctor told me not to have sexual relations at least for next 8 months. When I asked, she said after having a child birth the mouth of the uterus (bacchadani) remains open up to 1 month. Then I said okay. Further she told me that after menstruation at least 15 days gap should be there” (in case you want to have sex).

(A female, Ashoknagar)

Some male respondents mentioned that discussion with peers at work, those who are already married and have experience, and advice from doctors as sources of information related to fertility issues.

“These things come from our friends, those who are married before us. Doctor also told about this”.

(A male, Loni)

Fertility desires

When inquired about respondents' desire for having a child in next 1 year, most of them expressed denial. Most of the men and women respondents said the decision to have children is usually made jointly between the husband and the wife, nevertheless, the ultimate decision-maker remains husband. Many discuss this openly with their spouse. As far as fertility desires were concerned, there was not much disagreement reported within the couples. In case there is any disagreement, husband's decision remains final and that is the widely prevailing social practice.

“We have three daughters and a son. Now we don't have any thought of child. These many are sufficient. If we think that we want one more son and if a daughter is born then that is not right. Whatever God has given is more than enough. Now there is no thought further”.

(A low-literate female, Dankaur)

Some participants attributed limiting of family to the increased cost of living.

“The cost of living is very high. I am alone earning member. How can we make both ends meet? We have to give rent as well. Children's education is there. Those who are there should get educated, that is more than enough”.

(A male, Loni)

A few respondents did express the desire of having a child for following reasons.

In case of a couple, an unfortunate death of the first child in the womb and then no conception for a long time was seen to be the reason for desire of a child.

In Ashoknagar, a male having three daughters expressed a desire for having a male child after having many daughters. This represented a typical feature of Indian society and strong existence of traditional thinking with a desire for a male child which is considered as a support of parents in the old age and who will carry forward the name of their family.

"We have three daughters. We are thinking- if one son is there, then we will get family planning operation (female sterilization) done".

(A male, Ashoknagar)

Awareness of and experiences with the family planning methods

Awareness about family planning methods was seen common with about 24 of 27 respondents mentioned about knowing at least one of the family planning methods. Major sources of information reported were doctor, media such as TV and already married peers or colleagues at work place in case of men whereas for women doctor, ladies in the neighbourhood or friends and sister in laws in the family were reported. Women reported that the choice of method was dependent predominantly on the lady doctor or husband and mother in-law in a few cases.

"The doctor in X (place) gave that. My husband asked her to give some medicine to prevent pregnancy. So she wrote down (prescribed). I got it from the medical store for Rs. 20. There are six pills. Whenever we want to do sex, two hours before that we need to take (consume) a pill".

(A female, Loni)

A few women reported that they were not aware of condoms and that it is husband's will and decision which they also accept.

"I am not much aware of condom. My husband used to bring it. His friend told him to use that for preventing child conception. So we are using it".

(A low-literate female, Dankaur)

Majority of participants (24 of 27) were aware of available FP methods, and most of them (22 of 24) had an experience of using any of the methods. Overall condom use was reported by half (13 of 27) respondents among which men and women were almost in equal proportion.

Less than half of women respondents were using any method—most common was Copper T (5 of 18) and pills (3 of 18) (*Saheli or Mala D*) prescribed by doctors and that they take two hours before intercourse. Two respondents who reported use of condoms also mentioned that they used pills in the past.

As far as access to family planning methods was concerned, majority of males reported that they buy condoms through medical stores only. They generally purchase packets of Rs.10-20 per month. In case of women Copper-T was accessed through the government hospitals/dispensaries for which they sought help from the health care providers, especially lady doctors. On an average people reported cost for implanting Copper-T was about Rs. 1000-1500, which remains for about 5 years, one of the reported Copper-T brand was 'freedom-5'.

Narratives from some respondents elaborate their experiences of using family planning methods and explain the reasons for choice of a particular method.

In Dankaur, it was observed that religious practices might also have influence on the decision of using family planning methods especially among Muslim women.

"If a lady is operated (tubal ligation is carried out), then after her death, the last namaaz or 'aakhri namaaz' which is offered, that won't be there. [means if any lady has undergone Family Planning (FP) operation then after her death; the 'aakhri namaaz' is not offered to her body. Among Muslims, during the death rituals generally they offer namaaz called as the 'aakhri namaaz' to the dead body.]

(A low-literate female, Dankaur)

In some joint families choice of a particular family planning method was seen to be influenced by mother-in-laws also.

"My daughter was unwell and she became weak, then I consulted. My mother-in-law said that Mala-D tablets are available; you consult the doctor and tell her about your situation. I asked, Mummy what would happen with that? She said- because of that child would not be conceived. Your daughter is still small and you do not have that much strength in your body".

(A female, Ashoknagar)

A male respondent justified the choice and use of copper T and how it would not hamper day-to day work. Following narrative elucidates the link of other familial responsibilities intermingled with the family planning matter and that the choice of method also has influence of other factors.

“See, operation will be performed, there will be cutting and tearing. After the operation, she/wife (patient) will need rest. There will be problem in the house because there will be problems of cooking and looking after children. With Copper-T, person can continue her work; she can look after the house. She can send the children to school. I have a younger brother at home, but his wife went to her parent’s place. There will be problem for cooking. This is what benefit I can see of Copper-T.”

(A male, Loni)

Majority of males reported use of condom as a family planning method. A male in Ashoknagar reported choice of condom over the contraceptive pills as he perceived that there could be some side-effects because of pills, which condom does not have.

“There are problems (heat or side effects) because of pills, with this (condom), there is no trouble”.

Some men expressed their non-satisfaction.

“One has to be satisfied. I don’t like it (using condom), direct (sex) is a different matter”.

(A male, Loni)

Another male justified its use not only for preventing unwanted pregnancy but also they viewed their safety (from sexually transmitted diseases or STDs).

“One, it does not lead to pregnancy and second, we can also remain safe”.

Some males doubted about the quality of condoms in the market. They expressed concerns such as its leakage/ rupture may cause pregnancy.

When asked about reasons for not using or stopping the use of any family planning methods, respondents had various ideas. Some women respondents mentioned about side-effects of pills because of which they stopped using them after consultation with the health provider.

“Yes, I had consumed Mala-D pills. There is five years difference between my eldest son and eldest daughter as I was consuming pills. But later pills started causing me problems. Because of that, I started getting rash on my body. It used to turn reddish and hot. Then I showed that to our family doctor. Actually my husband asked him that my wife has this kind of problem. So the doctor advised to stop those pills as it caused problems. So I stopped consuming”.

(A low-literate female, Loni)

“No it was cleared (medical termination of pregnancy was carried out). My child was spoiled, before this son was born and after my first daughter. I don’t know how it happened, but may be because of pills which I was consuming.”

(A low-literate female, Ashoknagar)

A woman in Dankaur expressed her perceived fear about using Copper-T. She would prefer to get operation done which would be a permanent measure for preventing children.

“I am not interested in using Copper-T. When I do not want to have child, I will get directly operated. Because of that, it will be permanently stopped. I heard about Copper-T. But I am not willing to go for that. I am scared of that if something happens (wrong). Many say that ----it affects the blood vessel in the (uterus). Some disease might happen because of that. That is why I am afraid. I have not seen it yet, but I think like that”.

(A low-literate female, Dankaur)

Another woman narrated her neighbour’s experience of using Copper-T.

“My neighbour got implanted Copper-T, but it did not suit. About 5-6 months there was heavy bleeding, so got it removed from the hospital”.

(A low-literate female, Ashoknagar)

Five respondents (4 women and 1 male) mentioned that they prefer to keep abstinence.

“We have not done operation, nothing. We don’t want a child. I keep control on myself. When MC is over after that for 10-15 days we do not do sex. It is now 9 years passed after our marriage. Till date we have not used anything (contraceptives, condoms etc.). We have not used any tablets”.

(A male, Dankaur)

“Till now we have not done anything. But we do not want a child so we can do something. Like we do not want more children so we can use something. And if wish to have then we may not use also. Now I have the opinion that I do not want any child, so I will use something”.

(A low-literate female, Dankaur)

To sum up, primarily social networks of close relatives, friends, neighbours along with doctors and nurses found to be catering information needs regarding family planning of both men and women respondents in these study settings. Men reported positive as well as negative experiences with regard to condom use while women provided positive as well as negative experiences with pills and Copper-T. However, no participants mentioned awareness or use of SDM of CycleTel.

Some respondents though mentioned abstinence as their practice method there appears to be clear knowledge gap with regard to fertile days concept and acknowledging this gap with education regarding fertility awareness and Standard Days Method such as CycleBeads need to be explored.

Unwanted pregnancies

A few respondents reported having an unwanted child which could be attributed to the poor fertility awareness in the community.

“As our daughter turned 8 years, we controlled ourselves. If the first child becomes understanding, she/he can look after the second child. Then after that third one happened. There was some mistake, it happened very early”.

(A male, Dankaur)

Some respondents were concerned about unwanted pregnancies and they also seemed to be aware of medical termination of pregnancies which locally they refer as “safai kar do” (means clean it).

“That is why now we will go with planning. But God knows, if something happens and we do not come to know for 2-4 months, then killing a child does not look good. Clear it or take pills (MTP). It can also affect health (of woman). It does not give good feeling, go and clear in 2 or 4 months. But now we do not wish to have a child”.

(A low-literate female, Dankaur)

From the experiences of using different methods of family planning such as condoms, pills or copper-T as well as from the reports of unwanted pregnancies, it is clear that people are less convinced with these methods and some were just unwillingly using them because of no known alternative. This was probably because the scientific information on fertile days was seen lacking as a limitation of the family planning program is that it focuses on promotion of methods without much information.

Use of mobile phones

Mobile usage was seen very common in all three study settings. Majority of men mentioned that they own a mobile, whereas majority of women denied owning individual mobile phone, nevertheless they have access to husband's or someone else's phone in the family. In general, the perception was that the working women generally own mobile phones. A few women respondents in Ashoknagar and Loni only mentioned about that they owned a mobile phone and some mentioned to have received either from their father or brother. When inquired whether they would like to have their own mobiles, many women had willingness but were not aware of using many of the functions.

Some women in Dankaur reported that they do not want to have own mobile as they had a fear of getting calls from strangers because of which they were concerned about their husbands doubting their character/morality. In these peri-urban communities, communication of married women with unknown males is not always seen in a positive way.

Most of the handsets seen in this area were China-made big size models, but with cheap rates ranging from Rs. 500-1200. Some also mentioned about purchase of second hand handsets. About one fifth of the handsets were reported to be non-functioning at the time of interview.

Respondents reported common problems or difficulties such as non-availability of balance, no network coverage, phone broken by children, non-functioning handset etc. which also prompt them for using other's phones. Women reported that they borrow somebody else's phone to call their husbands.

Regarding the convenient place of using a mobile phone, men respondents reported outside the house or roof of the house, whereas women respondents mostly reported within the house or near the staircase in the house.

Although majority of men reported use of different functions in mobile such as receiving phone call, dialling numbers, listening to music or watching videos, they were not very comfortable in using SMS in English (they prefer Hindi text) and making or receiving phone call was seen to be the main use of mobile. Women were less aware of functions and they too reported restricted use such as receiving a call or dialling numbers. Many respondents mentioned that they learned mobile functions from their children and women specifically mentioned that they learnt from their husbands.

When inquired about perceived advantages of mobile, most of the respondents could elaborate those. A few of them are listed here. Most common were to have a talk with parents or relatives who are at distance, emergency situations, for saving time and money.

“Advantages are that we (my husband and I) can get to know the wellbeing of each other. Another thing, if my husband goes somewhere, so I can talk to him on phone. We can’t meet each other, but at least can talk to each other on phone.

(A low-literate female, Dankaur)

“Advantage is that in less money we can find out about distant things. Now a days we do not get time to go, but everything is available on mobile. Now even money can be withdrawn with mobile. It is beneficial for everything”.

(A male, Loni)

“Advantage is that earlier there used to be letters (postal services) which used to consume time. Now we can talk hand to hand (quick talk) and whatever may be the problem, even at night we get the news without any delay. A person can go quickly”.

(A male, Ashoknagar)

In case of women, men respondents reported the importance of having mobile phones especially at nights so that they can call police or at home in problematic situations.

“Sometimes, ladies get stuck in the night, or get in some problem. That time they can call at home or if they are in trouble, they can call police. That is the advantage of having mobile with them”.

(A male, Ashoknagar)

Mobile phone use by women

A common finding that both men and women respondents were of the strong opinion that use of mobile by unmarried girls is inappropriate and that could be a misuse in terms of lying with parents by hiding their affairs with their boyfriends against the reason of duty. However, it was also seen conditional in some cases. Following narratives clearly indicate their concerns about such mobile use.

“Now a day entire environment is so much spoiled that the values are lost. Parents of the girl do not know where their daughter has gone. I just saw yesterday. In the morning, the girl with a mobile phone was wandering with a boy in Jamunavihar. In the afternoon, when I returned, she was wandering on the main road with that boy, chatting on her phone. So parents do not know whether their daughter is going for the duty or lying and doing some inappropriate things. She is cheating her parents. Parents should see where she is going and what she is doing”.

(A male, Loni)

“If she is learning in the school, then calling at home for her would be appropriate. But if she is having an affair with a boy and calls him, it is not appropriate”.

(A low-literate female, Dankaur)

However, mobile use by married women was considered to be appropriate and especially recommended for talking to the relatives or at parental house to know about their wellbeing.

“I think it is appropriate when the girl after her marriage remembers parents, so she should have mobile. If husband is outside, she should have mobile phone to call him to know his wellbeing”.

(A low-literate female, Dankaur)

“For a married woman, it is appropriate to have a phone because if her husband is not at home and she has some problem, she can call and ask.

(A female, Ashoknagar)

Experiences with the call centre

Most of the respondents mentioned that they rarely have any subscribed features on mobile phone. Regarding call centre experiences, mostly male respondents reported that they had called them either on one or several occasions and had direct discussions with the professional. The calls were mainly linked with complaints of deduction of balance for

unnecessary features or due to pressing of wrong buttons probably because of misunderstanding of messages.

“I did recharge, but my balance was reducing. So I called in the customer care. A person was there. He said, ‘Sir, this is the scheme, these messages are linked. So I told him to remove those messages. I should not get any message. My balance should not be cut (money should not be deducted)”.

(A male, Loni)

Another male described his experiences about two different mobile companies as-

“They keep on telling about coupon or ringtone either through message or call. Once I called, they played ringtone. If any scheme is there, those from ‘X’ company, they trouble. They say your message will come after 24 hours. But those from ‘Y’ company do not trouble. They send messages immediately. From Customer care, sometimes men talk and sometimes ladies talk. Generally they say-press this number, that number. Press it again”.

(A male Loni)

Some males complained about not getting the call immediately.

“The problem is that their phone does not get connected immediately. It takes time. Sometimes there is disturbance and hence I can’t hear voice properly”.

(A male, Ashoknagar)

A very few woman respondents in Ashoknagar mentioned experience of calling to the call centre. One of them elaborated her experience-

“Once I called in the customer care. They put a scheme. I did recharge of Rs. 30 and all my money got cut immediately. So I went to a neighbour and told him like this happened. He advised to call in the customer care. They will return your money. So I called. First time I tried to connect, but could not get through. Then my sister-in-law dialled and connected me. Initially recording was there, and then a person spoke. He said, ‘you have put this scheme. You opened internet’. I said, ‘I don’t know how to put a scheme or how to open internet’. So he said this scheme will apply for 3 months. Whatever money you will put, they will be deducted. I did not recharge for three months. Then after that the scheme expired. While talking to him, I was afraid about what he will say, but he spoke nicely”.

(A female, Ashoknagar)

Recharge issues

Recharge was generally reported to be male's responsibility and it was done through coupons or phone to phone from the mobile shops. A few women respondents reported that their parental family members mainly brothers pay for their recharges (phone-to-phone feature of recharge) and ensure that their sisters would remain accessible to them and their parents over the phone.

It was generally observed that the expenditure on phone calls was minimal, ranging from Rs.10-50 which might last for a week, fortnight or even for a month. Only a few males reported spending of Rs. 300-400 per month for mobile recharge. Women were seen less aware of the balance in their husband's mobile.

Following narratives suggest poor affording capacity in this low-literate population.

Means in Rs. 100, or 80 they give 500 minutes (talk time). When we need, we recharge. Since last 1 month, we have not done recharge because we did not call".

(A low-literate female, Dankaur)

"I do recharge of Rs. 10. When I have money in pocket, I do recharge of Rs. 30, 40 or 50. Today I did not have money hence did recharge of Rs. 10 from which I got Rs. 7".

(A male, Loni)

"It is prepaid. I recharge it. Sometimes I get coupon or sometimes transfer through mobile. Prepaid recharge can be done with Rs 10 or 20, but with this post-paid minimum Rs. 50 is needed in transfer".

(A male, Ashoknagar)

Concept of receiving health and / family planning information

When inquired about the concept of receiving health information via mobile and on which topic they would be interested, majority of respondents reported that they would like to get information related to various health problems, different diseases. Some specifically mentioned about children's health and women's health problems.

"Health remains good. We would like to have information on this subject only".

