

# HOME MANAGEMENT OF DIARRHOEA IN RURAL INDIA

Report on Knowledge,

Attitudes and Practice

Study - Methodology - Dec 1986

BY: INDIAN MARKET RESEARCH  
BUREAU

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Practices Study - Methodology

DECEMBER 1986

Prepared for UNITED NATIONS CHILDRENS FUND

By INDIAN MARKET RESEARCH BUREAU

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BACKGROUND

Child diarrhoea has been named "The Greatest Killer". It is responsible for an estimated 1.5 million deaths annually among children below five years in India. Results of studies conducted in different parts of the country have revealed that children below five years, on an average, suffer between two to three episodes of diarrhoea per year. The total number of episodes of child diarrhoea in India have been estimated to be between 300 and 500 million per year.

Growth retardation and mortality are the two main consequences of diarrhoea. Mortality is attributed primarily to loss of body fluids and salts (dehydration) during diarrhoea. A necessary first step in the prevention of dehydration and therefore mortality is the early replacement of lost fluids and electrolytes. The efficacy of oral electrolyte solutions has been proven in several developing countries.

It is believed that around 90% of diarrhoeal cases can be adequately treated by administering home available and home made fluids; around 10% cases need quicker replacement of water and electrolytes which can be provided by pre-packaged

special salts such as Oral Rehydration Salt (ORS) solutions. Only 1% of diarrhoeal cases require IV drips in addition.

The Government of India has set itself a target of reducing by 50% diarrhoea-related mortality by the year 1990. In order to assist the Government of India in its programme, the UNITED NATIONS CHILDREN'S FUND (UNICEF) are proposing a large-scale educational and training programme. The main objective of this programme would be to promote oral rehydration and correct feeding practices, among other things, to all those involved in the management of child diarrhoea viz mothers, health practitioners consulted by mothers, frontline workers (village health guides, anganwadi workers, trained dais) and medicine retailers (retail chemists/pharmacists). To develop this programme, UNICEF wished to gain greater insight into the existing knowledge, attitudes and practices of all the groups involved in the management of child diarrhoea. With this objective UNICEF commissioned IMRB to carry out comprehensive research on knowledge, attitudes and practices regarding diarrhoea in rural India. Prior to commissioning research several meetings were convened to brief the agency and discuss the research proposal submitted. UNICEF sought the help of various experts to evaluate the proposed research design. After the proposal was finalised and the study commissioned, a training workshop was arranged, in which UNICEF

resource persons and IMRB personnel involved in the project participated. At this workshop IMRB personnel were briefed by experts from the Ministry of Health, Planning Commission, All India Institute of Medical Sciences, (AIIMS) and UNICEF Consultants who were experts in Medical Sciences and Social Marketing. The Joint Secretary in-charge of the Diarrhoeal Disease Control Programme was also actively involved in briefing the agency.

This workshop gave the IMRB personnel an opportunity to understand the magnitude of the problems of diarrhoeal disease in India and to clear any doubts that they might have either on technical/medical issues or with respect to survey methodology. The workshop lasted for over three days during which video recordings of pilot group discussions and interviews with health practitioners and medical retailers (carried out prior to the conference) were shown to participants. These video recordings were used during internal briefings to our field force.

At the end of the workshop a short quiz was administered to determine the extent of knowledge grasped by the participants attending the conference.

It was after this workshop in October 1985 that IMRB was given the final go ahead for launching the project. As would be discussed in greater detail in

the following sections the proposed research design comprised two phases. The first was a 'qualitative' phase followed by a quantitative phase. The first phase of the study has just been completed and this document is one of the eighteen volumes of the report on this phase. This document outlines the design and methodology of the study's first phase. The other 17 volumes cover the findings of each of 16 states and an all India summary.

## 2 INFORMATION COLLECTED

The subject areas about which information was collected are listed separately for each of the three main target groups covered by the study.

### 2.1 Mothers (of children below five years old with emphasis on very young children)

#### 2.1.1 General

- Terminology used for and classification of various kinds of abnormal stools/loose motions.
- Beliefs/perceptions about causes of diarrhoea, particularly among children.
- Description of the symptoms, and the different stages which a child patient goes through during an episode of diarrhoea; perceived duration of one episode.
- Recognition of dehydration as a consequence of diarrhoea and its seriousness.
- Other perceived ill-effects/serious consequences of diarrhoea.
- Beliefs/perceptions about causes of death from diarrhoea
- Attitudes towards prevention and cure; efforts made, if any, to prevent diarrhoea among children.



- Role of other family members in the home management of diarrhoea (viz: father, parents-in-law, etc.)

#### 2.1.2 Feeding practices

- Feeding practices adopted by mothers during the various stages of a diarrhoeal episode; whether these differ by neonates and weaned and older children.
- Prevalant post-diarrhoea feeding practices.
- Whether feeding practices are different between normal feeding and during and after diarrhoea.
- Beliefs about and attitudes towards various foods and fluids, particularly milk/breastmilk.

#### 2.1.3 Treatment

- Steps taken from the onset (first day) of an episode till its end, to treat the child.
- Beliefs and practices regarding the treatment of neonates and weaned and older children.
- Traditional home remedies administered to a child during diarrhoea. ✓
- Liquids (e.g rice water, lassi) which are available in the home and are administered.

- Nature of advice sought by the mothers.
- Role of various 'influencers' and their recommendations i.e anganwadi workers, dais, village health guides etc.
- The stage, at which a health practitioner is consulted.
- Beliefs/perceptions about effectiveness of home/medical treatment. ✓
- Criteria by which the effectiveness of any treatment is judged (e.g reduced stools, greater activity).

#### 2.1.4 Oral Rehydration Therapy

- The amount of fluid administered during diarrhoea.
- Attitudes towards perceived role of fluids administered during diarrhoea.
- Availability of and perceptions regarding ingredients used in the preparation of the sugar and salt solution (SSS) i.e sugar/'gur' (jaggery) salt, water etc.
- Awareness of/views about sugar and salt solution packaged ORS and other electrolytes.

## 2.2 Medical practitioners and frontline workers

### 2.2.1 General

- Beliefs and perceptions about the causes of abnormal stools, particularly about causes of diarrhoea among young children.
- Perceptions about the types of diarrhoeal diseases and the seriousness with which each of them are regarded.
- Description of the symptoms, and the different stages through which a child passes during the episode, the estimated duration of an episode.
- Seriousness with which dehydration is regarded vis-a-vis other symptoms and ill-effects of diarrhoea.
- Attempts made at education of parents on preventive measures, and treatment in the early stages.

### 2.2.2 Treatment

- Identification of the person who usually brings the child patient. The stage of the episode at which the patient is usually brought. The information sought by the practitioner.
- The extent of delay, self-prescription and resorting to home remedies. What are the nature of these remedies. Perceptions of their effectiveness.

- The type of examination carried out . The treatment recommended/medicines prescribed.
- Advice given to the patient about the future course of the episode and the effects of the medicines.
- The nature of recommendation regarding intake of food/liquids/nourishment including breast-fed infants.

#### 2.2.3 Response to ORT

- Level of existing knowledge of ORT and its role during diarrhoea, awareness of SSS, ORS and branded electrolytes.
- Awareness of the positive role of home available fluids.
- Views on the role of ORT in the treatment, and its usefulness in prevention/cure of dehydration/diarrhoea; views on how long it is to be used during any typical episode, expected reactions of the patient/parents to advice recommending ORS.