(A low-literate female, Dankaur)

"I would like to know about children. I would like to know if we do not want children, then what should we do. Now it is summer, I have a strong headache; I get fainting sensation as well. I would like to know why this happens".

(A female, Ashoknagar)

“This information related to diseases, problems such as aches and pains. Ladies suffer from lot of problems and if someone is telling about this, I would be interested to listen”.

(A female, Loni)

Some male respondents mentioned -

“Now various diseases are there- Children get fever of dengue etc. I would like to get information about that”.

(A male, Ashoknagar)

Regarding receiving of family planning information via mobile, majority of people responded that they were willing to accept it provided that it should offer some help for them.

“What is the advice? When call will come, we will listen to that. If I feel it appropriate, will let you so, but if I do not feel it appropriate, I will deny. Neither you can pressurise nor can I. You will do your duty and we will get our thing. As you are talking with the view of understanding nature, I will listen. If it is of no benefit for us, why would we listen to that leaving our work”?

(A low-literate female, Dankaur)

“If we get information via mobile, it is better. If my friends/colleagues want to get that information, it is better to get it via mobile phone”.

(A male, Loni)

Surprisingly some women respondents mentioned that they would like to receive the information via mobile with a condition that only female should make a call as they feel uncomfortable with male's voice.

“No, no. I will not listen. I feel embarrassed. Some unknown people talk in this in unusual way. I won't listen. If some girl/lady is talking, then only I will listen”.

(A low-literate female, Loni)

Some were obviously concerned whether there would be any charges for receiving such information.

Concepts about trustworthy information

Regarding the trustworthy information via mobile, generally respondents were of the opinion that they would trust the information provided that they find it beneficial. Some male respondents mentioned that they would verify it by consulting some educated person who

has that information or may go to the family doctor as well. Some were of the opinion that they would experiment with that. Some women respondents mentioned that they would ask their husbands in the first place.

I will ask him (my husband) that this lady (researcher) was saying about children. If he says, yes, then we will follow that information, if he says no, I will disconnect that phone (I will not go for mobile-based information).

(A female , Loni)

I do not know. On phone, somebody will say true, somebody will lie. If I understand the issue, I will trust, if not then I won't trust.

(A female, Ashoknagar)

“One has to trust. If someone is ill and goes to a doctor. He has to trust the doctor.”

(A male, Loni)

Some believed that whatever health information comes through mobile, there is no involvement of money and hence it would be trustworthy.

“I get messages regarding real estate, or some are about jobs. I ignore them. But if someone is giving health information, that would be appropriate. They do not have any give and take (transaction) with that. They would not have any benefit of that so they will give correct information”.

(A male, Ashoknagar)

Simulation experiences

Simulation was a totally new experience for all the respondents. The exercise had to be repeated sometimes due to lack of understanding the first time around. Their experiences and reactions for each simulation option are described below.

Phone call

For a few women, communicating on the phone was the first time experience, which they described as a mixed feeling (afraid, happy as well as excited). More than half of respondents (15 of 27) reported receiving a phone call as the most preferred option and among them mostly were women (13 of 15) since most of them were low-literate and were not aware of using SMS function. However, respondents were concerned about the time as well as frequency of receiving phone calls, specifically men expressed their reservations.

“Call late in the evening, but not in the day or call it after 2 O’clock because after that there is a break (lunch). It won’t take much time for a call. Phone call may come from anyone; I keep mobile phone at home”.

(Low-literate female, Dankaur)

“It is better if it (phone call) does not come every day. It is okay if it comes 2-3 times in a week. If it comes every day, it will disturb”.

(A male, Ashoknagar)

Some women respondents perceived simulation as an interactive voice and responded to that rather than just listening to the message.

“I will tell him that I got the first phone call, she greeted me and I also greeted her. She said, today is 8th, and she said, husband and wife has six...what did she say...they should not keep sexual relations”.

(A low-literate female, Dankaur)

Text Message (SMS)

As spelt out in the above section, majority of the women were low-literate and were not aware of using SMS function, Only two of them (one low literate and one basic literate) mentioned it as a preferred option. Unlike women, majority of men (6 of 9) preferred SMS as that would not interfere with their work and that they would be able to read it in leisure after finishing work. A few of them also mentioned that SMS can be read as many times as they want for the understanding purpose, which is not the case of phone call.

For SMS, some men preferred the symbol combination of three stars (***) to represent unsafe days.

One male reported that he likes star symbol as his mobile’s key pad lock opens with that. The symbol (x) was not preferred as many perceived it as negative or danger symbol.

Calling into service

Calling into service was the least preferred option among both men and women probably due to the concern of call charges and was reported as preferred option by only 4 respondents. Among them three were women. A response from one woman was noteworthy. She had a fear that her husband would doubt her character if she communicates on phone with unknown individuals. When researchers tried to explain about toll free service, a few respondents showed willingness.

In general majority respondents were affirmative about sharing the message with their spouses. Men respondents mentioned that in case they receive SMS or phone call at work, they would share that with wives after going back to home from work place. Women who owned mobile phones also mentioned that they would share the message with their husbands. However, some women who did not own mobile said that the message should be sent to their husband's mobile only.

Throughout the simulation process, participants expressed a desire to have a live human interface instead of an automated service, to get immediate answers to their questions about fertility and the use of the service. They suggested either having a live person (e.g. FP counsellor) on the phone, or a community health worker to visit them in person at their home.

Views on acceptance of mobile-based service

Despite guiding each of the participants through the three simulations, when asked to explain the service in their own words, many had difficulty in accurately describing the service.

"I did not understand."

(A female, Ashoknagar)

"I understood what you said. You said to the pregnant women---you greeted---then you asked about this---my husband---- you told this thing for our benefit".

(A female, Loni)

"I did not understand much, but what I understand is that they would call and tell whether you should do (sex) on that day or not and that the problem would be solved. I would be at least satisfied to some extent."

(A female, Ashoknagar)

"You told us about family planning, -----this way keep these relations--- or not to keep relations, taking information through phone, finding out through phone-----".

(A male, Ashoknagar)

We also asked how the service might change their lives if they started using it, and participants again had difficulty responding.

"Hmm, will have to ask, will have to find it out"

(A female, Dankaur).

“Life would be changed? I can’t say so, till now I haven’t received any help. Now I am completely conscious, I am now 30 year old, got married when I was 16. Neither had I heard from my father nor seen if any help is received from the government, or from any company. Like in the village if there was any minister of or prime minister, we never received any help. But now as you have started this, don’t know maybe it’s due to of our kids’ luck that we may get any help. Am I saying anything wrong? We haven’t received any help in my knowledge, but because of you, due to my kids’ luck, we may receive some help”.

(A low-literate male, Dankaur’)

It seemed participants did not fully understand that the service was a family planning method that could address their stated desires to not become pregnant at this time.

In general people mentioned that they would be benefitted from the mobile-based service application taking into consideration the overall convenience and accessibility. However, when explained about the various steps involved in the application of mobile-based service, there were mixed opinions and some were unsure about its use, rather they could not visualize the concepts such as fertile days, accounting for SDM and how such personalized information would be communicated through a mobile-based application.

“There can be many advantages. Family planning is there, but many times people have health problems, so they will have this facility. They can get benefit of it as per their requirement”.

(A male, Ashoknagar)

Two men respondents showed reluctance to the service. One of them considered family planning as a private issue that should be dealt at an individual level and there should not be use of some system.

“There is no phone needed in this matter. This is not a big thing. Now a day, husband and wife stay together and manage these small things. There is no such thing. Nobody will want to put information in the system”.

(A male, Loni)

Another male from Loni wanted to go for a permanent method of family planning (sterilization) and hence did not wish to go for any mobile-based service.

Couple communication

In general, it was observed that inter-spousal communication on issues such as sexuality and sexual behaviour was a sensitive process. Generally male initiates and leads such discussions; however some women mentioned that they also express their opinion.

Regarding the use of family planning methods, mutual discussion happens, however the final decision remains that of a male as is the case in many other decisions in the household. Some women reported that they were not aware of condoms. Due to fear of husband's beating, some women preferred non-verbal communication such as waving hand to express unwillingness for having sexual relations. Mobile phone usage by wife was seen acceptable in this community although a few women reported about their husbands doubting their morality. Most of the respondents mentioned that they would be willing to share family planning messages on mobile with their spouse in case such service comes into existence. The couple case studies below further illustrate the dynamics of couple communication.

Couple case studies

Couple 1: Case Study

Family Context

Ramesh a 30- year-old male with his wife Rani and two sons stays along with his father and younger brother in one of the suburbs of Shahdara which lies in east and northeast of Delhi. He is earning livelihood through tailoring work and Rani assists him as he now works from home. Regarding family planning issues, Ramesh and Rani are guided by their brother-in-law who being a doctor advised them not to use oral contraceptive pills as those have side-effects.

Pregnancy Outcomes

The couple is now in their tenth year of marriage. Their elder son Ramprasad who is now eight years old was born through a home-based delivery assisted by Ramesh's elder sister and a traditional birth attendant. When Ramprasad was about to complete first year of his life, Rani conceived again. Realising the difficulty in looking after Ramprasad in case the second child is born, the family went for the MTP (*Safai kar di!*). After two years Rani conceived again and gave birth to Shivprasad but this time she was delivered in small hospital in their locality. Two years or so after that Rani conceived again but unfortunately this time Shivprasad her son while playing accidentally dashed her on her stomach and that resulted in the death of her foetus in the womb itself. This prompted them to approach a doctor to operate her for the second time to conduct abortion.

Couple communication around desire for children

Rani takes pride in telling that her husband listen to her in all matters and would never become suspicious about her character and always respects her desires. After having two sons Rani wanted very much to have third baby as daughter so that her sons would get one 'sister'. Ramesh however did not want to further strain on the family income by having third baby; instead he wants his meager income to be spent on providing good education to their sons. Rani now kept aside her wish of having daughter firstly respecting husband's say in this matter and secondly considering family's financial position and lesser income. About five to six months back, the couple decided that they would wait for the arrival of the winter season (October, November months) and planned that Rani would undergo tubectomy in that healthy season so that she would have a speedy wound healing and recovery.

Current Use of Family Planning Methods

Nearly five to six months before when they were on a look out for the family planning option to suit their needs, the colleagues at Ramesh's workplace suggested him to use condom for preventing the pregnancy. Ramesh then discussed with Rani about this possibility and in consensus with each other they opted for the use of condoms. Though Ramesh felt a difference in pleasure between sexual intercourse with and without the condoms, he was compelled by the situation to remain satisfied with this method.

Mobile Phone Use by Couples

Financial constraints and economic considerations do influence the use of mobile phones by Ramesh and Rani. Ramesh has his own mobile phone which he able to charge generally with 10 Rs. vouchers and kept it functional. While Rani though owns mobile phone her phone is deactivated due to recharge issues. Ramesh as works from home right now Rani uses his mobile phone. Both of them mostly use mobile phone for receiving the phone calls, rarely they use the phone to call others and amongst other features they reported to be using music player feature of the mobile phone to listen old and new Hindi songs.

Possible use of CycleTel to supplement the current use of condom

The possible supplementary use of CycleTel along with the condom when discussed with Ramesh, researchers found him less enthusiastic and reluctant and he again reiterated his plan that for them it is just the question of another four to five months. After that, winter will start and then Rani would be operated and their problem would be solved permanently.

From the above case-study the following points can be concluded

- Family ties and networks influence the uptake of family planning methods. MTP is routinely used as one of the commonest options for family planning.
- Financial considerations and meager income influence fertility desires or desired family compositions concerning number of children of each sex in the family.
- Among the couples, husband being the only bread-earner in the family (in most of the households) is expected to provide social security and ensure the survival of all the family members and while performing that role he does exercise his control on all the decisions having bearing on the future of the family that includes family planning. Wife as socially desired to support him in all his ventures and decisions is expected to support and follow him.
- Eventual acceptance of permanent female-led sterilization methods by women as a result of predominant practice and use, this couple was reluctant in using the temporary and/ or natural methods of family planning such as CycleTel.
- In India, mobile phone use also has economic considerations as consumers need to pay for sustaining validity of their mobile phone numbers and after that only they can receive the phone calls for free. For calling others over mobile phone consumers need to pay depending on their package and agreements with respective mobile company. Some company's offer 1 paisa per second calling, some charge 50 paise/minute and some charge 1 Rs/ minute, further STD charges if somebody is calling outside of their operation circle which are generally State boundaries in India, they need to pay the double costs e.g. 2 Rs/ Minute, etc. For sending text messages, commonly called SMS's in India, people also do need to pay on the lines of calling others over phone unless they opted for free SMS plan(s).
- The case study suggests the need to initiate efforts to sensitize eligible couples in the reproductive age-groups regarding the use of Standard Days Method (SDM), also the difference in regard to other family planning methods to prevent pregnancy and about advantage of SDM in planning the pregnancy need to be emphasized in the sensitization-cum-awareness campaigns.

Couple Case Study 2

Family Context

Rajnarayan a 33-year-old man along with his wife Kamladevi and one daughter stays in peri-urban areas of Delhi on the borders of Uttar Pradesh. He has a vegetable stall in the nearby market. He and his wife are in the tenth year of their marriage. , Upto almost five years after their marriage, they did not have a child so they consulted the Doctor and after completing the treatment, Kamladevi became pregnant and they were blessed with daughter named Rajeshwari. At present Rajeshwari is 5 years old and Kamladevi is expecting a second baby. Rajnarayan though stated that irrespective of the sex of their second child after its birth, he would get his wife operated (tubectomy). But Kamladevi, his wife clearly stated that both of them very much want their second baby to be a son to complete their desired family composition. Both of them reported that they were not using any family planning method to prevent pregnancy. However, during the first pregnancy the couple reported the use of condom for avoiding sexually transmitted infections.

Mobile Phone Use

Only Rajnarayan owned mobile phone in their family, when asked the reason about having only one phone in the family, he firmly stated that even one should be enough. If there are two, there will be more expenditure and it would go on increasing with the increase in the number of phones. He further stated that his wife Kamladevi doesn't know how money comes, from where it would come and suppose he adds Rs. 50 as recharge and give phone to her then she would just start and go on speaking until that balance is finished. Rajnarayan further stated that his wife many times asked him for buying a mobile phone for her but he completely ignored it.

Another excuse for not providing a mobile phone for his wife was that he heard that sometimes mobile phone bursts suddenly and that's dangerous. Kamladevi reported that she did not want to have her own mobile phone. She is scared of her husband because he may ask her about the person who is calling her and may become suspicious of her to see the number from unknown persons, doubting her morality/ character that she may be communicating with other men which imply infidelity. During the simulation, Kamladevi showed her preference for receiving the phone call but not to her but to her husband and then if husband feels that the information is worth to share with her then only he will share.

Rajnarayan further believes that owning mobile is not essential as of today though having mobile has a benefit. This is because most of the times mobiles are used to lie and or cheat

others which he regarded as inappropriate use. When probed about this statement, Rajnarayan shared his experience of one familiar girl in the neighborhoods which he observed was roaming around with a boy for almost whole day with mobile phone in her hand. He said that the parents of such girls are under impression that their daughter has gone for work, even if they might check over the phone, she will lie and report that she is on duty whereas actually she is wandering around and behaving improperly. He was concerned that the parents of such girls should be cautious and need to attend their daughter.

From the above case-study as well as taken into consideration the other men interviews, the following points can be concluded

- Preference for a son or Son Mania is very much evident in these study settings. Son mania means endless desire and preference to have sons in the family than daughters. Son mania or son preference is both multifaceted and deeply imbedded in the Indian culture. In Indian Society sons carry on the family name and are charged with the task of supporting their parents in old age – social security to parents. For example, according to the Hindu scriptures, only sons are allowed to set fire to the graves of their parents during their funerals, releasing them from the trammels of this world and ensuring their souls enter into heaven. Daughters on the other hand do not make any further contribution to their parents after marriage and are being discriminated against and regarded as economic burden due to 'dowry' issue which though legally banned now still shows its presence in one or the other way. Dowry means the payment in cash or some kind of expensive gifts given to bridegroom's family along with the bride at the time of the marriage. Producing sons is used as a means to meet the conflicting demands. It is widely known fact that the majority of sex selective abortions take place in Indian families where there are three or more children, particularly daughters.
- On face for the sake of it even men respondent would deny and say that they are least bothered about having a boy or a girl but eventually they do attribute importance for having a son and would be pressurizing their wives for the coveted outcomes.
- This is amongst a few men respondents who reported using condoms when their wives were pregnant to reduce the chance of getting sexually transmitted infections/ diseases. This hints either to the history of sexually transmitted infections which they might be suffering from because of the pre-marital or extra-marital relations.

- There are clear gender dynamics seen in the use of mobile phones by which men do want to enjoy all the advantages of mobile phones. But as husbands they do exercise their power over wives and control their use of mobile phone either by suspecting their character or by citing expenditure or by citing dangers associated with the use of mobile phones.
- After controlling their wives mobile phone use, men also do not want young girls in their neighborhoods to get involved in using mobile phones and for that they would again cast doubts about these girls' characters and would have stories to tell about inappropriate use of mobile phones by these girls.
- In above case study, suggestion of Kamladevi concerning directing the phone call with regard to CycleTel messages to her husband first and then if husband feels and convinced about the importance of information and assessed its worth then only would share with wife. This points towards the possible modalities to work out to increase the acceptance of CycleTel messages regarding family planning at the level of couples.

Couple Case Study: 3

Family Context

Ali a 25- years- old along with his 23-years- old wife Hasina works in brick kilns in one of the peri-urban areas of Delhi. The couple is blessed with three daughters and one son and though staying separately as a nuclear family they have their huge extended family in the neighborhood to rely on for help.

Fertility Experience and Perceptions

Hasina based on her experiences regarding child birth, had a firm belief that baby can be conceived if sexual relations are kept on the ninth day or thereafter two to three days after menstruation. When probed for a reason for the same, she told that around those days mouth of the uterus (*Bacchedani*) is generally opened and that facilitates conception. Before Hasina would have any children this information regarding conception was told to her by her elder sister-in-law who stays in Buland Shahar and her friend who stays in the neighbourhood also repeated this information to her. Off late considering her frequent pregnancies with little spacing and short intervals, her sister-in-law also advised her not to enter into sexual relations during the menstrual cycle as that would fast-track her conception. Listening to this Hasina did talk with Ali that they should not conceive a child soon and should follow abstinence during the period of menstrual cycle. The couple at present also preferred to follow abstinence for 15 days after the menstrual cycle as an option for family planning.

Fertility Desires

The Couple already had 3 Girls and 1 son. Ali however wants to have another son after a gap of about four to five years. He is planning that after they would have another son and he would get his wife operated for tubectomy. So Ali is on the look for option of family planning to increase spacing or time-interval between their children. Hasina on the other hand because of physical fatigue and exertion, did not want to have any pregnancy or child hereafter.

Views about receiving family planning information over the mobile phone

When asked about her opinion about receiving family planning information over the mobile phone, Hasina replied that it would be good. She would like it and her problems would be reduced because of this. When further probed about how this information should be told over the phone, she replied “the way you feel like, it would be acceptable and it would be nicer to get this information over the mobile phone”. Ali her husband also expressed his willingness to receive the family planning-related information over the mobile phone.

Simulation Experience and Use of Mobile Phone for receiving Family Planning Information

Hasina was unable to hear anything for the first time due to network problem. Second time she received the call and she responded to the caller. She could hear the message but could not explain, she said she didn't understand and she forgot the message. She could understand the message when it was repeated for the phone call. When it comes to the text message she found stars to be more meaningful; however, she could not tell the reason. Just that she said it may carry any meaning as we want it to have. Towards the end, she was confused about the preferred service. Once she said message then later she was not sure about calling into the service as her husband may have doubt about who is calling her every day. Ali her husband responded positively to all the three options of simulation namely, receiving a phone-call, calling to phone number as well as text-message and stated that this information would be appropriate and he would implement the same. Out of the three options Ali preferred to select receiving a phone call option citing better clarity of the message.

From the above couple case-study the following points can be concluded

- Couples do have their own perceptions and experiences about the fertility and conception and these are generally influenced by their close kin / relatives such as sister-in-laws, mother-in-laws, etc.

- Though there are differences in fertility desires between wife and husband, both of them had clear unmet need of family planning and they are on lookout for options. The Standard Days Method (SDM) or CycleTel suits better to the family planning needs of this couple and if further sensitized, couples like these may opt for the use of SDM or CycleTel in near future.
- Couples are open in receiving family planning information over the mobile phone and they do exercise their choices about the options regarding receiving the information. These may vary amongst couples but still such willingness needs to be tapped.
- This case study also points towards the need for testing the language in the messages provided in the simulation. This language needs to be made simpler and comprehending.

Couple Case Study: 4

Family Context

Salim a 33- year-old male along with his wife Nagma who is 20 years is staying in one of the peri-urban areas of New Delhi and both of them work in brick kilns in the vicinity for earning livelihood. They undertook a contract with brick kiln owner for which both of them work during the night hours at the kiln to beat harsh temperatures of the summer days. Parents and siblings of Salim do reside at another brick kiln in Mudranagar. Despite large distances between the working places, they all do take care and visit each other regularly. The couple always dreamt and prays that Allah (God) should do some favour to their family so that they won't need to come to the brick kilns again for work.

Challenging Life

Salim and Nagma now are in the third year of their marriage. When they were in first year of their marriage, they have had their first child. Unfortunately their son died due to pneumonia when he was just three months old. It was a big shock to them after that they have not opted for any of the family planning methods and were expecting Nagma to become pregnant soon. Leaving this sad instance behind, Salim and Nagma started their life again and after approximately 16 to 18 months, Nagma became pregnant and presently she is in the first trimester of pregnancy.

Life must go on

Nagma and Salim now started thinking about their desired number of children and the composition of the family. Nagma wants to have four children while Salim used to tease her that they should at least have six, three boys and three girls. With smiled faces they are moving on with the life as it comes.

Potential use of Mobile phone for receiving Family Planning Information in future

Salim positively listened and understood well the entire concept of receiving family planning information via mobile and during simulation opted to receive a phone call as his preferred option to get information about safe and unsafe days. Nagma due to her physiological condition as well as overexertion due to work at late night on the brick kiln, although feeling sleepy, after probes and several explanations understood the messages well and could be able to explain it. In general she was positive in her approach towards this family planning methods option.

From the above couple case-study the following points can be concluded

- The couple had undergone several hardships and challenges in life but now are thinking positively and looking forward to new life.
- Though unfortunate instance of their son's early death restricted their use of family planning methods, they now do see the potential use and benefits of using mobile phone for receiving family planning information in future to meet their fertility desires. In this case the potential applicability of CycleBeads/CycleTel in planning the pregnancy would help the couple to get the desired results. This may be a way to target the young married population with a CycleTel iteration, especially given their reluctance to join the study due to pressures to have children early in their marriage.

Discussion and recommendations

This study undertaken among low-literate population in three different sites in peri-urban areas of Delhi indicates diverse viewpoints from women and men respondents. It suggests a strong existence of traditional value system such as respect for elders and consideration of their role as lead family members. Except a very few respondents, majority could not answer scientifically considered fertility period (8-19 days) which suggests that the fertility awareness is clearly lacking in this community. Women were found to be aware of keeping track of their menstruation. However, they were unsure of the scientific information of fertile days, which underscores the need to fulfil this information gap. Such gap has also resulted in medical termination of many unwanted pregnancies, which has been well documented. However, these MTPs happened not only as a result of lack of awareness but also with the desire of a male child. Unfortunately, it was observed that in this community, MTP (locally referred as cleaning) is being considered casual and as one of the family planning options, which requires a serious attention. In general, this decision of MTP is influenced by the husband in this male-dominated community and a woman who ultimately suffers has a very little say in the matter. For many decades, the FP program in India emphasised on

sterilization, resulting in limited adoption of reversible methods and information about the benefits of birth spacing (cf. FAM project, Country Brief). Such information can be provided initially through either one-to-one discussion or some focus group discussions to build the confidence among people. Women respondents reported major sources of information such as discussion with husband and/or other women family members. For increasing community awareness about family planning issues, group meetings separately for men and women should also be organised.

Although women were found less aware of condoms, they were aware of Copper-T and contraceptive pills. In general respondents were found aware of three modern spacing methods such as Copper-T, pills and condoms. This finding is consistent with that of NFHS report which reported the level of awareness of each of the three spacing methods exceeds 80 percent. (NFHS 2005-06). Majority of men respondents mentioned that they purchase condoms from the medical stores. However, the National Family Welfare Programme claims to provide condoms and pills through free distribution and social marketing schemes (NFHS, 2005-06). This may suggest that either the access to free contraceptives is lacking in this area or people are not aware of such information. Some respondents expressed less faith in the public health system. This could also be a reason for accessing contraceptives from the medical stores. Some were concerned about quality of condoms. However, in this study, some respondents expressed satisfaction with spacing methods, while others reported less satisfaction and perceived or experienced side-effects of pills or Copper-T. Similarly, justified by religious practices, some Muslim women in the study reported lesser preference to female sterilization which has also been evidenced in the NFHS report that indicated the lowest prevalence (21%) of female sterilization among Muslims (NFHS 2005-06). Some respondents were concerned with unwanted pregnancies.

In view of above findings and considering the costs involved for spacing methods, testing the feasibility of offering an alternative method such as SDM in community-based Reproductive Health programs as already piloted and implemented in Jharkhand would be more appropriate option for this low-literate and lower socio-economic setting. Nevertheless, this can also be coupled with use of modern spacing method (use of condom) for those who are comfortable with its use.

As far as ownership of mobile was concerned, males generally had that whereas a very few women reported having ownership although they have access to husband's phone. Mobile phone usage by women was somehow seen with reservations by men at large in this male-dominated community. For married women, mobile phone usage seems acceptable.

Although mobile use is common in these study settings, simulation was a very new experience for this community who has a less exposure to education. Some of the terms were quite new for them and the messages in Hindi language as are tested in urban areas (New Delhi) were not easily understood by them. A repeated simulation exercise helped some participants to understand the concept to some extent. This suggests requirement of pilot-testing for 'structuring of the language' and local contextualization of 'Hindi terms' in the simulation text for better explanation of family planning information such as CycleTel concept. For this purpose, some help from the local teachers or other educated community members could be sought. Community-based Organizations (CBOs) such as AWASAR-India who had rapport with the community can also be considered to take this initiative forward.

Participants from Dankaur area appeared more accepting of the service than participants at the other two sites, as they felt a strong need for it because many of them already had 4-5 children and they did not want to have any more. However, non-functionality of handsets was a major problem reported by them as they generally purchase China-made cheap mobiles from the local markets. Intervening in this area (may be by offering some cheap repairing services etc.) could help in better implementation of services in this area.

Women in this low-literate population were not able to use mobile functions such as SMS or calling to service. Some basic trainings on mobile use can be arranged for them nevertheless with the consent of their husbands who are the 'decision-makers' for the family. In such situations, introduction of CycleBeads which already showed promising results in other parts of the World including India as well would be more recommendable; this might later be gradually replaced or supplemented by CycleTel.

While some people prefer messages as they can be read at leisure and that would not disturb them, others prefer receiving phone calls only at evening time to avoid interference with their work. If given the option of toll free service, participants were willing to opt, however they were unwilling for calling/receiving phone calls every day. Some suggested having phone calls/messages to be sent only on the 'unsafe days' so that they don't get disturbed every day. Although a few respondents showed willingness for paid phone calls, many were reluctant to do so because of low affording capacity. Further India-specific constraint in making the use of CycleTel would need to tackle challenges such no signals of mobile services in remote or difficult-to-commute/ reach areas. This would impose greater challenges in ensuring regular support and messages to the beneficiary communities. Service provision should be attentive to these local realities.

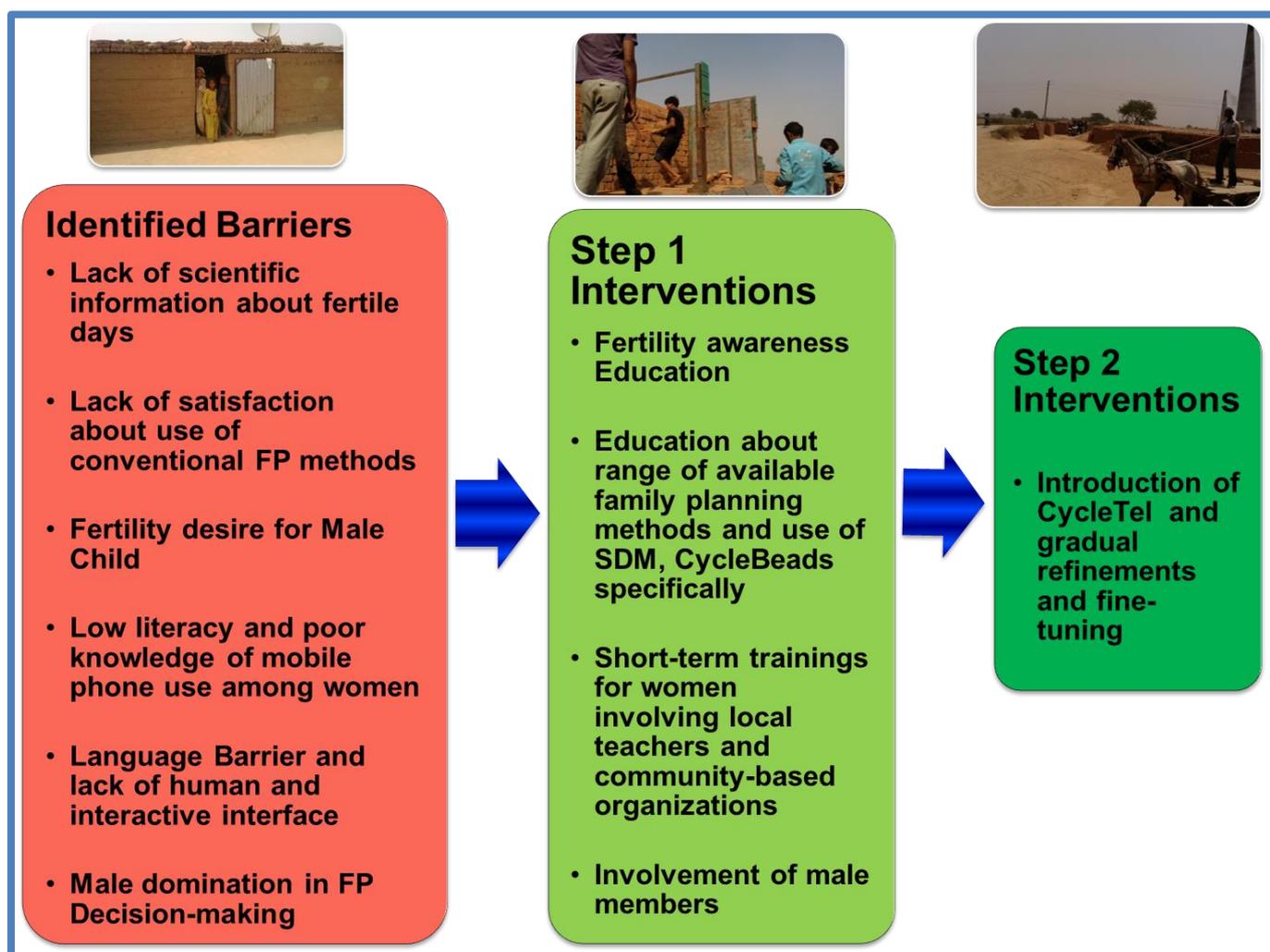
Some participants suggested that they should be able to discuss about their problems through interactive voice (phone call) and they would prefer that over mere listening to a recorded message. Women respondents suggested to have recorded message in a woman's voice. Attention to these issues while developing a service modality would be useful. These reiterate the need for human and interactive interface.

Since males reported one of the major sources of information as peer group discussions, introducing the concept of this service either through such group discussions or one to one basis would be the first necessary step. Considering current limited access for women, introducing men about the SDM, CycleBeads and or CycleTel would be a more useful step. Those men can communicate with their spouses.

The findings from this study overall reflects lower status of women in this community. Since male is the 'decision-maker' in every case, involvement of males would be the most essential step in any kind of suggested intervention to be successful.

Based on the findings from this study, Fig. 2 suggests a step-wise strategic approach for introduction of CycleBeads and CycleTel in this community.

Fig. 2: A Step-Wise Strategic Approach for Introduction of Cycle Beads and CycleTel



Conclusion

Although mobile phone use is common in the study areas, factors such as lack of scientific information about fertile days, lack of satisfaction about use of conventional FP methods, fertility desire for male child, low literacy causing language barriers, low affordability, and limited knowledge and access to mobile phones for women among a strong male dominated community raise questions whether mobile phones are the best mode to reach this population at the moment. Efforts such as fertility awareness and family planning education through one-to-one discussions or FGDs or other communication strategies for conveying information on family planning issues, introduction to CycleBeads and SDM, short trainings on mobile use for women, with a possible shift to mobile phone-based CycleTel service over time might be a useful way forward.

Limitations of the study

The study was mainly qualitative in nature and it helped to unearth many issues linked with family planning and how mobile use can be perceived by the low-literate population in peri-urban areas of Delhi. However, smaller sample size and cross-sectional nature of the study might limit the generalizability of the findings. Another limitation was that the locally spoken language Hindi was not a pure form as spoken in Delhi and other parts of North India. It was *Dehati khadi* (village-side)-Hindi and mixed with some Punjabi words. So the researchers especially in case of women sometime faced problems in communication. A few terms were not understood. Lastly, the area of family planning is a very sensitive one and respondents were shy about telling a few things openly with strangers. Although women respondents were vocal, men were reluctant to talk openly about condom/contraceptive use. Due to genuine problems and challenges in recruiting the respondents in the age-group of 18 to 24 years, there is relatively lesser representation of their views in this particular study.