## 2.3 Retail chemists/Pharmacists

### 2.3.1 General

- Incidence/frequency of parents/patients asking advice or recommendations regarding treatment of diarrhoea.
- Suggestions usually made by the chemists.
- Beliefs about the causes and consequences of diarrhoea, the importance attached to the problem of dehydration, the possible causes of diarrhoea deaths, particularly among neonates.
- Level of existing knowledge of DRT and beliefs about its usefulness/effectiveness.
- Perceptions about the ingredients used in the preparation of Sugar Salt Solution (SSS).
- Views on effectiveness of DRT i.e HAF, SSS, ORS and branded electrolytes. Extent to which each of these prescribed.

### 3 CONSIDERATIONS INFLUENCING THE RESEARCH DESIGN

Outlined below are certain issues which had a bearing on the research design.

- 3.1 Very little was known about knowledge, attitudes and practices relating to the management of diarrhoea in rural India. The thrust of the research, in the first instance, was to understand the range and diversity of the knowledge, attitudes and practices as they exist across the length and breadth of the country. This objective it was considered would be best met by a study which was 'exploratory' in its approach. This in turn suggested the need to use 'qualitative' rather than 'quantitative' research techniques.

It was borne in mind, however, that the purpose of such a study was to serve as the basis of the development of a mammoth communications/educational campaign upon which considerable financial resources and manpower would be expended. Before such a campaign was developed it was considered necessary to test many of the hypotheses about and possible solutions to, the problems of diarrhoea management which would be thrown up by the exploratory survey, on some 'quantitative' basis. Only if this was done would it be possible to determine the extent to

which the knowledge, attitudes and reported practices, identified in the exploratory phase of the survey, are actually prevalent in different parts of the country. This in turn would help identify the key issues that would need to be tackled through the campaign and the relative emphasis to be placed upon each.

We therefore recommended a research approach which would combine both qualitative and quantitative techniques. The purpose of the qualitative phase was to explore the range of prevalent knowledge, attitudes and practices with respect to diarrhoea management and to generate hypotheses for social marketing solutions. The purpose of the quantitative phase was then to attempt at determining the extent to which these knowledge, attitudes and practices are prevalent, and to provide more clear-cut directions for action.

3.2 Various key target groups were identified for the study. These were :

- mothers of children aged less than five years with emphasis on very young children
- medical practitioners and frontline workers
- retail chemists and pharmacists.

Of these groups it was felt that mothers would be the most important. They were likely to be

more receptive to new ideas where the health of their children was involved and were likely to be leading agents of change.

It was also felt that knowledge, attitudes and practices with respect to the management of diarrhoea are likely to be far more variable and diverse across the country among mothers, than among the other target groups. This it was considered would be due to the mothers' lower level of knowledge and training about this subject.

It was felt therefore, that greater emphasis should be placed upon mothers in this study and that the 'quantitative' phase discussed earlier be restricted to mothers alone. The design of the quantitative phase was limited in scope owing to the time and cost constraints indicated to us during the discussions prior to the finalization of the research study.

- 3.3 For a country as diverse as India, an all-nation study in totality was considered to be less meaningful than a study of its individual parts. Knowledge, attitudes and practices related to diarrhoea were likely to vary across the country just as other socio-economic and cultural indicators do. Therefore the study was designed in a manner that would reflect the status of each of several distinct regions which together make up India. It is assumed



that within such regions knowledge, attitudes and practices would not differ to the extent that they would between regions.

The need, therefore, was to stratify the country into as many homogeneous strata as was possible. It was felt that the conventional state-wise classification (which is based more on political considerations) would not suffice. We felt that an appropriate level of stratification could be achieved by dividing the country into socio-cultural regions. Each of these regions would comprise several districts, and lie within one state or state group. The external boundaries of the districts, socio cultural regions and state were superimposable. We recommended that India be divided into 35 socio-cultural regions.

The details of these 35 socio-cultural regions are discussed in the next section : Research plan and sample coverage.

#### 4 RESEARCH PLAN AND SAMPLE COVERAGE

##### 4.1 Research design

As discussed earlier in order to capture the range and diversity the prevalent knowledge, attitudes and practices a qualitative research study was carried out. Both the focus group and in-depth interviewing techniques were used depending on the target group as follows :

<u>Target group</u>	<u>Technique</u>
Mothers of children upto 5 years	Focus groups
Health practitioners including frontline workers	Depth interviews
Retailers of medicines i.e chemists/pharmacists	Depth interviews

The purpose of focus groups among mothers was to

- i/ provide a better understanding of mothers' knowledge of, attitudes towards and practices relating to diarrhoea
- ii/ generate hypotheses which the quantitative study in Phase II would attempt to quantify

- iii/ provide directions to the researcher in developing and structuring the questionnaire for the quantitative study to follow.

Depth interviews among health practitioners and retail outlets were carried out to gain an understanding of the extent of their involvement in the home management of diarrhoea as well as obtain an insight into their knowledge, attitudes and practices.

#### 4.2 Sample coverage

The proposed sample size per region for each of the 35 regions comprised the following :

- i/ 4 focus groups among mothers X 35 regions  
= 140 focus groups
- ii/ 8 depth interviews among health practitioners including frontline workers X 35 regions  
= 280 depth interviews
- iii/ 4 depth interviews among medicine retailers X 35 regions  
= 140 depth interviews

However as a result of the many discussions between UNICEF and IMRB during the finalizing of the research design it was considered necessary to obtain information from mothers who were at the time of the fieldwork

looking after a child with diarrhoea. A fourth group of respondents were then included in the research design specifically.

- mothers whose children currently had diarrhoea; among these mothers in each region 4 depth interviews and observations were carried out. These interviews are referred to as 'live' diarrhoea interviews.

It was not always possible to find respondents for 'live' diarrhoea interviews in a village. The study, however did include 61 mothers whose children had diarrhoea at the time of the fieldwork.

The details of the sample size covered in a state/state group are presented below. The regional divisions of the state/state group are also mentioned (Column of the table).

		Sample Size							
State/state group	Region	Mothers			Health practitioners			Re-tailers	
		*FG	MG/ID	LD	Total	ICDS	PHC	Total	
<u>NORTH ZONE</u>									
1.	Punjab	Punjab	4	2	3	7	-	-	4
2.	Haryana	Haryana	4	-	3	6	2	2	4
3.	Himachal Pradesh/J & K	HP/JK	4	1	2	8	1	1	4
4.	Rajasthan	Maru Pradesh	8	1	7	14	-	2	8
		Mewar	1						

\* FG - Focus group comprising 6 - 8 respondents

MG - Mini-group comprising 2 - 5 respondents

ID - Indepth interviews

LD - Live diarrhoea interviews

State/state group	Region	Sample size						
		Mothers			Health Practitioners			Retailers
		*FG	MG/ID	LD	Total	ICDS	PHC	Total
5. Uttar Pradesh	. West UP	8	-	7	16	-	4	8
	. East UP							
<u>EAST ZONE</u>								
6. Bihar	. Mithila	8	-	7	17	-	4	8
	. Magadh							
7. Orissa*	. Jharkhand							
	. Coastal Orissa	8	-	5	16	1	5	8
8. West Bengal	. Hills & Plateau							
	. Ganges Delta	8	-	8	16	-	4	8
9. Assam	. Darjeeling/ Dooars							
	. Brahma- putra	4	-	3	8	-	4	4
<u>WEST ZONE</u>								
10. Gujarat	. Kutch	12	-	3	20	4	8	11
	. Saurashtra							
	. Gujarat Plains							
11. Madhya Pradesh	. Malwa	13	10	1	30	-	10	16
	. Bundelkh- and/Baghe- lkhand							
	. Chatisgarh/ Gondwana							
	. Dandakar- anya *							

\* Dandakaranya is a region cutting across Orissa and Madhya Pradesh boundries was covered under Madhya Pradesh.