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(Accessed on 14.8.2013)
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Annexure – I

Participant Eligibility Criteria Form

Eligibility Guide No:

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Interview ID (if interview conducted):

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I. AREA / RESPONDENT PROFILE

PROFILE	RESPONSE LIST									
1. Study Site अध्ययन क्षेत्र	1.1 Address of the Setting: _____ _____ _____ 1.2 (Tick one only) <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr><td style="width: 10px;">1.</td><td style="width: 100px;">Dankaur</td><td style="width: 20px;"></td></tr> <tr><td>2.</td><td>Loni</td><td></td></tr> <tr><td>3.</td><td>Durgapuri</td><td></td></tr> </table>	1.	Dankaur		2.	Loni		3.	Durgapuri	
1.	Dankaur									
2.	Loni									
3.	Durgapuri									
2. Date of Screening साक्षात्कार की तारीख	<table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 50px; text-align: center;">2013</td> </tr> </table>	D	D	M	M	2013				
D	D	M	M	2013						
3. Name of the Participant जानकारीदाता का संक्षिप्त नाम										
4. Gender of the Respondent जानकारीदाता का लिंग (यह सवाल मत पूछिए)	<table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr><td style="width: 10px;">1.</td><td style="width: 100px;">Male</td><td style="width: 20px;"></td></tr> <tr><td>2.</td><td>Female</td><td></td></tr> </table>	1.	Male		2.	Female				
1.	Male									
2.	Female									
5. Respondent's Age जानकारीदाता की आयु/ उम्र (जानकारीदाताने बताई हुई उम्र लिख ले और फिर नीचे दिए हुए विकल्पके अनुसार टिक कीजिए)	4.1 _____ (in completed years) 4.2 (Tick one only) <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr><td style="width: 10px;">1.</td><td style="width: 100px;">18 – 24 yrs</td><td style="width: 20px;"></td></tr> <tr><td>2.</td><td>25 – 30 yrs</td><td></td></tr> <tr><td>3.</td><td>31 – 34 yrs</td><td></td></tr> </table>	1.	18 – 24 yrs		2.	25 – 30 yrs		3.	31 – 34 yrs	
1.	18 – 24 yrs									
2.	25 – 30 yrs									
3.	31 – 34 yrs									

II. INCLUSION AND EXCLUSION CRITERIA

CRITERIA	CATEGORY						
5 Resident of the Area Since Last Six Months क्या आप पिछले छे महिनोसे स्थायी रूपसे इस जगह के निवासी हो?	(Tick one only) <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="width: 10px;">1.</td> <td style="width: 100px;">Yes</td> <td style="width: 20px;"></td> <td style="width: 10px;">0.</td> <td style="width: 100px;">No</td> <td style="width: 20px;"></td> </tr> </table>	1.	Yes		0.	No	
1.	Yes		0.	No			
6 Currently Married क्या आप अभी शादीशुदा हो?	(Tick one only) <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="width: 10px;">1.</td> <td style="width: 100px;">Yes</td> <td style="width: 20px;"></td> <td style="width: 10px;">0.</td> <td style="width: 100px;">No</td> <td style="width: 20px;"></td> </tr> </table>	1.	Yes		0.	No	
1.	Yes		0.	No			
7 Age (≥ 18 years and ≤ 34) आपकी आयु/ उम्र (१८ साल से जादा और ३४ साल से कम है?)	(Tick one only) <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="width: 10px;">1.</td> <td style="width: 100px;">Yes</td> <td style="width: 20px;"></td> <td style="width: 10px;">0.</td> <td style="width: 100px;">No</td> <td style="width: 20px;"></td> </tr> </table>	1.	Yes		0.	No	
1.	Yes		0.	No			
8 Physical and cognitive ability to complete the interview (Do not ask this question) साक्षात्कार पूरा करने के लिये शारीरिक और मानसिक रूप से जानकारीदाता सक्षम है (यह सवाल मत पूछिए)	(Tick one only) <table border="1" style="margin-left: 20px; border-collapse: collapse;"> <tr> <td style="width: 10px;">1.</td> <td style="width: 100px;">Yes</td> <td style="width: 20px;"></td> <td style="width: 10px;">0.</td> <td style="width: 100px;">No</td> <td style="width: 20px;"></td> </tr> </table>	1.	Yes		0.	No	
1.	Yes		0.	No			

<p>9 Understands and speaks Hindi with ease क्या आप हिंदी भलीभांति समझ कर आसानी से बोल भी सकते हो?</p>	<p>(Tick one only)</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">1. Yes</td> <td style="width: 25%;"></td> <td style="width: 25%;">0. No</td> <td style="width: 25%;"></td> </tr> </table>	1. Yes		0. No	
1. Yes		0. No			

III. LITERACY ASSESSMENT

CRITERIA	CATEGORY								
<p>10 Literacy Status (Ask the following sub-questions and accordingly tick the literacy status whichever is applicable to the respondent) (जानकारीदाता को नीचे लिखे सवाल पुछिये और उन्होने दिये हुये जबाबों के अनुसार यथोचित साक्षरता स्तर पर टिक कीजिए)</p>	<p>(Tick one only after asking sub-questions 10.1 to 10.4)</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">1. Basic Literacy (Minimum but adequate ability to read and write)</td> <td style="width: 20%;"></td> </tr> <tr> <td>2. Numeracy Only Literacy (Can read and write numbers only)</td> <td></td> </tr> <tr> <td>3. Low Literacy (Inability to read or write well enough)</td> <td></td> </tr> </table>	1. Basic Literacy (Minimum but adequate ability to read and write)		2. Numeracy Only Literacy (Can read and write numbers only)		3. Low Literacy (Inability to read or write well enough)			
1. Basic Literacy (Minimum but adequate ability to read and write)									
2. Numeracy Only Literacy (Can read and write numbers only)									
3. Low Literacy (Inability to read or write well enough)									
<p>10.1 Have you ever attended school? क्या आप कभी पाठशाला गये हैं?</p>	<p>(Tick one only)</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">1. Yes → Ask 10.2</td> <td style="width: 50%;">0. No → Ask 10.3</td> </tr> </table>	1. Yes → Ask 10.2	0. No → Ask 10.3						
1. Yes → Ask 10.2	0. No → Ask 10.3								
<p>10.2 If yes to 10.1, what is the highest standard/ level of education you completed? अगर हा तो, आप अधिकतम कौनसी कक्षा तक पढ़े हैं?</p>	<p>(Tick one only) → Later Code 6</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">1. Primary (1st - 4th Std)</td> <td style="width: 20%;"></td> </tr> <tr> <td>2. Secondary (5th - 10th Std)</td> <td></td> </tr> <tr> <td>3. Higher Secondary (11th - 12th Std)</td> <td></td> </tr> <tr> <td>55. Other (<i>specify</i>) ____</td> <td></td> </tr> </table>	1. Primary (1st - 4th Std)		2. Secondary (5 th - 10 th Std)		3. Higher Secondary (11 th - 12 th Std)		55. Other (<i>specify</i>) ____	
1. Primary (1st - 4th Std)									
2. Secondary (5 th - 10 th Std)									
3. Higher Secondary (11 th - 12 th Std)									
55. Other (<i>specify</i>) ____									
<p>10.3 If no to 10.1, then whether you can read and write Hindi alphabets? अगर नहीं तो, क्या आप यह साथ में जोड़ा हुआ हिंदी परिच्छेद पढ़ और लिख सकते हो? (Appendix -I के अनुसार जानकारीदाता का पढ़ पाना और लिखना जांच कर उस अनुसार 'हां' या 'ना' इस विकल्पपर टिक कीजिए)</p>	<p>(Tick one only)</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">1. Yes → Code 10</td> <td style="width: 50%;">0. No → Ask 10.4</td> </tr> </table>	1. Yes → Code 10	0. No → Ask 10.4						
1. Yes → Code 10	0. No → Ask 10.4								
<p>10.4 If no to 10.3, then whether you can read and write numbers only अगर नहीं तो, क्या आप हिंदीमें लिखे गए अंक या नम्बर पढ़ और लिख सकते हो? (Appendix -I के अनुसार जानकारीदाता का पढ़ पाना और लिखना जांच कर उस अनुसार 'हां' या 'ना' इस विकल्पपर टिक कीजिए)</p>	<p>(Tick one only) → Later Code 6</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">1. Yes</td> <td style="width: 50%;">0. No</td> </tr> </table>	1. Yes	0. No						
1. Yes	0. No								

IV. OTHER IMPORTANT ELIGIBILITY CRITERIA

CRITERIA	CATEGORY				
<p>11 Willing to appear for interview for an hour and a half? क्या आप तकरीबन देढ़ घंटे तक चलनेवाले साक्षात्कारमें शामिल होने के लिये तैयार हो?</p>	<p>(Tick one only)</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">1. Yes</td> <td style="width: 25%;"></td> <td style="width: 25%;">0. No</td> <td style="width: 25%;"></td> </tr> </table>	1. Yes		0. No	
1. Yes		0. No			
<p>12 Underwent permanent family planning method? क्या आपने परिवार नियोजन हेतु महिला नसबंदी या पुरुष नसबंदी आपरेशन किया हैं?</p>	<p>(Tick one only)</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">1. Yes</td> <td style="width: 25%;"></td> <td style="width: 25%;">0. No</td> <td style="width: 25%;"></td> </tr> </table>	1. Yes		0. No	
1. Yes		0. No			
<p>13 Owns and/or has access to a mobile phone at home? आपके के पास खुद का मोबाईल फोन है? या आप आपके परिवारसे किसी का मोबाईल फोन प्रयोग कर रहे हो?</p>	<p>(Tick one only)</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">1. Yes</td> <td style="width: 25%;"></td> <td style="width: 25%;">0. No</td> <td style="width: 25%;"></td> </tr> </table>	1. Yes		0. No	
1. Yes		0. No			

V. ELIGIBILITY STATUS OF THE STUDY PARTICIPANT

<p>14. Satisfies inclusion and exclusion criteria (All 'yes' to criteria 1 to 5, 7 & 9 and 'no' to 8 required for eligibility) (अगर जानकारीदाता प्रश्न १ से ७ और प्रश्न ९ के जबाब "हां" और प्रश्न ८ का</p>	<p>(Tick one only)</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">1. Yes</td> <td style="width: 25%;"></td> <td style="width: 25%;">0. No</td> <td style="width: 25%;"></td> </tr> </table>	1. Yes		0. No	
1. Yes		0. No			

जबाब "ना" देते है तो वे इस अध्ययन में शामिल होने के लिये योग्य है)

VI. FURTHER RELEVANT NARRATIVE DETAILS, (if any):

Appendix - I

निम्नलिखित प्रश्नोंके जबाब पुरे/पूर्ण वाक्य में लिखिए ।

उदाहरण के लिये

प्र: हमारे देश का नाम क्या है?

हमारे देश का नाम भारत है।

प्र: आपका नाम क्या है?

प्र: आपके गाव का नाम क्या है?

निम्नलिखित अंकोंके नाम (अक्षरोंमे) लिखीए।

उदाहरण के लिये		
५०	50	पचास

३	3	
७	7	
१०	10	

निम्नलिखित संख्या अंको मे लिखीए।

उदाहरण के लिये		
पच्चीस	२५	25

पांच		
आठ		
एक		

Annexure – II

Female Interview Guide: Exploring Family Planning and Mobile Phone Use in India

Only start recorder when you have permission from the interviewee to start.

Thank you for agreeing to talk to me today. I hope our time together will be as meaningful to you as it will be helpful to me. Are you ready to start?

आज आप हमसे बातचीत करने के लिए तैयार हैं इसलिये हम आपके आभारी हैं। मैं आशा करती हूँ कि आज की ये मुलाकात आप के और हमारे लिए अर्थपूर्ण होगी/ रहेगी। क्या आप साक्षात्कार की शुरुआत करने के लिए तैयार हैं?

1. Tell me about your family. Who lives with you? [Probe: How many children, their sex and ages.]
आप हमें अपने परिवार के बारे में बताइये। आपके साथ कौन रहता है? [कितने बच्चे हैं? उनकी उमर क्या है? उनकी पढाई कितनी हुई है?]
 - a. What is most important to you about your family?
आपके परिवार में सबसे महत्वपूर्ण सदस्य कौन है? आप ऐसा क्यों कहते हैं? और दूसरे सदस्योंकी अहमता बताइए?
2. Tell me about the health of you and your family. (Probe for any concerns about your health what do you wish you knew more about concerning your health and/or the health of your family?)
आपके और आपके परिवार के स्वास्थ्य के बारे में हमें बताइये। [आपके और आपके परिवार के स्वास्थ्य समस्या के बारे में कुछ सवाल हैं और आपको अधिक जानकारी चाहिए तो इसके बारेमें विस्तार से बताइए।]
 - a. When you do have health-related questions, like those you just mentioned, what do you do to find out more information?
जब आपको स्वास्थ्य सम्बन्धी कोई भी सवाल हो, जैसे आपने अभी कहाँ, तो उनके बारेमें अधिक जानकारी लेने के लिये आप क्या करते हैं? आप कहाँ जाते हैं?
 - b. Who do you talk to in and/or outside of your family about health?
आप स्वास्थ्य के बारे में अपने परिवार में या परिवार के बाहर किससे बात करते हैं?
 - i. Why do you talk to this person (or persons) specifically?
विशेषरूपसे इस व्यक्ती (या व्यक्तियों) से बातचीत करना आप क्यों पसंद करते हैं?
 - ii. How and where do you talk with this person (e.g., on the phone, in person, in what type of setting)?
आप इस व्यक्ती से कैसे और कहाँ बात करते हैं? (उदा. फ़ोन, व्यक्तिगत रूपमें, कौनसे स्थान पर?)

Now I would like to ask you about you and your husband's thoughts about having children. अब मैं आपको आपके और आपके पती के बच्चे होने के विषय में क्या विचार हैं इस बारे में पूछना चाहती हूँ।

3. As a woman, you experience certain things in your body that your husband does not. For example, you most likely experience monthly bleeding. Do you know what I mean? What is the word that you use to refer to this with your friends and/or husband?

एक महिला होने के नाते आप अपने शरीर में कुछ चीजें अनुभव करती हैं जो आपके पति नहीं कर सकते। जैसे कि, आप हर महीने माहवारी का अनुभव लेती हैं, आप समझ रही हैं ना मैं क्या कहना चाहती हूँ? इसके बारे में आपकी सहेलीयां/पति से बात करते समय आप किस शब्द का प्रयोग/उपयोग करती हैं ?

- a. Do you know when to expect your bleeding (or insert new word)?
क्या आप जानती हैं कि आपकी माहवारी कब आ सकती है?
- b. Do you keep track of your monthly periods? Why or why not?
क्या आप हर माहवारी का ट्रैक/ पता/ जानकारी रखती हैं? क्यूँ/क्यूँ नहीं?

4. Which days during the month do you think you can get pregnant?

आपके विचार से महीने के किन/ कौन से दिनों में यौन सम्बन्ध रखनेपर आप गर्भवती हो सकती हैं?

- a. How do you know this? (Probe: Did someone share this information with you? Who? When?)
आपको ये कैसे पता चला है? (क्या किसीने आपको ये जानकारी दी है? किसने? कब?)
- b. Do you talk about this with your husband? Why or why not?
क्या आप इसके बारे में अपने पति से बात करती हैं? क्यूँ/ क्यूँ नहीं?

5. If you have a question about your bleeding (or insert new word) or about when you can get pregnant, where do you go or whom do you ask for more information?

अगर आपको आपके माहवारी के बारे में कुछ सवाल हो या आप कब गर्भवती हो सकती हैं यह सवाल आपके मन में हो तो आप किससे जानकारी लेते हैं?

- a. Is this different than the person(s) or place(s) you go to get more information about health in general? Explain why. (Refer to answers from previous section)
क्या यह व्यक्ती या स्थान सामान्य स्वास्थ्य कि अधिक जानकारी आप जहाँ से लेते हैं उससे अलग है? क्यूँ? विस्तारसे बताइए।

6. Now let's talk about having children. Would you like to become pregnant in the next 12 months?

अब हम बच्चे रखने/ होने के बारे में बातचीत करेंगे। आपको अगले १२ महीनोंमें गर्भवती होने की इच्छा रखते हैं?

- No नहीं
 Yes हां

a. Why do you say that?

आप ऐसा क्यूँ कहती हैं?

i. What does your husband think about this?

आप के पति इस बारे में क्या क्या सोचते हैं?

ii. Do you talk about this with him directly? What triggers the conversation?

क्या आप इसके बारे में उनसे खुलकर बात कर सकती हैं? ये बातचीत कैसे शुरू होती है?

iii. If you do not speak about it, how do you know what he thinks?

अगर आप इसके बारेमें उनसे बात नहीं करती है तो, आपको उनकी सोच के बारे में कैसे पता चलता है?

iv. [If opinions differ: Why do you think your opinions are different? How do you feel about that? How do you handle the disagreement?]

[अगर दोनोंके विचार नहीं मिलते हैं: आप दोनों के विचार अलग है ऐसे आपको क्यूँ लगता है? इस बारे में आपको क्या लगता है? आप ये मतभेद कैसे संभालते हैं/ हो?]

7. Are you or your husband currently doing something to avoid getting pregnant?

क्या आप या आपके पति आप गर्भवती न हो इसके लिए कुछ उपाय करते हैं?

No→continue with the questions below

a. Why are you not doing something to avoid a pregnancy right now?

आप गर्भवती ना हो इसलिये कोई उपाय क्यों नहीं कर रहे हैं?

b. If you wanted to use a family planning method, where would you go to find out more information? (Probe: family members, health facility, etc.)

यदि आप परिवार नियोजन पद्धती का इस्तमाल करना चाहते हैं तो अधिक जानकारी पाने के लिये कहाँ जाएँगे? (सखोलता से पूछें: परिवार के सदस्य स्वास्थ्य सेवा/सुविधा, डॉक्टर, इ.)

c. What worries do you have about using family planning?

परिवार नियोजन पद्धती का इस्तमाल करने में आपको क्या चिंताएँ/ दिक्कतें हैं?

d. What method do you think you would be interested in? Why?

आपको कौनसी परिवार नियोजन पद्धती का इस्तमाल करने में दिलचस्पी होगी? क्यों?

i. Where did you hear about this method?

आप ने इस पद्धती के बारे में कहाँ सुना है?

ii. Where do you think you would get this method?

आपको क्या लगता है यह पद्धती आपको कहाँ मिलेगी/उपलब्ध होगी/प्राप्त होगी?

iii. How much are you willing to pay for this method?

आप इस पद्धतिका इस्तमाल करने के लिये कितना खर्चा करने के लिये तैयार हैं?

e. What methods do you not want to use? Why?

आप कौनसी पद्धती का इस्तमाल नहीं करना चाहते हैं? क्यों?

Yes→continue with the questions below

a. What method are you using?

आप कौनसी परिवार नियोजन पद्धती/गर्भनिरोधन/ का इस्तमाल करते हैं?

i. Why did you choose this method?

आपने यह पद्धती क्यों चुनी?

ii. Did your husband help you choose which method to use? Explain.

क्या आपके पति ने परिवार नियोजन की कौनसी पद्धति चुनी है इस बारे में आपकी मदद की? इस बारे में विस्तार से बताइए।

iii. How satisfied are you with this method? (Probe: What do you like/not like about the method? How long do you think you will continue to use it?)

आप इस पद्धती से कितने संतुष्ट हैं? (आपको इस पद्धतीमें क्या अच्छा लगा /नहीं लगा? आप कितने समय तक इसका उपयोग करेंगे ऐसा आपको लगता है?)

iv. Where do you get this method?

यह पद्धती आपको कहाँ से मिलती है? आपने कहाँ से इस पद्धति को अपनाया? (सखोलतासे पूछिए- निजी डॉक्टर, नर्स, सरकारी डॉक्टर, इ.)

v. How much do you pay for this method?

इस पद्धती के लिए आप कितना खर्चा करते हैं ?

b. Where did you get information about family planning methods when you were deciding which one to use? (Probe: family members, health facility, etc.)

जब आप परिवार नियोजन पद्धती इस्तमाल करने के बारे में निर्णय लेना चाहते थे तब इसके बारेमें आपको कहाँ से जानकारी मिली?(सखोलता से पूछिए: कुटुम्ब/ परिवार के सदस्य, डॉक्टर, स्वास्थ्य केन्द्र?)

- c. Did you discuss with your husband or anyone else before starting to use this method?
Who? Why was it important to talk to that person before starting to use the method?
क्या आपने यह परिवार नियोजन पद्धती का इस्तमाल करने से पहले अपने पति या किसी और व्यक्ति से बात कि थी? किससे? इस व्यक्ति से बात करना आपको महत्वपूर्ण क्यों लगा?
- d. Does your husband know you are using?
आपके पति को आप इस पद्धति का इस्तमाल करते हैं यह पता/मालूम है?
- If no: how do you conceal it from him?
अगर नहीं: ये बात आप उनसे कैसे छुपाते हैं? क्यों?
 - What do you think he would do if he found out?
अगर उनको पता चला तो वो क्या करेंगे ऐसा आपको लगता है?

USE OF MOBILE PHONE/TECHNOLOGY

Now I want to talk to you about mobile phones.

अब मैं आपसे मोबाईल फोन के बारे में बात करना चाहती हूँ।

8. Do you have your own mobile phone?

क्या आप के पास खुदका मोबाईल फोन है?

Yes→continue with the questions below

- a. Where do you keep it? If it is here, can I see it?

आप उसे कहाँ रखते हैं? अगर वो यहा है तो क्या मैं देख सकती हूँ?

- b. Does anyone else use your phone? Who? How often?

क्या कोई दूसरी व्यक्ति आपके फोन का इस्तमाल करती है? कौन? कितनी बार?

No→continue with the questions below

- a. Do you want to own a phone? Why do you say that?

क्या आप खुदका फोन रखना चाहती है? क्यों?

- b. Why do you not own one? (Probe for costs, access issues).

आप खुदका फोन क्यों नहीं रखते? (सखोलता से पूछिए: कीमत, उपलब्धी)

- c. Do you ever use anyone else's mobile phone? Whose? How often do you use it?
[If she does not mention husband, probe if she ever uses his phone and how often/for what reasons.]

**आप कभी किसी दूसरे व्यक्ति का मोबाईल फोन इस्तमाल करते हैं? किसका? कितनी बार?
[अगर वो अपने पति के बारे में नहीं बताती है तो सखोलता से पूछिए यदि उन्होंने अपने पति का फोन इस्तमाल किया है? और कितनी बार किस कारण से?]**

9. What are the benefits of owning a mobile phone? Disadvantages?

खुदका मोबाईल फोन होने के क्या फायदे है? क्या नुकसान है?

I'd like to know more about how you use your (and/or other people's) mobile phone.

आप अपने (और/ या दूसरोंके) फोन का इस्तमाल कैसे करती है इसके बारे में जानने में हमें दिलचस्पी है।

10. How did you learn how to use the mobile phone?

आपने मोबाईल का इस्तमाल करना कैसे सिखा?

11. How do you typically use a mobile phone? (Probe: making phone calls, receiving phone calls, sending text messages, mobile money, etc.) **आमतौर पर आप मोबाईल का इस्तमाल कैसे करते हैं? (फ़ोन करने के लिए, फ़ोन उठाने के लिए, मेसेज/संदेश भेजने के लिए, पैसों की आदान-प्रदान के लिए)**
- a. How often do you use it?
कितनी बार आप उसका इस्तमाल करते हैं?
12. Tell me about any other ways that you use the phone. (Probe: games, calendar, photos, accessing internet, mobile money)
आप फोन का इस्तमाल अन्य किसी प्रयोजन के लिए करते हैं? अगर हाँ तो उस बारे में बताइए। (गेम्स, कैलेंडर, फोटो अन्य)
- a. Please show me and tell me about the tools or programs that are most useful to you.
कृपया आपको मोबाईल फोन में सबसे उपयुक्त लगनेवाला साधन या प्रोग्राम दिखाईए और उसके बारे में बताईए।
- b. How did you learn about these services or functions on the phone?
इन फोन पर उपलब्ध सेवाओंके / कार्योंके बारे में आपने कहाँ से सीखा?
- c. What do you like/dislike about them?
आपको उसमें क्या अच्छा/बुरा लगा?
- d. How much do you pay to use them?
इसका इस्तमाल करने के लिए आपको कितने पैसे खर्च करने पड़ते हैं?
13. Tell me about any difficulties you have using the mobile phone.
आपको मोबाईल फोन का इस्तमाल करने में कुछ दिक्कतें आती हैं तो इस बारे में बताइए।
- a. If you need help, whom do you ask for help?
अगर आपको मदद चाहिये तो आप किससे पूछते हैं?
- b. If you receive an SMS and can't read the message, what do you do? (If she asks someone to help read it, ask "Who?")
**अगर आपको लिखित संदेश/SMS आते हैं और आप उन्हें पढ़ नहीं सकती तो आप क्या करती हैं?
[अगर वो किसीसे SMS पढ़ने के लिए मदद लेती है तो पूछिए वो व्यक्ति कौन है?]**
14. Where are you usually when you use the mobile phone?
आमतौर पर मोबाईल फोन का इस्तमाल करते समय आप कहाँ/किस जगह होते हैं?
- a. Where are you most comfortable using it? (Probe: in the home, outside of the home, public/private settings) **ऐसी कौनसी जगह है, जहा पर मोबाईल फोन का इस्तमाल करना आप को सबसे सहज लगता है? / ऐसी कौनसी जगह है जहा पर आप सहजतापूर्वक मोबाईल फोन का इस्तमाल कर सकती हैं? [सखोलता से पूछिए: घर में, घर के बाहर, सार्वजनिक/प्राइवेट जगहपर]**
- b. Why do you say that? **आप ऐसा क्यों कहती हैं?**
15. Have you ever called a customer service helpline? If yes, tell me about the experience.
क्या आपने कभीभी/किसी भी ग्राहक सेवा सहायता में कॉल किया है? जैसे की मोबाईल ग्राहक सेवा सुविधा यदि हां, तो कृपया उस अनुभव के बारे में आप हमें बताईये।
- a. For what kind of service? **किस सेवा के लिये?**
- b. Did you speak to a person right away, or did you have to listen to a recording first? **क्या आपने सीधे उस व्यक्ती से बात कि या पहले आपको रिकॉर्डिंग की आवाज को सुनना पडा?**

- c. What did you like/dislike? आपको उसमें क्या अच्छा लगा/ नहीं लगा?
- d. Tell me about anything that was confusing to you, or that you did not understand. उसमें आपको किस बारे में दुविधा हुई या कौनसी बात समझमें नहीं आयी इस बारे में हमें बताइए।
16. In your community, what "type" of woman owns a mobile phone?
आप के समाज में ज्यादातर कौनसी महिलाओंके पास खुदका मोबाईल फोन होता है?
17. In your opinion what is appropriate for a woman to use a phone for? A daughter? Wife? Other female relative?
एक महिलाका किस भूमिकामें होनेपर मोबाइल फोन का इस्तमाल करना आपको उचित लगता है? आप सही समझती है? बेटी के लिये, पत्नी या कोई दूसरें महिला रिश्तेदारों के लिए? आपको ऐसे क्यों लगता है?
18. What are the benefits to women having and using mobile phones?
महिलाओं के लिए मोबाईलफोन होने के और इस्तमाल करने के क्या फायदे हैं?
19. What problems have you heard about resulting from women owning and using mobile phones?
महिला के पास मोबाईल फोन होने और इसका इस्तमाल करने से क्या समस्याएँ आ सकती है ऐसा आपने सुना है?
20. Have you had any problems with your husband as a result of your mobile phone use?
आपके पास मोबाईल फोन होने से आपको कभी आपके पति से दिक्कतें आयी हैं?
21. How much money/credit do you have available on your phone right now?
आपके फोन में अभी कितनी जमा राशी है?
- a. Does the phone always have credit? क्या फोन में हमेशा जमा राशी होती है?
- b. How often do you add credit? कितनी बार आप जमा राशी डालते हैं?
- c. Who is responsible in your family to add credit to the phone? आपके परिवार में फोन रिचार्ज करने कि जिम्मेदारी किसकी होती है?
- d. What do you (or someone else) do to add to the credit? रिचार्ज करने के लिये आप (या कोई और) क्या करते हैं?
- e. How much do you think you spend on phone credit on a weekly basis? आप के हिसाब से मोबाईल के इस्तमाल के लिये आप एक हफ्ते में लगभग कितना पैसा खर्चा करते हैं?
22. If health information was delivered to you on your phone, what topics would you be most interested in? Explain.
अगर आपको स्वास्थ्य के बारे में आपके मोबाईल पर जानकारी दी गई तो कौनसे विषय के बारे में जानने में आपको दिलचस्पी रहेगी? कृपया इस बारे में विस्तार से बताइए।
- a. Which topics would you not want to receive information about on your mobile phone? Explain. आप मोबाईलपर कौनसे विषय की जानकारी पाना नहीं चाहती है? कृपया इस बारे में विस्तार से बताइए।
- b. How would you use health information delivered to you on your phone? आपको स्वास्थ्य के बारे में बताई गई जानकारी विश्वसनीय/ भरोसेमंद थी यह आपको कैसे पता चलेगा?
- c. How would you know that the health information delivered to you on your phone was trustworthy? आपको फोन पर दीयी गई स्वास्थ्य की जानकारी का इस्तमाल आप कैसे करेंगी?

23. What do you think about the idea of receiving family planning information on your phone?

परिवार नियोजन के बारे में मोबाईल पर जानकारी प्राप्त करने की कल्पना के बारे में आपकी क्या राय है?

I mentioned in the beginning of our conversation that our discussion will help us develop a new service that can potentially help couples use a family planning method. Let me tell you about it. We are exploring ways to offer a family planning method with the help of a mobile phone.

This service can help you and your husband prevent an unwanted pregnancy through use of the Standard Days Method. This method is completely natural. It helps a woman track her menstrual cycle to know when she is most likely to get pregnant if she has sexual intercourse (or other word) with her husband.

During a woman's menstrual cycle, there are days when she is likely to become pregnant and days she is not likely to become pregnant if she has sexual intercourse with her husband. To prevent an unwanted pregnancy, a couple uses condoms or does not have sex on the days she is likely to become pregnant.

A woman registers herself to the service and based on the date of last menstrual period, the service will contact you each day to tell you if you are likely to get pregnant or if you are not if you have sexual relations with your husband. This way, you and your husband will know which days you need to not have sex or do something else to avoid a pregnancy.

This service has been offered in other parts of India, in communities likes yours, but has not reached many women and couples because it is new.

जैसे मैंने शुरू में बताया कि हमारी चर्चा एक नई तकनीक/ तंत्रज्ञान बनाने के लिये मददगार रहेगी, जिसका उपयोग बहोत सारी महिलाओंको और दंपतियोंके लिये परिवार नियोजन पद्धतीका इस्तेमाल करने के लिए हो सकता है। इस बारे में मुझे आपको कुछ जानकारी देनी है। परिवार नियोजन के लिये मोबाईल फोन के जरिये सेवा कैसे दी जा सकती है इसकी हम खोज कर रहे हैं।

ये सुविधा आपको और आपके पती को मानक दिन पद्धती (Standard Day Method) द्वारा अनचाही गर्भधारणा रोकने में मदद कर सकती है। ये पूर्ण तरह से प्राकृतिक/ नैसर्गिक पद्धती है। इससे एक महिला को माहवारी चक्र के कौनसे दिनोंमें अपने पती के साथ यौन संबंध करने पर गर्भधारणा होने की संभावना ज्यादा है ये पता चलने में मदद होगी।

एक महिला के माहवारी चक्र के दौरान, कुछ दिन ऐसे होते हैं जिन दिनों में पती के साथ यौन सम्बन्ध रखनेसे उस महिला को गर्भधारणा होने की संभावना होती है तथा कोई दिनों में पती के साथ यौन सम्बन्ध रखनेसे गर्भधारणा होने की संभावना नहीं होती है।

ये सेवा-सुविधा पंजीकरण के बाद एक महिलाकी पिछली माहवारी की तारीख याद रखती है। उसके अनुसार अपने पतीसे यौन सम्बन्ध रखनेपर कौनसे दिनोंमें उसे गर्भधारणा होने की संभावना है इसकी जानकारी हररोज दे सकती है। इस प्रकार आपको और आपके पती को यह जानकारी मिलेगी की अनचाही गर्भधारणा रोकने के लिये किन दिनों में यौन संबंध रखना नहीं चाहिए या फिर उस समय परिवार नियोजन के किसी और पद्धती का इस्तेमाल करना चाहिए।

यह पद्धती भारत के अन्य हिस्सोंमें भी इसी तरह प्रस्तावित की जा रही है, लेकिन यह पद्धती नयी होने के कारण बहुत सारे महिलाओं और दंपतियों तक नहीं पहुँची है।

24. Do you have any ideas about receiving information about the days you are most likely to get pregnant if you have sexual relations with your husband? How would you like to receive this kind of information?

अगर आप अपने पति के साथ यौन सम्बन्ध रखती है तो आप कौन से दिन गर्भवती बन सकती है यह जानकारी प्राप्त करने के बारेमें आपके पास कुछ कल्पना है? कृपया उस बारेमें बताइये। यह जानकारी आप किस तरह से प्राप्त करना चाहेंगी?

We have a few ideas about how a mobile phone service could tell you each day whether you can get pregnant. We are talking to both men and women because we would like to know how a couple might use this service together. A husband could receive the messages on his phone, a wife could receive messages on her phone, or they both could receive messages.

हमारे पास आप कब गर्भवती बन सकती है इस बारे में मोबाइल फ़ोन सेवा के जरिए प्रतिदिन जानकारी देने की कुछ कल्पनाएँ हैं। इसके बारे में हम पुरुष और महिला दोनोंसे से बात कर रहे हैं क्योंकि हम जानना चाहते हैं कि दंपति साथमें इसका इस्तमाल कैसे कर सकते हैं। पति-पत्नी, या फिर दोनोंको मोबाईल पर लिखित संदेश/SMS आएगा ।

Now I am going to show you how the service could communicate with you. I will explain and ask you questions about each of the options. Remember, this is a demonstration and the information is not real. *[The interviewer will observe the participant during this part of the interview and will note how easy/hard it is for the participant to follow the directions and use their mobile device.]*

अब मैं यह सुविधा आपको कैसे सूचित करेगी ये दिखाना चाहती हूँ। मैं आपको हर एक पर्याय स्पष्ट करूँगी और फिर उसके बारे में कुछ सवाल पुछूँगी। याद रहे, यह उदाहरणके तौर पर किया जा रहा है और यह एक प्रायोगिक जानकारी है/ यह सिर्फ एक उदाहरण है ।

26. PHONE CALL:

Instructions to participant: The first option is a phone call. In this case, you need to provide your last menstrual period date during your registration, based on that date the service would call you each day to tell you if you are likely to get pregnant or not if you have sexual relations with your husband.