State/state group	Region	Mothers			Health Practitioners			Re-tailers Total
		*FG	MG/ID	LD	Total	ICDS	PHC	
12. Maharashtra	. Kokan . Desh . Marathwada . Vidharba	16	-	1	28	3	8	13
<u>SOUTH ZONE</u>								
13. Andhra Pradesh	. Telengana . Coastal Andhra . Rayalaseema	16	-	-	22	-	6	12
14. Karnataka	. Karnataka . Kanada . Old Mysore & Malnad	14	-	7	24	-	6	13
15. Kerala	. Malabar . Kerala coastal plains	8	-	2	15	-	4	6
16. Tamilnadu	. Coromandel Coast . Kongunad & Nilgiri	9	-	2	9	-	3	9
Total		144	14	61	256	11	71	136

Details of the districts selected within each region and the villages covered in each district are given as an appendix at the end of this volume.

Deviations from the proposed sample

The number of focus groups and depth interviews proposed against those actually conducted are shown below :

<u>Target group</u>	<u>Proposed</u>	<u>Achieved</u>
Mothers	140 Focus groups	144 Focus groups 14 Mini groups/Depth interviews 61 'Live' diarrhoea interviews.
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Health Practitioners/Frontline Workers	280 Depth interviews	256 depth interviews
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Retail outlets	140 Depth interviews	136 depth interviews

Though the actual coverage among mothers has exceeded that proposed by far (4 focus groups, 14 mini groups/in-depth interviews and 61 live diarrhoea interviews), there is a total shortfall of 24 among health practitioners and 4 among retailers since we were unable to find the desired number of respondents in some districts.

## 5 METHODOLOGY

### 5.1 Selection of district/villages

It was decided that one district\* would be selected for each of the 35\*\* regions to be covered by the qualitative research study. The selected district, it was decided, should be as representative as possible of the region from which it was selected in terms of :

- i. extent of industrialization
- ii. agricultural affluence
- iii. types of communities residing
- iv. other characteristics of the district e.g  
tourism in Rajasthan's Mewar region, hilly  
terrain in Himachal Pradesh and J & K region etc.

Further in a district two villages were covered. As per the 1981 Census, it is estimated that approximately 57% of the rural population resides in villages with a population of below 2000, about 27% in villages with population between 2000 and 5000 and remaining 16% in villages with population above 5000. Bearing this in mind one of the selected villages within a district was a large village with a population within the 3000 and 4000 population range and the second a smaller village in the 1000 to 2000 population range. In some districts where there were very few villages in any one of the population ranges, two from the same range were selected.

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\* Refer to Appendix A for a list of districts covered, by state/region

\*\* The socio-cultural regional division of India is based on the paper 'The Regional Dimension' by Rasheedudin Khan.



Larger and smaller villages were selected to reflect differences, if any, in behaviour and attitudes between the residents of the larger and smaller villages.

After the selection of districts the District Census Handbooks (a Govt of India Census Publication) of the relevant villages were consulted for the selection of the villages. In all cases the villages were pre-selected and substitutes were provided. In case the original selected village could not be located, a village from the substitute list was selected. The villages were at least 50 km from any major urban centre.

It was decided that the sample size to be covered in a district/region would be equally divided between the two selected villages. This was by and large possible in case of focus groups which were carried out among mothers. However in the case of depth interviews amongst the other target groups, particularly retailers, most interviews were carried out in the nearby towns visited by the village population.

## 5.2 Respondent selection and recruitment

### 5.2.1 Mothers

Two focus groups were convened in each village. In a few villages we were unable to conduct two groups and therefore substituted by conducting depth interviews. In some cases when there was time, more than the stipulated number of focus groups were carried out.

In-depth interviews or mini groups comprising 2-4 respondents were also carried out. Additional groups and interviews were carried out to cover a broader spectrum of the communities residing in the villages. Groups were always carried out among different communities residing in the villages. Usually the two main communities of the village were selected. These communities could be different in terms of their religion e.g Hindu, Muslim or occupation e.g land owning, non-land owning (agricultural labourers), traders etc. Care was taken to include mothers with very young children in the focus groups.

In the case of 'live' diarrhoea interviews that is interviews with mothers of children who had diarrhoea at the time of the interview, an observation of the child was also carried out.

Both focus group and depth interview participants were recruited by interviewers. The discussion/interview was then carried out by a moderator. At the time of recruitment or after the group/interview, certain information about the participants was collected (documented at the end of each state report as appendix C1). In some cases e.g the region of Maru Pradesh in Rajasthan, this was not possible since mothers feared the field team was collecting names for family planning purposes and would not allow any 'forms' to be filled with their names on them.

### 5.2.2 Health Practitioners

Health practitioners including frontline workers available in the village at the time of the visit were interviewed. In some cases e.g. Haryana special trips were taken to the nearby ICDS centres to include anganwadi workers in the sample.

In many villages there were no health practitioners to be found. In some cases the ANMs and other frontline workers who were supposed to be visiting the village every day were not available. Villagers reported that these workers seldom visited the village. In case the required number of interviews could not be carried out in the village, mothers were asked which practitioners were consulted when their child was unwell. The location of these practitioners was then determined by the interviewers and interviews were carried out among them.

Health practitioners who were consulted by mothers, irrespective of qualification were interviewed. The range included ayurveds, nadivaidis, ohjas (witch doctors), PHC doctors, MBBS doctors both private and Government, unqualified practitioners. Frontline workers such as village health guides, Auxiliary Nurse Midwives (ANMS) primarily health guides, village level workers, anganwadi workers etc. were included in the sample.

### 5.2.3 Retail outlets

Retailers stocking medicines were selected on the same basis as health practitioners i.e those who were visited by the villagers. Barring a few villages most did not have any medicine retail outlets. Retailers interviewed were usually located in the towns near the villages.

### 5.3 Field instruments

A total of six field instruments were developed; each instrument and its purpose is briefly described below.

<u>Field instrument</u>	<u>Purpose</u>
i/ Village observation sheet	<ul style="list-style-type: none"> <li>• collect village statistics such as population, facilities (medical etc.) available</li> <li>• record general observations e.g. dispersion of castes, water sources etc.</li> </ul>
ii/ Mothers recruitment sheet	<ul style="list-style-type: none"> <li>• establish eligibility for participation in focus groups</li> <li>• collect general information about mothers recruited for groups</li> </ul>
iii/ 'Live' diarrhoea child observation sheet	<ul style="list-style-type: none"> <li>• record observed condition of the child at the time of the interview</li> </ul>
iv/ Focus group discussion guide for mothers	<ul style="list-style-type: none"> <li>• instruments providing a check list of questions that the research study was required to answer</li> </ul>
v/ Depth interview guide for health practitioners	"
vi/ Depth interview guide for medicine retailers	"

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\* All field instruments are provided at the end of this volume as Appendix C.