If you pick up the call, you will need to listen to a recorded message from the service. We are going to call you now to demonstrate how this works. Please pick up the phone call and listen to the message.

पहला पर्याय है फोन कॉल। इस सुविधा में, पंजीकरण करते समय आपको आपकी पिछली माहवारी की तारीख देनी होगी। उसके आधार पर अगर आप उस दिन अपने पती के साथ यौन सम्बन्ध रखती हो तो उस दिन आपको गर्भधारणा होने की सम्भावना है या नहीं यह बात सेवा आपको प्रतिदिन कॉल करके बताएगी।

अगर आप फोन कॉल उठाते हो तो आपको यह रिकॉर्ड किया गया संदेश सुनना पड़ेगा।

How to handle simulation: One interviewer leaves the room to make the phone call. When the call connects to the participant's phone, he/she reads a Cycle Tel message from a script and simulates a recording (see messages below). The interviewer in the room with the participant needs to observe the participant's level of comfort, etc., as outlined in the

interview guide, and continue with the follow-up questions. The interviewer who went outside will have to come back into the room to know when to continue with the simulation.

[Interviewer observes how comfortable the participant is picking up the phone call and listening. Does she know which button to push to answer the call? Is she comfortable holding the phone? Did she know when to hang up? Etc.]

हम अभी आपको कॉल करेंगे और किस तरह से ये काम करता है ये दिखाएंगे। कृपया अपना फोन उठाइये और संदेश को सुनिये।

ENGLISH	HINDI
<p>Today, May X (enter date). If you have sexual relations today, you are not likely to get pregnant. The service will call again tomorrow to alert you of your status. Thank you.</p>	<p>आज -----मई है आज अगर आप और आपके पती यौन संबंध रखते हो तो आपको गर्भधारणा होने की संभावना नहीं है ये सुविधा कल आपको आपके कल की स्थिति के बारेमें सतर्क करने/बताने के लिये वापस फोन कॉल करेगी धन्यवाद </p>

- a. What did the message say? **इस संदेश मे क्या बताया गया था?**
- b. If you receive this message describe what would you do and why. (Probe: Would you share this information with your husband?)
अगर आपको ये संदेश आयेगा तो आप क्या करेंगे और क्यों? (सखोलता से पूछीए: क्या आप यह जानकारी आपके पति को देगी?)

27. CALLING INTO THE SERVICE:

Instructions to participant: Another option would be for you to call into a number to find out whether you can get pregnant that day. You would have to remember to call every day. Please call this number on your phone and listen to the recording.

आपके पास दुसरा पर्याय है की आप कॉल करके पता कर सकते हो के उस दिन आप गर्भवती बन सकती है या नहीं।लेकिन आपको प्रतिदिन कॉल करना है यह ध्यान में रखना होगा। कृपया इस नंबर पर कॉल किजीये और रिकॉर्डिंग को ध्यान से सुनिए।

How to handle simulation: One interviewer leaves the room to receive the phone call. When the call connects to the participant's phone, he/she reads a Cycle Tel message from a script (see below). The interviewer in the room with the participant needs to observe the participant's level of comfort, etc., as outlined in the interview guide, and continue with the follow-up questions. The interviewer who went outside can return to the room to continue with the simulation.

[Interviewer observes how comfortable the participant is dialing the number and listening to the message.]

ENGLISH	HINDI
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Today, May X (enter date). If you have sexual relations today, you are not likely to get pregnant. Thank you for calling the service today. You will have to call tomorrow again to know about your status. Thank you.

आज -----मई है | आज अगर आप और आपके पती यौन संबंध रखते हो तो आपको गर्भधारणा होने की संभावना नहीं है |

आज के दिन इस सुविधा को कॉल करने के लिए धन्यवाद | आपकी कल की स्थिति के बारेमें जानने के लिए कल आपको दुबारा फोन कॉल करना होगा | धन्यवाद |

Describe this experience to me. इस अनुभव के बारे में हमें बताये।

- What did the recording say? What was it telling you to do? संदेश में क्या कहाँ गया/ बताया गया था? संदेश आपको क्या करने के लिये कह रहा था?
- Tell me how you think you would use this service. यह सुविधा आप कैसे इस्तमाल करेंगे इस बारे में हमें बताइये।
- If this service is Toll free, would be interested to calling in to the service? Explain. अगर यह सुविधा टोल फ्री या मुफ्त दी गई तो क्या आपको इस सुविधा का इस्तमाल करने में दिलचस्पी रहेगी? विस्तार से बताइए।

28. TEXT MESSAGING:

Another option is a text message. The service would send you a SMS with words or a symbol that would let you know the days that you can get pregnant. You would need to look at the SMS messages on the day that you receive them. Now I am going to show you a few examples of possible messages (words and symbols) for your feedback.

तीसरा पर्याय है- लिखित संदेश/SMS. ये सुविधा आपको कुछ चिन्होंके जरिए संदेश देगी जिससे उन दिनोंमें आप गर्भवती बन सकती है या नहीं इस बात का पता चलेगा। जब आपको लिखित संदेश/SMS प्राप्त होगा उस दिन आपको लिखित संदेश/SMS को देखना है। अब मैं आपके पुनर्निवेश/ राय जानने के लिये आपको लिखित संदेश/SMS के कुछ उदाहरण दिखाऊंगी।



उदाहरण आपको सबसे ज्यादा अर्थपूर्ण लगता है? ऐसा क्यों?

- Which example makes the least sense? Explain. कौनसे उदाहरण में अर्थ नहीं बनता? कृपया इस बारे में विस्तार से बताइए।
- What other suggestions do you have of symbols or words that could inform you of the days you are likely to get pregnant?

आप यौन सम्बन्ध रखनेसे गर्भवती हो सकती है यह जानकारी आपको किस चिन्हसे दी जा सकती है, इसके बारेमें आपके क्या सुझाव हैं?

Now I am going to send you a text message with the example you liked best. Please open the text message when you receive it. [Interviewer observes how comfortable the participant is receiving, opening, and reading the SMS.] अब मैं आपको एक लिखित संदेश/SMS उस उदाहरण के साथ भेजूंगी जो आपको सबसे ज्यादा पसंद आया। जब आपको लिखित संदेश/SMS आयेगा तो कृपया उसे खोलिये।

a. Describe to me what this message says. What is it telling you to do?

संदेश में क्या कहाँ गया है? संदेश आपको क्या करने के लिये कह रहा है?

b. If you receive this message, describe what you would do and why? (Probe: Would you show this message to your husband? Why or why not?)

अगर आप यह संदेश आपको मिलता है तो आप क्या करेंगी और क्यों?

29. SERVICE PREFERENCE:

a. Based on this activity, which of the three options (receiving a call, calling a service, receiving a text message) do you like the best for receiving information about whether you can become pregnant today if you have sex with your husband? Why do you say that?

अगर आज आप अपने पती के साथ यौन संबंध रखती है तो आपको गर्भधारणा हो सकती है या नहीं इस बारे में जानकारी प्राप्त करने के लिए इस गतिविधि पर आधारित तीन पर्यायों में से कौनसा पर्याय आपको सबसे अधिक पसंद आया? क्यों? (फोन कॉल स्वीकारना, सेवा को कॉल करना, लिखित संदेश/SMS प्राप्त करना)

Please ask questions about the preferred option. कृपया पसंदीदा पर्यायसे सम्बंधित प्रश्नही पूछिए

Phone Call:

- I. Would you want the service to communicate with you by phone call? Why or why not? क्या आप चाहते हैं की ये सुविधा फोन कॉल द्वारा आपसे सम्पर्क करे? क्यों/क्यों नहीं?
- II. Would you want your husband to receive information like this? Why or why not? क्या आप यह जानकारी इस तरह से आपके पति को मिले ऐसा चाहेंगी? क्यों? क्यों नहीं?
- III. Would you prefer that he or you receive this phone call? आप या आपके पति में से किसे फोनकॉल आना आप पसंद करेंगी?
- IV. Describe what problems you or your husband might have receiving this message each day. Probe: think about time of day when call received, cost, etc.) इस तरह प्रतिदिन आपको या आपके पति को यह संदेश स्वीकारने में क्या समस्याएँ/दिक्कते आ सकती है इस बारे में बताइये। (सखोलता से पूछिए: फोनकॉल का समय, खर्चा इसके बारेमें सोचिए।)

Calling into the Service:

- a. Would you want to call the service for such communication? Why or why not? क्या आप इस तरह इस सुविधा को फोन कॉल सम्पर्क करना चाहेंगी? क्यों/ क्यों नहीं?
- b. Would you prefer that he or you call into the service to find out if you have sex with your husband then you can get pregnant today? क्या आप/ आपके पति इस प्रस्तावित सेवा

में कॉल करके अगर आप अपने पती के साथ यौन संबंध रखती है तो आपको गर्भधारणा होने की संभावना है या नहीं यह जानना चाहेंगी?

- c. What would you do to remember to call this service every day? प्रतिदिन आपको इस सुविधा को कॉल करना है, यह याद रखने के लिए आप क्या करेगी?
- d. Describe some problems you might have or describe a situation in which it would be difficult to call this number and listen to the recording every day. इस तरह प्रतिदिन आपको यह कॉल करने में और रिकार्ड सुनने में क्या समस्याएँ/ दिक्कत आ सकती है, या किस प्रकार की परिस्थिती में आपको यह समस्या आ सकती है इस बारे में विस्तार से बताईये।

Text Message:

- a. Would you want the service to communicate with you in this way? Why or why not?

क्या आप चाहती है की ये सुविधा इस तरह आपसे सम्पर्क करे? क्यूँ? क्यूँ नहीं?

- b. Would you want your husband to receive information in this way? Why or why not?

क्या आप यह जानकारी इस तरह से आपके को मिले ऐसा चाहेंगी? क्यूँ? क्यूँ नहीं?

- c. Would you prefer that he or you receive the SMS? Why?

क्या आप या आप के पति लिखित संदेश/ SMS मिलना पसंद करेंगे? क्यूँ?

- d. What would make it difficult for you to receive and look at an SMS every day?

इस तरह प्रतिदिन आपको यह लिखित संदेश/SMS मिलने और देखने में क्या समस्याएँ/ दिक्कत आ सकती है?

- b. Which of the options do you like the least? Why?

कौनसा पर्याय आपको सबसे कम पसंद आया? क्यूँ?

- c. Do you have any other ideas for communicating every day on the mobile phone information about the days you can get pregnant?

गर्भधारणा होने के संभावित दिनों के बारे में मोबाईल फोन पर जानकारी देने के और कुछ तरीके आपके मन मे है? आप बता सकते है?

30. Overall, can you describe the service to me in your own words?

कुल मिलाकर, क्या आप हमें इस सेवा के बारे में अपने शब्दों में बता सकते है?

31. How do you think your life would change if you started to use this service?

अगर आप इस सेवा का इस्तमाल करना शुरू करते हो तो आपका जीवन किस तरह से बदल जायेगा ऐसा आपको लगता है?

- a. What do you think your husband would think about it? Other family members? (Mother, mother-in-law, sisters, aunts, etc.) Your friends?

आप को क्या लगता है कि आपके पति के इस बारे में क्या विचार होंगे? परिवार के बाकी सदस्योंके क्या विचार होंगे? आपके सहेलियों के क्या विचार होंगे?

32. If you were to sign up for this service, what questions would you have before you started to use it? अगर आपको इस सुविधा/सेवा का पंजीकरण करना हो तो इस सुविधा/सेवा का इस्तमाल करनेसे पहले आपके मन में क्या सवाल है?

Thank you spending this time with us and sharing your experiences. I have learned a lot and this has been a very helpful discussion. Is there anything else that you want to talk about, based on the discussion that we had today?

हमें आपका वक्त देने के लिए और आपके अनुभव बांटने के लिए हम आपके आभारी हैं। इस बातचीत से हमने बहुत कुछ सिखा है और यह बातचीत बहुत उपयुक्त रही है। आपको आज के इस बातचीतपर आधारित और कुछ कहना है?

[INTERVIEWER: Before leaving the person's home, observe and note other types of technology in the home (e.g., radio, television, cook stove, etc.)]

Annexure – III

Male Interview Guide: Exploring Family Planning and Mobile Phone Use in India

Only start recorder when you have permission from the interviewee to start.

Thank you for agreeing to talk to me today. I hope our time together will be as meaningful to you as it will be helpful to me. Are you ready to start?

आज आप हमसे बातचीत करने के लिए तैयार हैं इसलिये हम आपके आभारी हैं। मैं आशा करता हूँ कि आज की ये मुलाकात आप के और हमारे लिए अर्थपूर्ण होगी/ रहेगी। क्या आप साक्षात्कार की शुरुआत करने के लिए तैयार हैं?

25. Tell me about your family. Who lives with you? [*probe: How many children, their sex and ages.*]

आप हमें अपने परिवार के बारे में बताइये। आपके साथ कौन रहता है? [कितने बच्चे हैं? उनकी उमर क्या है? उनकी पढाई कितनी हुई है?]

a. What is most important to you about your family?

आपके परिवार में सबसे महत्वपूर्ण सदस्य/सदस्याएँ कौन हैं? आप ऐसा क्यों कहते हैं? और दूसरों सदस्यों की अहमता बताइए?

26. Tell me about the health of you and your family. (probe for any concerns about your health. What do you wish you knew more about concerning your health and/or the health of your family??)

आपके और आपके परिवार के स्वास्थ्य के बारे में हमें बताइये। [आपके और आपके परिवार के स्वास्थ्य समस्या के बारे में कुछ सवाल हैं और आपको अधिक जानकारी चाहिए तो इसके बारे में विस्तार से बताइए।]

a. When you do have health-related questions, like those you just mentioned, what do you do to find out more information?

जब आपको स्वास्थ्य सम्बन्धी कोई भी सवाल हो, जैसे आपने अभी कहाँ, तो उनके बारे में अधिक जानकारी लेने के लिये आप क्या करते हैं? आप कहाँ जाते हैं?

b. Who do you talk to in and/or outside of your family about health?

आप स्वास्थ्य के बारे में अपने परिवार में या परिवार के बाहर किससे बात करते हैं?

iii. Why do you talk to this person (or persons) specifically?

विशेषरूपसे इस व्यक्ति (या व्यक्तियों) से बातचीत करना आप क्यों पसंद करते हैं?

iv. How and where do you talk with this person (e.g., on the phone, in person, in what type of setting)?

आप इस व्यक्ति से कैसे और कहाँ बात करते हैं? (उदा. फ़ोन, व्यक्तिगत रूपसे, कौनसे स्थान पर?)

Now I would like to ask you about you and your wife's thoughts about having children.

अब मैं आपके और आपकी पत्नी के बच्चे होने के विषय में क्या विचार है उसके बारे में पूछना चाहता हूँ।

3. Which days during the month do you think your wife can get pregnant?

क्या आपको जानकारी है के महिने के कौनसे दिनों में यौन सम्बन्ध रखने से आपकी पत्नी गर्भवती हो सकती है?

- a. How do you know this? (*Probe: Do you talk about this together? Did someone else share this information with you? Who? When?*)

आपको ये कैसे पता है? (क्या आप इस बारेमें इकट्ठा बैठकर बात करते हैं? क्या किसी और व्यक्ति ने आपको यह जानकारी दी है? किसने? कब?)

4. Would you like your wife to become pregnant in the next 12 months?

क्या आप चाहते हैं की आपकी पत्नी अगले १२ महिनोमें गर्भवती हो?

- No नहीं
 Yes हां

- b. Why do you say that?

आप ऐसा क्यों कहते हैं?

- i. What does your wife think about this?

आपकी पत्नी के इस बारे में क्या विचार है/ वे क्या सोचती है?

- ii. Do you talk about this with her directly? What triggers the conversation?

क्या आप इसके बारेमें उनसे खुलकर बात कर सकते हैं? ये बातचीत कैसे शुरू होती है?

- iii. If you do not speak about it, how do you know what she thinks?

अगर आप इसके बारेमें उनसे बात नहीं करते हैं तो आपको उनकी सोच के बारे में कैसे पता चलता है?

- iv. [If opinions differ: *Why do you think your opinions are different? How do you feel about that? How do you handle the disagreement?*]

[अगर दोनोंके विचार नहीं मिलते हैं: आप दोनोंके विचार अलग हैं ऐसे आपको क्यों लगता है? इस बारे में आपको क्या लगता है? आप ये मतभेद कैसे संभालते हैं/ हो?]

5. Are you or your **wife** currently doing something to avoid getting pregnant?

यौनसम्बन्धसे आपकी पत्नी गर्भवती ना हो इसके लिए आप दोनोंकुछ उपाय करते हैं?

- No** → *continue with the questions below*

- f. Why are you not doing something to avoid a pregnancy right now?

इसके लिए आप कोई उपाय क्यों नहीं करते हैं?

- g. If **you and your wife** wanted to use a family planning method, where would you go to find out more information? (*Probe: family members, health facility, etc.*)

यदि आप और आपकी पत्नी परिवार नियोजन पद्धती का इस्तमाल करना चाहते हैं तो अधिक जानकारी पाने के लिये कहाँ जाएँगे? (सखोलता से पूछें: परिवार के सदस्य स्वास्थ्य सेवा/सुविधा, डॉक्टर, इ.)