The finalization of the field instruments was preceded by a series of revisions which were based on pilot field visits and subsequent discussions. Before the entire set of instruments was finalized a pilot visit was carried out covering an entire district/region (Rampur\* in West UP). On the basis of this pilot study the instruments were translated into Hindi. Translation of instruments into the other regional languages were made from the Hindi version of instruments after field visits to the corresponding areas by each of IMRB's Zonal offices.

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\* Pilots were also carried out in districts of West UP and Haryana; specifically Bulandshahr, Gurgaon Muzzafarnagar and Baghpat.

## 6 FIELD OPERATIONS

### 6.1 Interviewing and moderation

All depth interviews and group discussions were moderated by specially trained personnel. The field team comprised of at least one group moderator and two indepth interviewers. As far as possible, focus groups were moderated by IMRB research executives specializing in qualitative research.

### 6.2 Training

All key IMRB personnel who were involved with the project under-went an extensive and formal training workshop organized by UNICEF. Personnel from all four Zonal offices of IMRB from the research and field departments were present. The training was conducted by UNICEF personnel and experts on the subject of diarrhoea management invited by UNICEF.

The training covered relevant technical aspects of diarrhoeal diseases and the Government of India's diarrhoea management programme. The objectives of the research study and what was expected from the study were explained in detail.

All the presentations made during the three day workshop were video recorded. These video recordings as well as the experience gained by the various pilot studies carried out in Delhi went into the development of a training kit. This kit was used for

training of personnel at various Zonal centres . This training was imparted over a period of 2 to 4 days. Apart from the training kit a field manual was developed which each member carried to the field and used as ready reference whenever the need arose.

### 6.3 Field logistics

The four Zonal offices had the responsibility for the fieldwork in the states/regions under each Zone (refer Section 4.2 for states allocated to each Zone). In each of the selected districts, one town nearest to the two villages was selected. The field team usually stayed in this town and visited the village during the day. The Zonal Field Controllers and the research executives visited many of the centres covered by the study.



## 7 ANALYSIS AND REPORTING

All taped interviews were transcribed verbatim and then content analysed. The findings of the study are presented in sixteen state reports. The structure of each report is the same. The report's are divided into five main segments followed by a set of appendices A through G.

The first section of each state report is a Summary which is further divided into two sub-sections. The first sub-section presents the main findings and second attempts to reconstruct the typical diarrhoeal episodes known in that area.

The Summary is followed by the Introduction which presents certain statistics of the state and profiles, the regions), district(s) and villages covered within the state.

The next three sections, following the Introduction present the findings from the three target groups covered by the study i.e Mothers, health practitioners/frontline workers and medicine retailers. Each of these sections begins with a sub-section which profiles the respondents covered by the study.

The set of seven appendices in each state report present the following information.

- A - General statistics of population, industry and agriculture of each of the districts covered in the state (source Centre for Monitoring the Indian Economy district profile documents)
- B - Information about the villages collected on the village observation sheet.
- C - Background information about the three target groups collected from them.
- D - Glossary of local terms used in the district(s) covered.
- E - Lists of normal foods and preparations given during diarrhoea to children by mothers.
- F - Medicines stocked and prescribed by health practitioners and retailers.
- G - Method of preparation of HAF, SSS and ORS mentioned by the three target groups.
- H - State map illustrating the location of the district(s), towns and villages covered.

Apart from the sixteen volumes of the state reports, is a volume on the all India summary of the findings and this methodology volume. At the end of this volume are the following appendices.

- A - List of towns and villages covered in each state (region/district)
- B - All India district map showing the districts covered by the study
- C - Field Instruments
  - . C1 - Village observation sheet
  - . C2 - Mothers recruitment sheet
  - . C3 - 'Live' diarrhoea child observation sheet
  - . C4 - Mothers focus group discussion guide
  - . C5 - Health Practitioners depth interview guide
  - . C6 - Medicine retailers depth interview guide

APPENDICES

# APPENDIX - A

## LIST OF DISTRICTS AND VILLAGES COVERED

<u>States (Groups)</u>	<u>Regions</u>	<u>Districts</u>	<u>Villages</u>	<u>Size of village*</u>
<u>NORTH ZONE</u>				
1. Punjab	Punjab	Bathinda	. Dharampura . Rar	L S
2. Haryana	Haryana	Rohtak	. Barona . Kherari	L S
3. Himachal Pradesh/J & K	HP/J & K**	Solan	. Dhar-ke-Ber . Kasauli/Garkhal	L S
4. Rajasthan	Maru Pradesh	Churu	. Ghango . Jasasar	L S
	Mewar	Chittaurgarh	. Singhpur . Nilod	L S
5. Uttar Pradesh	West UP	Shahjahanpur	. Gariya Rangin . Akbaria	L S
	East UP	Barabanki	. Dadra . Mehmudabad	L S
<u>EAST ZONE</u>				
6. Bihar	Mithla/Magadh	Gaya	. Karuna . Kalpa	L S
Jarkhand	Jarkhand	Santhal Parganas	. Rohini . Tarabad	L S
7. Orissa	Coastal Orissa	Baleshwar	. Hirigzon . Ganderda	L S
	Orissa Hills & Plateau	Kalahandi	. Badapodagude . Amatha	L S

\* Villages with population between 3000 and 4000 (L - Large) and those with population between 1000 and 2000 (S - Small) were covered

\*\* Himachal Pradesh and Jammu and Kashmir are taken as one socio-cultural region

<u>States (Groups)</u>	<u>Region</u>	<u>Districts</u>	<u>Villages</u>	<u>Size of village*</u>	
8. West Bengal	Ganges Delta	Nadia	. Pashim Naopara . Kalupura	L S	
	Darjeeling/ Dooars	Malda	. Pulbaria . Nishchitapur	L S	
	Bharamputra Valley	Lakhimpur	. Joyhing Tea Estate . Kharkatia	L S	
WEST ZONE					
10. Gujrat	Kutch	Kutch	. Khavala . Meghpar	L S	
	Saurashtra	Amreli	. Sarambhda . Khijadia	L S	
	Gujrat Plains	Panchmahals	. Rampur . Darunia	L S	
	11. Madhya Pradesh	Malwa	East Nimar	. Arud/Jaswadi . Paladi	L S
		Bundelkhand/ Baghelkhand	Shivpuri	. Singhniwas . Nohri Kalan	L S
		Chatisgarh/ Gondwana	Durg	. Chauki . Lumora	L S
Dandakarnya		Bastar	. Bastanar . Bakel	L S	
12. Maharashtra	Konkan	Ratnagiri	. Velas . Tide	L S	
	Desh	Solapur	. Tarapur . Umbre/Badi	L S	
	Marathwada	Nanded	. Bodhadi . Lakhampur	L S	
	Vidharba	Bhandara	. Jamb . Palora	L S	

\* This region lies half and half between Orissa and Madhya Pradesh

<u>States (Groups)</u>	<u>Regions</u>	<u>Districts</u>	<u>Villages</u>	<u>Size of village*</u>
13. Andhra Pradesh	Telegana	Madak	. Hotib	L
			. Doppur	S
	Coastal Andhra	East Godawari	. Yendipalli	L
			. Fakiriddin	S
	Rayalaseema	Anantpur	. Chola Samudarm	L
			. Pydeti	S
14. Karnataka	Karnataka	Gulbarga	. Kadechur	L
			. Kategra	S
	Kanada	Bijapur	. Wadawadgi	L
			. Kuppakaddi	S
	Old Mysore & Malnad	Chitradurga	. Haikal	L
			. Bheemasudra	S
15. Kerala	Malabar	Palghat	. Kakkayur Coyalmanam	L S
	Kerala Coastal Plains	Alleppey	. Muzukeer . Molakaira	L S
16. Tamil Nadu	Coromandel Coast	Ramanathan-puram	. Kaothiparee . Poralacheri	L S
	Kongunad & Nilgiri	Maduri	. Appanomthu . Appipalayam	S S

APPENDIX C1  
VILLAGE OBSERVATION SHEET

Zone \_\_\_\_\_ State \_\_\_\_\_

Base town \_\_\_\_\_ Village \_\_\_\_\_

Names of team members : Supervisor \_\_\_\_\_

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Name of Sarpanch/headman \_\_\_\_\_

Status in villages \_\_\_\_\_ Date \_\_\_\_\_

-----  
ASK VILLAGE HEADMAN OR ANY OTHER RESPONSIBLE PERSON

1. Castes Present and estimated percentage of each

- (a) What are the different castes/communities living in this village ?
- (b) If there were 100 households in this village how many would belong to each of these communities/castes ?

<u>Caste (a)</u>	<u>Approx. % of each (b)</u>
• <u>Hindus</u>	
Brahmin/upper class 1	_____
Land owning farmers 2	_____
Non-land owning farmers 3	_____
Trader class/Danias 4	_____
Untouchables/Harijans 5	_____
• <u>Muslims</u>	
Land owning farmers 6	_____
Non land owning farmers 7	_____
Other occupations 8	_____
• Sweepers/Chamars 9	_____
• Others (SPECIFY) _____ 10	_____
_____ 11	_____

2. Estimated No. of voters : Number

In the last elections how many voters did you have in this village?



Number3. Estimated population :

What would be the total population of this village including women, children and infants ? \_\_\_\_\_

4. Main crops :

Which are the main crops of this village ? \_\_\_\_\_

5. Other crops :

Apart from the \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ (crops mentioned) what are the other crops grown ? \_\_\_\_\_

## 6. I would now like to know about the facilities that exist in your village or near by, but for your village, do you have \_\_\_\_\_? IF YES ASK How many ?

ASK FOR EACH OF THE FACILITIES LISTED BELOW

	<u>No</u>	<u>Yes</u>	<u>IF YES</u> <u>Number</u>
• Cooperatives (artisans, diary products etc.)	0	1	_____
• Schools for children	0	1	_____
• Schools for adults	0	1	_____
• Village health/anganwadi/ frontline workers	0	1	_____
• Electricity for agriculture/irrigation	0	1	_____
• Electricity for lighting	0	1	_____
• Flour mill/Chakki	0	1	_____
• Radio Transmission/no. of sets	0	1	_____
• Provision stores	0	1	_____
• TV Transmission/no. of sets	0	1	_____
• Medical stores	0	1	_____

7. Rain :

How much rain does this village get during winter and during the monsoon ? Does this area ever get floods ?

	<u>None</u>	<u>Very little</u>	<u>Enough</u>	<u>Area prone to floods</u>
Monsoons	1	2	3	4
Winter	1	2	3	4

8. Water sources :

What are the different types of drinking water sources in this village and other sources ? Tell me only about the ones the village people use, separately for agriculture and other uses. How many of each of these are there for different uses ?

	<u>Drinking water</u>		<u>Agri-culture</u>		<u>Home use</u>	
	<u>Type</u>	<u>No</u>	<u>Type</u>	<u>No</u>	<u>Type</u>	<u>No</u>
Wells	1	_____	1	_____	1	_____
Hand pumps	2	_____	2	_____	2	_____
Tube wells	3	_____	3	_____	3	_____
River	4	_____	4	_____	4	_____
Pond	5	_____	5	_____	5	_____

## 9. Are there any sources of water which some castes cannot use ?

IF 'YES' ASK

## 10. Which castes cannot use which sources of water (SPECIFY BELOW)

Q.9

Q.10

Yes : 1 \_\_\_\_\_

No : 2 \_\_\_\_\_

## 11. Is there a market in the village or one that comes to village ? How often in a week does this market come to your village ?

Existence

No. of days in a week held  
(SPECIFY)

Yes : 1 No : 2

	<u>Fruits</u>	<u>Season</u>
12. What are the different fruits available in your village in the different seasons ?	_____	_____
	_____	_____

	<u>Vegetable</u>	
13. What are the different vegetables available in your village in the different seasons	_____	_____
	_____	_____
	_____	_____

14. Where the cereals available in your village	_____	_____
	_____	_____
	_____	_____

15. Where do the village people obtain salt from ?	_____
--	-------

	<u>Type(a)</u>	<u>Where (b)</u>
16a. What are the different types of sugar do people of this village use ?	_____	_____
	_____	_____

16b. Where do they obtain those from ?	_____	_____
	_____	_____

17. Where do the village people dispose of their household garbage ?	_____
	_____

	<u>Medical type (a)</u>	<u>Number (b)</u>
18a. Who do village people go to if their infants/children fall ill ?/Tell me about all the different types of medical practitioners that is veds/hakims /ojha's (LIST ALL TYPES)	_____	_____
	_____	_____
	_____	_____

18b. How many such practitioners are there ? ASK BY TYPE	_____	_____
--	-------	-------

19. From where do the village people usually buy their medicines ? \_\_\_\_\_

✓ 20a. Where is the nearest aggon-wadi worker/primary health guide/field worker located \_\_\_\_\_

20b. How often does she come to your village ? \_\_\_\_\_

21. Where is the nearest hospital located ? \_\_\_\_\_

22. What are the different types of transport available to the base town/other villages ?

Base town

Other villages

_____	_____
_____	_____
_____	_____
_____	_____

ASK PRADHAN AND THEN OBSERVE FOR YOURSELF

23a. How many 'kuchha' and how many 'pucca' houses are there in the village

No. of houses

Kuchha : \_\_\_\_\_

pucca : \_\_\_\_\_

Others (SPECIFY) \_\_\_\_\_

23b. How many roads are there coming to the village

No. of roads

\_\_\_\_\_

23c. Where are the water sources located in the village ? \_\_\_\_\_

23d. How are the different castes in the village dispersed ? \_\_\_\_\_

24. RECORD NO. AND CONTENTS OF ANY HOARDINGS OR WALL PAINTINGS :

_____
_____
_____

APPENDIX C2

VILLAGE MOTHER'S

RECRUITMENT QUESTIONNAIRE

Zone \_\_\_\_\_ State \_\_\_\_\_ Village \_\_\_\_\_

Base Town \_\_\_\_\_ Recruiter's Name \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Respondent \_\_\_\_\_

Respondent's Caste \_\_\_\_\_

Name of Husband \_\_\_\_\_

Occupation of Husband \_\_\_\_\_

Live Diarrhoea 1                      Group discussion 2

-----  
I have come from ..... (MENTION NEAREST TOWN). I am doing research work for a company called Indian Market Research Bureau. This research is being carried out in villages all over India to find out what village people do to cope with illnesses and diseases among young children.