- h. What worries do you have about using family planning?

परिवार नियोजन पद्धती का इस्तमाल करने में आपको क्या चिंताएँ/ दिक्कतें हैं?

- i. What method do you think you would be interested in? Why?

आपको कौनसी परिवार नियोजन पद्धती का इस्तमाल करने में दिलचस्पी होगी? क्यों?

- iv. Where did you hear about this method?
आप ने इस पद्धती के बारे में कहाँ सुना है?
- v. Where do you think you would get this method?
आपको क्या लगता है यह पद्धती आपको कहाँ मिलेगी/उपलब्ध होगी/प्राप्त होगी?
- vi. How much are you willing to pay for this method?
आप इस पद्धतिका इस्तमाल करने के लिये कितना खर्चा करने के लिये तैयार है?
- j. What methods do you not want to use? Why?
आप कौनसी पद्धती का इस्तमाल नहीं करना चाहते हैं? क्यों?

Yes→continue with the questions below

- e. What method are you using?
आप कौनसी परिवार नियोजन पद्धती का इस्तमाल करते हैं?
- vi. Why did you choose this method?
आपने ये पद्धती क्यों चुनी?
- vii. Did you help your wife to choose which method to use? Explain.
क्या आपने परिवार नियोजन पद्धतीको चुनने में आपकी पत्नी की मदद की? इस बारे में विस्तार से बताइए।
- viii. How satisfied are you with this method? (Probe: What do you like/not like about the method? How long do you think you will continue to use it?)
आप इस पद्धती से कितने संतुष्ट हैं? (आपको इस पद्धती में क्या अच्छा लगा /नहीं लगा? आप कितने समय तक इसका उपयोग करेंगे ऐसा आपको लगता है?)
- ix. Where do you/she get this method?
यह पद्धती आपको/उन्हें कहाँ से मिलती है? और आपने / उन्होंने कहाँसे इस पद्धति को अपनाया?
- x. How much do you pay for this method?
इस पद्धती के लिए आप कितना खर्चा करते हैं ?
- f. Where did you get information about family planning methods when you were deciding which one to use? (Probe: family members, health facility, etc.)
जब आप परिवार नियोजन पद्धती इस्तमालके बारे में निर्णय लेना चाहते थे तब इसके बारेमें आपको कहाँ से जानकारी मिली?(सखोलता से पूछिए: कुटुम्ब/ परिवार के सदस्य, स्वास्थ्यकेन्द्र, डॉक्टर?)

USE OF MOBILE PHONE/TECHNOLOGY

Now I want to talk to you about mobile phones.

अब मैं आपसे मोबाईल फोन के बारे में बात करना चाहता हूँ।

6. Do you have your own mobile phone?

क्या आप के पास खुदका मोबाईल फोन है?

Yes→continue with the questions below

- c. Where do you keep it? If it is here, can I see it?
आप उसे कहाँ रखते हैं? अगर वो यहाँ है तो क्या मैं देख सकता हूँ?
- d. Does anyone else use your phone? Who? How often?
क्या कोई दूसरी व्यक्ती आपके फोन का इस्तमाल करती है? कौन?कितनी बार?

□ **No**→continue with the questions below

d. Do you want to own a phone? Why do you say that?

क्या आप खुदका फोन रखना चाहते हैं? क्यों?

e. Why do you not own one? (Probe for costs, access issues).

आप खुदका फोन क्यों नहीं रखते? (सखोलता से पूछिए: कीमत, उपलब्धी)

f. Do you ever use anyone else's mobile phone? Whose? How often do you use it?
[If he does not mention about wife, probe if he ever uses her phone and how often/for what reasons.]

आप कभी किसी दूसरे व्यक्ती का मोबाईल फोन इस्तमाल करते हैं? किसका? कितनी बार? [अगर वो अपनी पत्नी के बारे में नहीं बताते हैं तो सखोलता से पूछिए यदि उन्होंने अपने पत्नी का फोन इस्तमाल किया है? और कितनी बार किस कारण से?]

7. What are the benefits of owning a mobile phone? Disadvantages?

खुदका मोबाईल फोन होने के क्या फायदे हैं? क्या नुकसान हैं?

I'd like to know more about how you use your (and/or other people's) mobile phone.

आप अपने या दूसरोंके फोन का इस्तमाल कैसे करते हैं इसके बारे में जानने में हमें दिलचस्पी है।

8. How did you learn how to use the mobile phone?

आपने मोबाईल का इस्तमाल करना कैसे सिखा?

9. How do you typically use a mobile phone? (Probe: making phone calls, receiving phone calls, sending text messages, mobile money, etc.)आमतौरपर आप मोबाईल का इस्तमाल कैसे करते हैं? (फोन करने के लिए, फोन उठाने के लिए, मेसेज/संदेश भेजने के लिए, पैसों की आदान-प्रदान के लिए)

a. How often do you use it?

कितनी बार आप उसका इस्तमाल करते हैं?

10. Tell me about any other ways that you use the phone. (Probe: games, calendar, photos, accessing internet, mobile money)

आप फोन का इस्तमाल अन्य किसी प्रयोजन के लिए करते हैं? अगर हाँ तो उस बारे में बताइए।(उदा. गेम्स, कैलेंडर, फोटो इन्टरनेट, पैसों की आदान-प्रदान के लिए अन्य)

e. Please show me and tell me about the tools or programs that are most useful to you.

कृपया आपको मोबाईल फोन में सबसे उपयुक्त लगनेवाला साधन या प्रोग्राम दिखाईए और उसके बारे में बताइए।

f. How did you learn about these services or functions on the phone?

इन फोन पर उपलब्ध सेवाओंके / कार्यों के बारे में आपने कहाँ से सीखा?

g. What do you like/dislike about them?

आपको उसमें क्या अच्छा/बुरा लगा?

h. How much do you pay to use them?

इसका इस्तमाल करने के लिए आपको कितने पैसे खर्च करने पडते हैं?

11. Tell me about any difficulties you have using the mobile phone.

आपको मोबाईल फोन का इस्तमाल करने में कुछ दिक्कतें आती हैं तो इस बारे में बताइए।

a. If you need help, whom do you ask for help?

अगर आपको मदद चाहिये तो आप किससे पुछते हैं?

b. If you receive an SMS and can't read the message, what do you do?
(If she asks someone to help read it, ask "Who?")

अगर आपको लिखित संदेश/SMS आते हैं और आप उन्हें पढ़ नहीं सकते हैं तो आप क्या करते हैं? [अगर वो किसीसे SMS पढ़ने के लिए मदद लेते हैं तो पूछिए वो व्यक्ति कौन है?

12. Where are you usually when you use the mobile phone?

आमतौर पर मोबाइल फोन का इस्तमाल करते समय पर आप कहाँ/किस जगह होते हैं?

a. Where are you most comfortable using it? (Probe: in the home, outside of the home, public/private settings) ऐसी कौनसी जगह है जहाँ पर मोबाइल फ़ोन का इस्तमाल करना आपको सबसे सहज लगता है? / ऐसी कौनसी जगह है जहाँ पर आप सहजतापूर्वक मोबाइल फोन का इस्तमाल कर सकते हैं? [सखोलता से पूछिए: घर में, घर के बाहर, सार्वजनिक/प्राइवेट जगहपर]

b. Why do you say that?

आप ऐसा क्यों कहते हैं?

13. Have you ever called a customer service helpline? If yes, tell me about the experience.

क्या आपने कभी भी/किसी भी ग्राहक सेवा सहायता में कॉल किया है? जैसे की मोबाइल ग्राहक सेवा सुविधा यदि हां, तो कृपया उस अनुभव के बारे में आप हमें बताइये।

e. For what kind of service?

किस सेवा के लिये?

f. Did you speak to a person right away, or did you have to listen to a recording first? क्या आपने सीधे उस व्यक्ती से बात कि या पहले आपको रिकॉर्डिंग की आवाज को सुनना पडा?

g. What did you like/dislike?

आपको उसमें क्या अच्छा लगा/ नहीं लगा?

h. Tell me about anything that was confusing to you, or that you did not understand. उसमें आपको किस बारे में दुविधा हुई या कौनसी बात समझमें नहीं आयी इस बारे में हमें बताइए।

14. In your community, what "type" of woman owns a mobile phone?

आप के समाज में ज्यादातर कौनसी महिलाओं के पास खुदका मोबाइल फोन होता है?

15. In your opinion what is appropriate for a woman to use a phone for? A daughter? Wife? Other female relative?

एक महिलाका किस भूमिकामें होनेपर मोबाइल फोन का इस्तमाल करना आपको उचित लगता है? आप सही समझते हैं? बेटी के लिये, पत्नी या कोई दूसरें महिला रिश्तेदारों के लिए? आपको ऐसे क्यों लगता है?

16. What are the benefits to women having and using mobile phones? महिलाओं के लिए मोबाइलफोन होने के और इस्तमाल करने के क्या फ़ायदे हैं?

17. What problems have you heard about resulting from women owning and using mobile phones?

महिला के पास मोबाइल फोन होने और इसका इस्तमाल करने से क्या समस्याएँ आ सकती है ऐसा आपने सुना है?

18. Does your wife have her own mobile phone? Why or why not?

क्या आपकी पत्नी के पास खुदका मोबाइल फ़ोन है? क्यों/ क्यों नहीं?

Yes → If yes, continue with questions below

- a. Tell me what you know about how your wife typically uses her mobile phone. (Probe: Where and when does she use it? Does she take it outside of the home? If so where? What does she use it for (phone calls, text messages, games, calendar, photos, etc.)

आपकी पत्नी उनके मोबाईल का ख़ासकर कैसे इस्तमाल करती है इस बारे में आपको जो जानकारी है वो हमें बताइए। (वो कैसे और कब इस्तमाल करती है? क्या वो घर के बाहर ले जाती है? वो किसलिए इस्तमाल करती है? (फ़ोन कॉल, गेम्स, कैलेंडर, फोटोआदी)

- b. What do you like about your wife owning her own mobile phone? What do you dislike?

आपकी पत्नी के पास उनका खुदका फोन होने से आपको क्या अच्छा लगता है? क्या अच्छा नहीं लगता?

- c. Do you communicate with her by mobile phone? Do you call or text her? How frequently? What are your messages about?

क्या आप उनके साथ मोबाईल पर बात करते हैं? क्या आप उन्हें कॉल करते हैं या लिखित संदेश/SMS भेजते हैं? कितनी बार? आपके लिखित संदेश/SMS किस बारे में होते हैं?

No → If no, continue with questions below.

- a. Do you know if she wants to own a mobile phone?

क्या आपको पता है वो खुदका मोबाईल फोन रखना चाहती है?

- b. Has she discussed owning her own mobile phone with you?

उन्होंने कभी आपसे खुदका मोबाईल होने के बारे में बात की है?

- c. What do you like about the idea of your wife owning her own mobile phone? What do you dislike?

आपके पत्नी के पास उनका खुदका फोन होने की कल्पना आपको कैसी लगी?

19. How much money/credit do you have available on your phone right now?

आपके फोन में अभी कितनी जमा राशी है?

- f. Does the phone always have credit? क्या फोन में हमेशा जमा राशी होती है?
- g. How often do you add credit? कितनी बार आप जमा राशी डालते हैं?
- h. Who is responsible in your family to add credit to the phone? आपके परिवार में फोन रिचार्ज करने कि जिम्मेदारी किसकी होती है?
- i. What do you (or someone else) do to add to the credit? रिचार्ज करने के लिये आप (या कोई और) क्या करते हैं?
- j. How much do you think you spend on phone credit on a weekly basis? आप के हिसाब से मोबाईल के इस्तमाल के लिये आप एक हफ्ते में लगभग कितना खर्चा करते हैं?

20. If health information was delivered to you on your phone, what topics would you be most interested in? Explain.

अगर आपको स्वास्थ्य के बारे में आपके मोबाईल पर जानकारी दी गई तो कौनसे विषय के बारे में जानने में आपको दिलचस्पी रहेगी? कृपया इस बारे में विस्तार से बताइए।

- a. Which topics would you not want to receive information about on your mobile phone? Explain. **आप मोबाईल पर कौनसे विषय की जानकारी पाना नहीं चाहते हैं? कृपया इस बारे में विस्तार से बताइए।**
- b. How would you use health information delivered to you on your phone? **आपको फोन पर दी गई स्वास्थ्य की जानकारी का इस्तमाल आप कैसे करेंगे?**
- c. How would you know that the health information delivered to you on your phone was trustworthy? **आपको स्वास्थ्य के बारे में बताई गई जानकारी विश्वसनीय/भरोसेमंद थी यह आपको कैसे पता चलेगा?**

21. What do you think about the idea of receiving family planning information on your phone?

परिवार नियोजन के बारे में मोबाईल पर जानकारी प्राप्त करने की कल्पना के बारे में आपकी क्या राय है?

I mentioned in the beginning of our conversation that our discussion will help us develop a new service that can potentially help couples use a family planning method. Let me tell you about it. We are exploring ways to offer a family planning method with the help of a mobile phone.

This service can help you and your wife prevent an unwanted pregnancy through use of the Standard Days Method. This method is completely natural. It helps a woman track her menstrual cycle to know when she is most likely to get pregnant if she has sexual intercourse (or other word) with her husband.

During a woman's menstrual cycle, there are days when she is likely to become pregnant and days she is not likely to become pregnant if she has sexual intercourse with her husband. To prevent an unwanted pregnancy, a couple uses condoms or does not have sex on the days she is likely to become pregnant.

A woman registers herself to the service and based on the date of last menstrual period, the service will contact you or your wife each day to tell you if she is likely to get pregnant or not if you have sexual relations with your wife. This way, you and your wife will know which days you need to not have sex or do something else to avoid a pregnancy.

This service has been offered in other parts of India, in communities like yours, but has not reached many women and couples because it is new.

जैसे मैंने शुरू में बताया कि हमारी चर्चा एक नई तकनीक/ तंत्रज्ञान बनाने के लिये मददगार रहेगी। इसका उपयोग बहोत सारी महिलाओंको और दंपतियोंके लिये परिवार नियोजन पद्धतीका इस्तमाल करने के लिए हो सकता है। इस बारे में मुझे आपको कुछ जानकारी देनी है। परिवार नियोजन के लिये मोबाईल फोन के जरिये सेवा कैसे दी जा सकती है इसकी हम खोज कर रहे हैं।

ये सुविधा आपको और आपके पत्नी को मानक दिन पद्धती (Standard Day Method) द्वारा अनचाही गर्भधारणा रोकने में मदद कर सकती है। ये पूर्ण तरह से प्राकृतिक/ नैसर्गिक पद्धती है। इससे एक महिला को माहवारी चक्र के कौनसे दिनोंमें अपने पती के साथ यौन संबंध करने पर गर्भधारणा होने की संभावना ज्यादा है ये पता चलने में मदद होगी।

एक महिला के माहवारी चक्र के दौरान, कुछ दिन ऐसे होते हैं जिन दिनों में पति के साथ यौन सम्बन्ध रखनेसे उस महिलाको गर्भधारणा की संभावना होती है तथा कुछ दिनों में यौन सम्बन्ध रखनेसे गर्भधारणा होने की संभावना नहीं होती।

ये सेवा-सुविधा पंजीकरण के बाद एक महिलाकी पिछली माहवारी की तारीख याद रखती है। उसके अनुसार अपने पतीसे यौन सम्बन्ध रखनेपर कौनसे दिनोमें पत्नी को गर्भधारणा होने की संभावना है इसकी जानकारी हररोज दे सकती है। इस प्रकार आपको और आपके पत्नी को यह जानकारी मिलेगी की अनचाही गर्भधारणा रोकने के लिये किन दिनों में यौन संबध रखना नहीं चाहिए या फिर उस समय परिवार नियोजन के किसी और पद्धती का इस्तेमाल करना चाहिए।

यह पद्धती भारत के अन्य हिस्सोंमें भी इसी तरह प्रस्तावित की जा रही है, लेकिन यह पद्धती नयी होने के कारण बहुत सारे महिलाओं और दंपतियों तक नहीं पहुँची है।

22. Do you have any ideas about receiving information about the days when your wife is most likely to get pregnant? How would you like to receive this kind of information?

अगर आप अपने पत्नी के साथ यौन सम्बन्ध रखते है तो आपकी पत्नी कौन से दिन गर्भवती बन सकती है यह जानकारी प्राप्त करने के बारेमें आपके पास कुछ कल्पना है? कृपया उस बारेमें बताइये। यह जानकारी आप किस तरह से प्राप्त करना चाहेंगे?

We have a few ideas about how a mobile phone service could tell you each day whether your wife can get pregnant. We are talking to both men and women because we would like to know how a couple might use this service together. A husband could receive the messages on his phone, a wife could receive messages on her phone, or they both could receive messages.

हमारे पास मोबाइल फ़ोन सेवा के जरिए प्रतिदिन इस तरह की जानकारी देने की कुछ कल्पनाएँ हैं। इसके बारेमें हम पुरुष और महिला दोनों से बात कर रहे है क्योंकि हम जानना चाहते है कि दंपति साथमें इसका इस्तमाल कैसे कर सकते है। पति-पत्नी, या फिर दोनोंको मोबाईल पर लिखित संदेश/SMS आएगा।

Now I am going to show you how the service could communicate with you. I will explain and ask you questions about each of the options. Remember, this is a demonstration and the information is not real. [The interviewer will observe the participant during this part of the interview and will note how easy/hard it is for the participant to follow the directions and use their mobile device.]

अब मैं यह सुविधा आपको कैसे सूचित करेगी ये दिखाना चाहता हूँ। मैं आपको हर एक पर्याय स्पष्ट करूंगा और फिर उसके बारे में कुछ सवाल पुछूंगा। याद रहे, यह उदाहरणके तौर पर किया जा रहा है और यह एक प्रायोगिक जानकारी है/ यह सिर्फ एक उदाहरण है।

23. PHONE CALL:

Instructions to participant: The first option is a phone call. In this case; you need to provide your wife's last menstrual period date during the registration, based on that date the service would call you/your wife each day to tell if she is likely to get pregnant or not if you have sexual relations with your wife that day.

If you pick up the call, you will need to listen to a recorded message from the service. We are going to call you now to demonstrate how this works. Please pick up the phone call and listen to the message.

पहला पर्याय है फोन कॉल। इस सुविधा में, पंजीकरण करते समय आपको आपकी पत्नी की पिछली माहवारी की तारीख देनी होगी। उसके आधार पर यह प्रस्तावित सेवा-सुविधा आपकी पत्नी को गर्भधारणा होने की सम्भावना है या नहीं यह बात प्रतिदिन कॉल करके आपको बताएगी। अगर आप फोन कॉल उठाते हो तो आपको यह रिकॉर्ड किया गया संदेश सुनना पडेगा।

हम अभी आपको कॉल करेंगे और यह सेवा-सुविधा किस तरह से ये काम करता है ये दिखाएंगे। कृपया अपना फोन उठाइये और संदेश को सुनिये।

How to handle simulation: One interviewer leaves the room to make the phone call. When the call connects to the participant's phone, he/she reads a message from a script and simulates a recording (see messages below). The interviewer in the room with the participant needs to observe the participant's level of comfort, etc., as outlined in the interview guide, and continue with the follow-up questions. The interviewer who went outside will have to come back into the room to know when to continue with the simulation.

[Interviewer observes how comfortable the participant is picking up the phone call and listening. Does she know which button to push to answer the call? Is she comfortable holding the phone? Did she know when to hang up? Etc.]

ENGLISH

HINDI

Today, May X (enter date). If you have sexual relations today, you are not likely to get pregnant. The service will call again tomorrow to alert you of your status. Thank you.

आज -----मई है | आज अगर आप और आपकी पत्नी यौन संबंध रखते हैं तो आपकी पत्नी को गर्भधारणा होने की संभावना नहीं है |
ये सेवा-सुविधा कल आपको आपके पत्नी की कल की स्थिति के बारेमें सतर्क करने/बताने के लिये वापस फोन कॉल करेगी | धन्यवाद |

- c. What did the message say? इस संदेश में क्या बताया गया था?
d. If you receive this message describe what would you do and why. (Probe: Would you share this information with your wife?)

अगर आपको ये संदेश आयेगा तो आप क्या करेंगे और क्यों?(सखोलता से पूछीए: क्या आप यह जानकारी आपकी पत्नी को देंगे?)

24. CALLING INTO THE SERVICE:

Instructions to participant: Another option would be for you to call into a number to find out whether **your wife** can get pregnant that day. You would have to remember to call every day. Please call this number on your phone and listen to the recording.

आपके पास दुसरा पर्याय है की आप कॉल करके पता कर सकते हैं के उस दिन यौन सम्बन्ध रखनेसे आपकी पत्नी को गर्भधारणा होने की संभावना है या नहीं। लेकिन आपको प्रतिदिन कॉल करना है यह ध्यान में रखना होगा। कृपया इस नंबर पर कॉल किजीये और रिकॉर्डिंग को ध्यान से सुनिए।

How to handle simulation: One interviewer leaves the room to receive the phone call. When the call connects to the participant's phone, he/she reads a CycleTel message from a script (see below). The interviewer in the room with the participant needs to observe the participant's level of comfort, etc., as outlined in the interview guide, and continue with the follow-up questions. The interviewer who went outside can return to the room to continue with the simulation.

[Interviewer observes how comfortable the participant is dialling the number and listening to the message.]

ENGLISH

HINDI

Today, May X (enter date). If you have sexual relations today, you are not likely to get pregnant. The service will call again tomorrow to alert you of your wife's status. Thank you.

आज -----मई है | आज अगर आप और आपकी पत्नी यौन संबंध रखते हो तो आपकी पत्नी को गर्भधारणा होने की संभावना नहीं है |

आज के दिन इस सेवा-सुविधा को कॉल करने के लिए धन्यवाद | आपकी कल की स्थिती के बारेमें जानने के लिए कल आपको दुबारा फोन कॉल करना होगा | धन्यवाद

Describe this experience to me. इस अनुभव के बारे में हमें बताये।

- What did the recording say? What was it telling you to do? संदेश में क्या कहाँ गया/ बताया गया था? संदेश आपको क्या करने के लिये कह रहा था?
- Tell me how you think you would use this service. यह सुविधा आप कैसे इस्तमाल करेंगे इस बारे में हमें बताइये
- If the service is Toll free would you be interested to call in to the service? Explain अगर यह सेवा-सुविधा टोल फ्री या मुफ्त में दी गई तो क्या आपको इस सुविधा का इस्तमाल करने में दिलचस्पी रहेगी? विस्तार से बताइए।

25. TEXT MESSAGING:

Another option is a text message. The service would send you a SMS with words or a symbol that would let you know the days that your wife can get pregnant. You would need to look at the SMS messages on the day that you receive them. Now I am going to show you a few examples of possible messages (words and symbols) for your feedback.

तिसरा पर्याय है- लिखित संदेश/SMS. ये सुविधा आपको चिन्होंके जरिये संदेश देगी जिससे यौन सम्बन्ध रखनेसे उन दिनोंमें आपकी पत्नी गर्भवती बन सकती है या नहीं इस बात का पता चलेगा। जब आपको लिखित संदेश/SMS प्राप्त होगा, तो आपको उसे देखना है। अब मैं आपके पुनर्निवेश/ राय के लिये आपको लिखित संदेश/SMS के कुछ उदाहरण दिखाऊंगा।



- Which example makes the least sense? Explain. कौनसा उदाहरण अर्थपूर्ण नहीं लगता? कृपया इस बारे में विस्तार से बताइए।
- What other suggestions do you have of symbols or words that could inform you of the days you are likely to get pregnant? आपकी पत्नीको यौन सम्बन्ध रखनेसे गर्भधारणा होने की संभावना है यह जानकारी आपको किन चिन्हसे दी जा सकती है, इसके बारेमें आपके क्या सुझाव है?

Now I am going to send you a text message with the example you liked best. Please open the text message when you receive it. *[Interviewer observes how comfortable the participant is receiving, opening, and reading the SMS.]*

अब मैं आपको एक लिखित संदेश/SMS उस उदाहरण के साथ भेजूंगा जो आपको सबसे ज्यादा पसंद आया है। जब आपको लिखित संदेश/SMS आयेगा तो कृपया उसे खोलिये।

- Describe to me what this message says. What is it telling you to do?
संदेश में क्या कहाँ गया है? संदेश आपको क्या करने के लिये कह रहा है?
- If you receive this message, describe what you would do and why?(Probe: Would you show this message to your wife? Why or why not?)
अगर आप यह संदेश आपको मिलता है तो आप क्या करेंगे और क्यों? क्या आप संदेश आपकी पत्नीको दिखायेंगे? क्यों? क्यों नहीं?

26. SERVICE PREFERENCE:

- Based on this activity, which of the three options (receiving a call, calling a service, receiving a text message) do you like the best for receiving information about whether you can become pregnant today if you have sex with your husband? Why do you say that?
इस गतिविधि पर आधारित तीन पर्यायों में से कौनसा पर्याय सबसे अधिक पसंद आया? क्यों? (फोन कॉल स्वीकारना, सेवा को कॉल करना, लिखित संदेश/SMS प्राप्त करना)

Please ask questions about the preferred option only. कृपया पसंदीदा पर्याय के ही प्रश्न पूछिए

Phone Call:

- Would you want the service to communicate with you by phone call? Why or why not?
क्या आप चाहते हैं की ये सुविधा फोन कॉल द्वारा आपसे सम्पर्क करे? क्यों/क्यों नहीं?
- Would you want your wife to receive information like this? Why or why not?
क्या आप यह जानकारी इस तरह से आपकी पत्नी को मिले ऐसा चाहेंगे? क्यों? क्यों नहीं?
- Would you prefer that she or you receive this phone call?
आप या आपकी पत्नीमें से किसे फोनकॉल आना आप पसंद करेंगे?
- Describe what problems you or your husband might have receiving this message each day. Probe: think about time of day when call received, cost, etc.) इस तरह प्रतिदिन आपको या आपकी पत्नी को यह संदेश स्वीकारने में क्या समस्याएँ/दिक्कते आ सकती है इस बारे में बताइये।(सखोलता से पूछिए:फोनकॉल का समय, खर्चा इसके बारेमें सोचिए।)

Calling into the Service:

- Would you want to call the service for such communication? Why or why not?
क्या आप इस तरह इस सुविधा को फोन कॉल सम्पर्क करना चाहेंगे? क्यों/क्यों नहीं?
- Would you prefer that he or you call into the service to find out if you have sex with your wife then she can get pregnant today? क्या आप/ आपकी पत्नी प्रस्तावित सेवामें कॉल करके यह जानना चाहेंगे की अगर आप आज असुरक्षित संबंध रखते हैं तो उन्हें गर्भधारना हो सकती है?
- What would you do to remember to call this service every day? प्रतिदिन आपको इस सुविधा को कॉल करना है, यह याद रखने के लिए आप क्या करेंगे?
- Describe some problems you might have or describe a situation in which it would be difficult to call this number and listen to the recording every day. इस तरह

प्रतिदिन आपको यह कॉल करने में और रिकार्ड सुनने में क्या समस्याएँ/ दिक्कतें आ सकती हैं, या किस प्रकार की परिस्थिति में आपको यह समस्या आ सकती है इस बारे में विस्तार से बताइये।

Text Message:

I. Would you want the service to communicate with you in this way? Why or why not?

क्या आप चाहते हैं की ये सुविधा इस तरह आपसे सम्पर्क करे? क्यूँ? क्यूँ नहीं?

II. Would you want your husband to receive information in this way? Why or why not?

क्या आप यह जानकारी इस तरह से आपके को मिले ऐसा चाहेंगे? क्यूँ? क्यूँ नहीं?

III. Would you prefer that he or you receive the SMS? Why?

क्या आप या आपकी पत्नी लिखित संदेश/ SMS मिलना पसंद करेंगे? क्यूँ?

IV. What would make it difficult for you to receive and look at an SMS every day?

इस तरह प्रतिदिन आपको यह लिखित संदेश/SMS मिलने और देखने में क्या समस्याएँ/ दिक्कतें आ सकती हैं?

e. Which of the options do you like the least? Why?

कौनसा पर्याय आपको सबसे कम पसंद आया? क्यूँ?

f. Do you have any other ideas for communicating every day on the mobile phone information about the days you can get pregnant?

गर्भधारणा होने के संभावित दिनों के बारे में मोबाईल फोन पर जानकारी देने के और कुछ तरीके आपके मन में हैं? आप और कुछ बता सकते हैं?

27. Overall, can you describe the service to me in your own words?

क्या आप हमें इस सेवा के बारे में अपने शब्दों में बता सकते हैं?

28. How do you think your life would change if you started to use this service?

अगर आप इस सेवा का इस्तमाल करना शुरू करते हो तो आपका जीवन किस तरह से बदल जायेगा ऐसा आपको लगता है?

b. What do you think your husband would think about it? Other family members? (mother, mother-in-law, sisters, aunts, etc.) Your friends?

आप को क्या लगता है कि आपकी पत्नी के इस बारे में क्या विचार होंगे? परिवार के बाकी सदस्यों के क्या विचार होंगे? आपके मित्रों के क्या विचार होंगे?

29. If you were to sign up for this service, what questions would you have before you started to use it?

अगर आपको इस सुविधा/सेवा का पंजीकरण करना हो तो इस सुविधा/सेवा का इस्तमाल करने से पहले आपके मन में क्या सवाल है?

Thank you spending this time with us and sharing your experiences. I have learned a lot and this has been a very helpful discussion. Is there anything else that you want to talk about, based on the discussion that we had today?

हमें आपका वक्त देने के लिए और आपके अनुभव बांटने के लिए हम आपके आभारी हैं। इस बातचीत से मैंने बहुत कुछ सिखा है और यह बातचीत बहुत उपयुक्त रही है। आपको आज के इस बातचीतपर आधारित और कुछ कहना है?

[INTERVIEWER: Before leaving the person's home, observe and note other types of technology in the home (e.g., radio, television, cook stove, etc.)]

Annexure – IV

Consent Form: Exploring Family Planning and Mobile Phone Use in India

IRB # 2012-1437

Title: Exploring Family Planning and Mobile Phone Use in India

Georgetown University, Institute for Reproductive Health

Informed Consent to Participate in In-Depth Interviews: Low Literate/Illiterate Participants

You are being asked to participate in a research study.

Before you agree, we, the researchers, must tell you about the following items, if applicable to the study:

1. The reasons why this study is being done, how it will be done and how long it will take.
2. Any activities or tests that are not well-studied.
3. Any risks, discomforts or benefits from the study that we think might happen.
4. Any other activities or treatments that are different, but could be helpful to you.
5. How we keep everything private and confidential.

The researchers must also tell you about other things that may concern you, if it applies, such as:

1. Any payment or medical treatment you could get if you were injured by the study.
2. The chance of risks we do not know about.
3. Situations where the researcher could stop you from being in the study.
4. Any added costs to you from being in the study.
5. What happens if you decide to stop being in the study.
6. When you will be told about new findings which could affect your decision to be in the study.
7. How many people will be in the study.

If you agree to participate, you have the option to keep a signed copy of this document and a written summary of the research.

If you have questions about the study, you may contact Victoria Jennings at the Institute for Reproductive Health, Georgetown University, in Washington, D.C. at +1-202-687-1392. You may also contact [Dr. Abhay Kudale, Researcher, MAAS-CHRD]. You may contact Georgetown University Institutional Review Board Office at +1-202-687-6553 (8:30am to 5:00pm, Monday to Friday) if you have questions about the rights of research subjects.

Your participation in this research is voluntary, and you will not be treated badly or lose any benefits if you refuse to participate or decide to stop.

Signing or putting your thumbprint on this document means that the research study, including the above information, has been described to you orally, and that you voluntarily agree to participate.

Please indicate whether you agree to be audio-recorded during the interview:

YES *(If you change your mind about this at any point, please let the researcher know)*

NO

Signature or Thumbprint Date Signature of Witness Date
of participant

Description of In-Depth Interviews

You are invited to participate in a research study titled “Exploring Family Planning and Mobile Phone Use in India.” This study is being conducted by the Institute for Reproductive Health, Georgetown University (Washington, D.C., U.S.A.). We would like you to take part in one interview, which should take about two hours. About 27 people will be interviewed in this study. The interview will take place in a private place, wherever you prefer, at a time that is convenient for you.

The purpose of this study is to find out whether a new service would meet health needs in your family and community. The results of the study will be used to see if this service would be a way to improve the health of women and families.

During the interview, the interviewer will ask you a few questions about your family and family health, your understanding of preventing pregnancy, how you use a mobile phone, and your recent participation in community groups or visiting with health providers. The interviewer will also tell you about the new service and ask for your thoughts about it. The interview will be audio-recorded. You can stop participation at any time. All you need to do is tell the interviewer that you would like to stop participating, and the interviewers will end the session.

If you participate in this interview, you will receive \$10 phone credit for your mobile device. There is no other direct benefit to you for participating in this study. However, we believe that information gathered in this study will help us develop a technology that will improve the lives of women, couples, and families in your community and other communities in India.

There are few risks associated with participating in this study. You might feel uncomfortable talking about some topics. At any time, you can tell me to change the subject, stop the interview, or ask to stop participating in the study. You do not need to answer questions that make you feel uncomfortable. If you would like further information about any of the issues that come up during the interview, the interviewer will guide you where to go to for advice or information.

You may be worried that others will find out the information you share with us. We will not share anything you tell us with anyone else in your community, including your parents, spouse, or anyone else. We will make every effort to keep all of your information safe by keeping it in a locked drawer and only giving access to research staff. We will also not write your name on our notes, transcripts or interview guides or mention it in any recordings. In order to keep information about you safe, as soon as we finish each interview, we will take the notes and recordings to a locked and secured place which only the researchers will have access to. When we leave the village, we will take the notes and recordings with us and again put them in a locked and secure location, and only research staff will have access to them. After the study is finished, the notes will be destroyed. Any typed transcripts made from the notes will be kept on a private computer which only the researchers will be able to see.

Name of IRB: Georgetown University Institutional Review Board
Approval Date: March 26, 2013
Expiration Date: February 7, 2014