1. How many people live in your household ? Who are they ?

No. of :	<u>ADULTS</u>	<u>CHILDREN</u>
Joint family	_____	_____
Single unit family	_____	_____

2. How many children (both boys and girls) do you have ?

3. What are their ages ?

	<u>No. of children</u>	
	<u>Male</u>	<u>Female</u>
Upto 2 years	_____	_____
2 - 5 years	_____	_____
5+ yrs	_____	_____

IF AT LEAST ONE CHILD BELOW 5 YEARS CONTINUE, ASK ONLY FOR CHILDREN < 5 YEARS

4a What illnesses or discomforts has your 2 year old child suffered so far ? DO NOT PROMPT

b And your 2-5 years old(s) ?

ASK FOR CODES 1, 2 & 3

c When was the last time one of your children had an attack ? (SPECIFY)

d Do any of them have \_\_\_\_\_ now ?

	(a) 2 yrs)	(b) 2-5 yrs	(c) RECORD WHEN LAST EPISODE	(d) CODE IF CURRENT
Diarrhoea	1 CONTINUE	1 CONTINUE	_____	_____
Dysentery	2 "	2 "	_____	_____
Cholera	3 "	3 "	_____	_____
Colds/coughs	4	4	_____	_____
Chicken pox	5	5	_____	_____
Measles	6	6	_____	_____
Pneumonia	7	7	_____	_____
Other(SPECIFY)				
_____	8	8	_____	_____
_____	9	9	_____	_____

CONTINUE ONLY IF CHILD HAS DIARRHOEA. IF THE CHILD CURRENTLY HAS DIARRHOEA, THEN USE RESPONDENT FOR 'LIVE DIARRHOEA' INTERVIEW

5a What do you do, do you go out to work, or do you stay at home to look after the house ?

IF GOES OUT 'ASK' :

b What work do you do ?

ASK FOR EACH

c How many hours in a day do you spend at this work ?

- |                                | (a) | (b)       | (c)<br><u>No. of hours (SPECIFY)</u> |
|--------------------------------|-----|-----------|--------------------------------------|
| Stay at home                   | 1   | GO TO Q.7 |                                      |
| Go out to work                 | 2   | CONTINUE  |                                      |
| Work in the fields             | 1   |           | _____                                |
| Tend to care/feeding livestock | 2   |           | _____                                |
| Others (SPECIFY) _____         | 3   |           | _____                                |

6. What do you usually do with your children, when you go to work ?

- |  |   |
|--|---|
| Take all of them along                 | 1 |
| Take only younger children along       | 2 |
| Leave all behind with some other adult | 3 |
| Leave all behind alone at home         | 4 |
| Other (SPECIFY) _____                  | 5 |

7. I am asking others like yourself to come and tell me something about how you copo and what all you do, when your children fall sick. Will you come ?

Yes : 1      No : 2

We are meeting at \_\_\_\_\_ (PLACE) for about one hour.

IF ATTENDING, OBSERVE OR ASK AND RECORD :

8. a. Type of house : Pucca 1; Kuchha/Pucca 2; Kuchha 3  
 b. No. of rooms (with a door): 1 2 3 4 5+  
 c. Drinking water obtained from (SPECIFY)

d. Other water obtained from (SPECIFY)

e. Type of container used to store :

	<u>Drinking water</u>	<u>Other water</u>
Narrow neck	1	1
Wide/open mouth	2	2

f. Whether any livestock (buffalos, goats)

No : 1      Yes : 1

g. Whether usually kept within living quarters : 1

separate : 2

h. Where people usually go to the toilet ?

Latrine in house : 1

Latrine near house : 2

Open fields : 3

Othors(SPECIFY) : 4

i. Where infants stools disposed of (SPECIFY)

---

	<u>Yes</u>	<u>No</u>
j. Whether radio listed to by household members	1	2
k. Whether TV viewed by household members	1	2
l. Whether newspapers etc. looked at by household members	1	2
m. No. of calendars/posters in house :		
None : 0		
One : 1		
Two+ : 2		



APPENDIX C3  
LIVE DIARRHOEA CASE

OBSERVATION CUM INTERVIEW

Zone \_\_\_\_\_ State \_\_\_\_\_ Region \_\_\_\_\_  
District \_\_\_\_\_ Base town \_\_\_\_\_ Village \_\_\_\_\_  
Name of mother \_\_\_\_\_ Caste \_\_\_\_\_  
Name of interviewer \_\_\_\_\_ Date \_\_\_\_\_

-----

Sex of child M/F

Age of child \_\_\_\_\_ (in years and months)

TERMINATE IF OLDER THAN 5 YEARS

-----

SELF : My name is \_\_\_\_\_ I work for Indian Market Research Bureau a company that carries out market surveys.

IMRB : The company carries out market surveys in different parts of the country among all types of people. These surveys are carried out to find out what people feel about various things.

TOPIC : Currently our company is conducting research in many villages like this all over the country. The survey is being carried out to find out what village people do to cope with disease and illness among small children.

QUESTIONNAIRE: I will now like you to tell me about the illness your child currently has. What ever you tell me I will write on this paper since I will not remember everything.

TAPE RECORDER: I may have to record our talk because I can't write all that we will be saying. I will listen to it and later on <sup>and</sup> write down.

ASK MOTHER : SPECIFY DAYS/WEEKS/MONTHS

1. For how many days has the child had diarrhoea ? \_\_\_\_\_

2. How many stools does the child currently pass in a day ? \_\_\_\_\_

NUMBER

**IMIRB**  
Indian Market Research Bureau

OBSERVE AND ASK MOTHER

3. APPEARANCE OF THE CHILD : DESCRIBE IN YOUR OWN WORDS AND THEN ASK MOTHER TO DRAW A COMPARISON BETWEEN NORMAL AND CURRENT APPEARANCE. IF IT IS NOT POSSIBLE TO OBSERVE FILL ONLY MOTHER'S RESPONSE.

	<u>OBSERVED</u>	<u>MOTHER'S RESPONSE</u>
i/ Colour of skin	_____	_____
ii/ Texture of skin	_____	_____
iii/ State of eyes	_____	_____
iv/ State of stomach	_____	_____
v/ Colour of stool	_____	_____
vi/ Consistency of stool	_____	_____
vii/ Amount passed at a time	_____	_____
viii/ Colour of urine	_____	_____
ix/ Amount of urine	_____	_____

4. ASK MOTHER : (a) Is the child vomiting ? IF YES How many times a day ?

(b) Does the child have fever ?

CODE IN GRID :

	<u>Yes</u>	<u>No</u>	<u>No. of times/days</u>
VOMITING	1	2	_____
FEVER	1	2	_____

5. WATER CONTAINER : ASK MOTHER/IF POSSIBLE OBSERVE AFTER GETTING MOTHER'S RESPONSE. YOU CAN SAY : Your definition of the water container may be different from mine, could I see the container to check if what I have recorded is right ? ASK/OBSERVE BOTH DRINKING AND OTHER WATER CONTAINER.

	<u>DRINKING</u>	<u>IF 'BOILED'</u>	<u>OTHER</u>
- Narrow mouth	1	2	1
- Open/large mouth	3	4	2

DESCRIBE CONTAINER :

- Where container placed

- Where water obtained :

Location of water source

6. PROCESS OF CLEANING CHILD :

- 6.1 MODE OF CLEANING FACES :

(eg. cotton wool, cloth, water, barehand) SPECIFY IF A COMBINATION OF MODES USED.

ASK : How do you clean the child after he has passed stools ?

- 6.2 STAINED CLOTHES : What do you do with stained clothes ? IF WASHED ASK : Where do you wash them ? With what do you wash them ?

IF THROWN AWAY ASK :

Where do you dispose the stained clothes ?

6.3 WASHING OF HANDS :

How do you wash your hands  
after cleaning the child ?

---

---

What do you use to wash  
hands ?

---

6.4 NOW GO THROUGH THE GROUP DISCUSSION GUIDE, REFER ALL  
QUESTIONS TO THE DIARRHOEA EPISODE. USE TAPE RECORDER.

6.5 ATTACH THIS QUESTIONNAIRE TO RECRUITMENT QUESTIONNAIRE  
OF THE SAME RESPONDENT.

## APPENDIX C4

### MOTHER'S GROUP      DISCUSSION GUIDE

#### 1. INTRODUCTION

##### 1.1 Introduce self

My name is ..... I work for Indian Market Research Bureau a company which carries out market surveys.

##### 1.2 Introduce IMRB

The company carries out market surveys in different parts of this country among all types of people. These surveys are carried out to find out what people feel about various things.

##### 1.3 Explain topic

Currently our company is conducting research in many villages like this all over the country.

The survey is being carried out to find out what the village people do to cope with disease and illness among small children.

##### 1.4 Explain your position

I have always lived in a city so I know nothing about villages. You will have to tell me everything you know; this will help me in knowing more about villages. ✓

##### 1.5 Explain GD guide

I have written down on this piece of paper all that I want you to tell me about.

##### 1.6 Explain tape-recorder

I am sure we will have a lot to talk about and discuss. Since, it will not be possible for me to write everything we discuss, I have this tape recorder which will tape everything, later on I will listen to it to remember all that you have said.

**IMIRB**  
Indian Market Research Bureau

1.7 There are no right or wrong answers. I just want to know about your experience and knowledge about the ways of people living in this village. }

1.8 ASK EACH RESPONDENT : What is your name ? How many children, both boys and girls do you have ? What are their ages ?

THE POINTS WHICH NEED SPECIAL PROBING/EMPHASIS ARE MARKED WITH A \*

## 2. GENERAL QUESTIONS

2.1 What kind of work do you do ? Do you go out of the house to do work in the fields etc or do you do only household work ?

2.2 How often do you go to ..... (NAME NEAREST TOWN) or other towns ? And how often does your husband go ? What do you usually go to town for ? And your husband ?

2.3 You said you have ..... (MENTION NO. OF CHILDREN). Let us talk about the younger children (who are younger than 2 years and older than 3 months). What are the foods that they eat and drink in a day on a regular basis ?

2.4 Let us talk about your children, those who are younger than 5(2) years and older than 3 months. What are the foods that they eat and drink in a day on a regular basis ?

2.5 How is the health of your children nowadays ? What illness have your children recently had ? What others ? Are there some illnesses which occur only in some seasons ? What are they ?

IF DIARRHOEA/LOOSE STOOLS NOT MENTIONED PROMPT LOOSE STOOLS (DO NOT MENTION DIARRHOEA) WITH NAMES OF ANY OTHER TWO ILLNESS NOT MENTIONED : SAY :

2.6 Do children ever get malaria (OR ANY OTHER ILLNESS NOT MENTIONED), loose stools etc ?

2.7 Are there different types of diarrhoea/ loose stools ? IF YES What are they ?  
What are the names of different types of diarrhoea ? How are they different ?

USE THIS GRID, TO MAKE SURE ALL ASPECTS ARE COVERED. LIST THE TYPES OF DIARRHOEA ON THE LEFT AND TICK IN EACH OF THE COLUMNS AFTER PROBE/QUESTION HAS BEEN COMPLETED.

-----				<u>Food/drink</u>	
Type/name of				Not	
diarrhoea/				all-	
loose motion	Cause(s)	Treatment	Allowed	owed	
-----					
1.					
2.					
3.					
4.					
5.					

2.8 Which disease/illness including the different types of diarrhoea, in your opinion, is most serious ?

2.9 Which is the most serious among the types of diarrhoea/which causes you the most concern ?  
Why ?

OBTAIN A RANKING FOR ALL DISEASES/ILLNESSES INCLUDING ALL TYPES OF DIARRHOEA.

### 3. QUESTIONS RELATED TO DIARRHOEA

#### 3.1 RECENT CASES OF DIARRHOEA

Have your children ever had diarrhoea ? When was the last time your child had diarrhoea ? FIND ABOUT THE CURRENT AND RECENT CASES OF DIARRHOEA.

#### 3.2 CAUSES

You have told me about \_\_\_\_\_ and \_\_\_\_\_ types of diarrhoea. Why do you think a child gets diarrhoea ? What do you think causes diarrhoea ? Anything else ? Tell me about each type of diarrhoea separately PROBE AROUND :

- Polluted food
- Part of growing up
- Seasonal changes
- Germs
- Unhygienic conditions

#### 3.3 PREVENTION OF DIARRHOEA

3.3.1 Do you think it is possible to prevent diarrhoea ? Why/Why not ? IF 'YES' ASK : What are the things a mother can do to prevent a child from getting diarrhoea ? Do you do any of these things ?

3.3.2 If a child has already had diarrhoea what can be done to prevent the child from getting diarrhoea again ?

#### 3.4 SYMPTOMS AND CONSEQUENCES

3.4.1 What happens to a child soon after he or she gets diarrhoea ? What are the other signs ? And later on, what effects does diarrhoea have on the child ?

3.4.2 What is it about diarrhoea and its symptoms that worry or bother you most ? Why is it so ?  
(ASK FOR EACH TYPE)



- 3.4.3 Now think of a child (5 years old) who has never had diarrhoea. How will this child be different from another 5 year old who has had it many times. (PROBE : Appearance, General health, Appetite, Activity level)

### 3.5 LAST DIARRHOEA EPISODE

- 3.5.1 Thinking of the last time your child had diarrhoea. When was it ? How old was she/he ? Was it a boy or girl ? What were the first signs ? What happened next and next ? How long did one attack or episode last ? What happened to the child during this time ?
- IF THE RESPONDENT THINKS OF DIARRHOEA IN STAGES. FOR EACH STAGE ASK :
- a/ - How was the child's health/physical appearance then ? How was it different from before ?
  - b/ - How was the child's mood/behaviour then ? Was was it different from before ?
  - c/ - What type of stools was the child passing then ? (IN TERMS OF COLOUR, SMELL, CONSISTENCY). How were they different from before ?
  - d/ - How many stools was the child passing then ? How many more than before ?
  - e/ - What about urine ?
  - f/ - What foods did you give it to eat and drink ? What else did you give ? How do you prepare this ? With which ingredients ?
  - g/ - How many times in the last year has this child had diarrhoea ? Do most of the children here in the village have these number of attacks, or do they have more or less ?

3.5.2 Does diarrhoea differ from child to child ? In what way ?

Does diarrhoea differ from episode to episode ? In what way ?

Does diarrhoea differ from stage to stage ? In what way ?

PROBE AROUND

- health/apphysical appearance
- mood/behaviour
- number/type of stools
- length/duration of each stage
- amount/type of urine

3.6 SERIOUSNESS OF DIARRHOEA

3.6.1 When does diarrhoea become serious ? At what stage ? What are the signs ?

3.6.2 What could happen, at worst, to the child when it had diarrhoea ?

3.6.3 You mentioned ..... could happen to a child, how do you know this ? Have you seen it happen ? When ?

USE SAME TERMINOLOGY FOR DEATH AS THE RESPONDENT

3.6.4 Does this .... (USE SAME WORDS THAT THE RESPONDENT USED WHEN ANSWERING 3.6.2) happen to all cases of diarrhoea ? Why/Why not ?

3.6.5 What is the difference between cases where .... happens (the child dies) and where ..... does not happen ? (Where the child does not die) ?

3.7 PREVENTION OF DEATH IN DIARRHOEA

3.7.1 What are the things a mother can do to prevent diarrhoea from becoming serious and the child .... ? (USE SAME TERMINOLOGY AS RESPONDENT)

- ingredients/mode of preparation of food/drinks
- medicines/other treatment
- frequency of feeding

#### 4. FEEDING

ALL RESPONSES ON FEEDING SHOULD BE ASKED SEPARATELY FOR FOOD AND DRINK

##### 4.1 FEEDING DURING DIARRHOEA

- 4.1.1 What types of foods/fluids in your opinion should be given to a child who has diarrhoea ? What foods do the mothers usually give on their own ?

OBTAIN DETAILS OF EACH KIND OF FOOD AND DRINK GIVEN IN TERMS OF :

- Ingredients used
- Mode of preparation
- Frequency of feeding
- Amount given each time
- Method of feeding

- 4.1.2 Why should these foods/drinks be given ? FOR EACH FOOD AND DRINK MENTIONED ASK :

What are the specific benefits of each ?

- 4.1.3 What food/drink items, if any, should not be given during diarrhoea ? Why ? Do mothers give any of these foods to children during diarrhoea ? PROBE THOROUGHLY ON THE REASONS FOR NOT GIVING THE SAID FOOD/DRINK ITEMS

##### 4.1.4 QUANTITY

How much food/drink should be given to

a child who has diarrhoea ? The same as before or ..... ? OBTAIN OPINION WITH RESPECT TO THE NORMAL DIET What is the reason for giving \_\_\_\_\_ amount of food ? What do the mothers do ? Do they do this on their own or on someone's suggestion ? Who's ?

#### 4.2 BREAST FEEDING

- 4.2.1 Should breast feeding/mother's milk be continued during diarrhoea ? Why ? Why not ? Tell me for both a child who is only on breast milk and a child who is on breast milk as well as other foods and drinks ? What do the mothers do ? Do they do this on their own or someone suggests it ?

IF BREAST FEEDING SHOULD BE STOPPED THEN FOR EXCLUSIVELY BREAST FED CHILDREN ASK :

- 4.2.2 What should a child who drinks only mother's milk be given when when he/she gets diarrhoea ?

#### 4.3 POST DIARRHOEAL FEEDING

- 4.3.1 What should be given to a child to eat/drink after he/she recovers from diarrhoea ?

PROBE AROUND : - type of food/drink  
- ingredients  
- amount  
- frequency of feeding  
- method of preparation

- 4.3.2 How is this different from the child's regular diet ?

- 4.3.3 For how long (days/weeks) should this diet be continued ? Should there be a difference between the diet on the first day/week and the next ?  
What do the mothers feed the children ?

REFER TO THE LAST CASE OF DIARRHOEA THAT RECOVERED

- 4.3.4 You just told me about a case that came to you \_\_\_\_\_ days/weeks ago, could you tell me what food did you recommend when the child got better ?

5. TREATMENT

5.1 OVERALL CURE

- 5.1.1 What treatment do you recommend for the overall treatment of diarrhoea ?
- ✓ 5.1.2 Do mothers use any home treatment to cure diarrhoea ? What types of treatment ? How often do they use these ? Do they use these before coming to you ?

5.2 DEHYDRATION

5.2.1 IF DEHYDRATION MENTIONED ASK :

You mentioned that a child becomes dehydrated when it gets diarrhoea ? What treatment do you advise to prevent dehydration ? What is the best treatment for a dehydrated child ?

5.2.2 IF DEHYDRATION NOT MENTIONED PROMPT :

When a child has diarrhoea it loses body fluids i.e. becomes dehydrated. What treatment do you advise to prevent loss of body fluids ? What is the best treatment for a child who is dehydrated ?

5.2.3 IF HOME MADE SOLUTION MENTIONED ASK :

✓ When did you hear of this ? Who told you ? What did the person/literature say ?

IF HOME-MADE SOLUTIONS NOT MENTIONED  
ASK Q 5.2.4 and 5.2.5

5.2.4 Are there any homemade drinks made of sugar and salt that can be used to prevent dehydration ? How are they made ? ASK FOR :

- ingredients
- proportions
- method of preparation

5.2.5 How often do you recommend this drink to the patient ? For how long should it be taken ? How effective is it ?

5.2.6 In the last few cases of diarrhoea that you did treat, did you recommend this solution ? When ?

IF RECOMMENDED ASK :

5.2.7 If you recommended this solution how would parents react to its suggestion ?

5.3 MEDICINES

5.3.1 What medicines should be given to a child who has diarrhoea ? What type (ayurvedic, homeopathic, unani) of medicines are they ? How do they help ?

5.3.2 Do you recommend all these medicines for all cases ? What medicine is recommended at what stage and for which type of diarrhoea ?

5.4 ORS AND ELECTROLYTE : SHOW ORS AND ELECTROLYTE PACKETS SEPARATELY :

ASK FOR EACH SEPARATELY :

- 5.4.1 Have you ever recommended this to your patients ? What frequency do you recommend ?
- 5.4.2 How should the solution for this be prepared ? How much powder and how much water ? How do you explain this to the mother ? OBTAIN DETAILED DESCRIPTION.
- 5.4.3 What do you think are its ingredients ?
- 5.4.4 How do you give it to your patients ? Do you give the entire packet or some of it ? How do you give it ?
- 5.4.5 How does it help a child who has diarrhoea ? What does it do ?

ASK FOR EACH : ELECTROLYTE/ORS/HOMEMADE SOLUTIONS

- 5.4.6 How often do you recommend it ?

#### MOTHERS

- 6.1 Do you think mothers have any beliefs/ideas about diarrhoea treatment that could be useful/harmful to their children ? What <sup>have</sup> are they ? How can these be got around ? What <sup>have</sup> you attempted in the past ? With what results ?

OBTAIN OPINION ON USEFUL AND HARMFUL TREATMENT

- ✓6.2 What role do mothers play in curing diarrhoea ?

ASK :

- a/ Length of practice ,
- b/ If practice full or part time
- c/ Type of training : From where, when, which institution etc, whether correspondence ?
- d/ What type of medicine practised
- e/ Where medicines bought from.

## APPENDIX C5

### DEPTH INTERVIEW GUIDE - HEALTH PRACTITIONER

#### 1. INTRODUCTION

##### 1.1 Introduce self

My name is ..... I work for a market research company.

##### 1.2 Introduce Indian Market Research Bureau

This company carries out market surveys in different parts of the country among all types of people.

##### 1.3 Explain topic

Currently my company is conducting research in many villages like this all over the country. The research is being carried out to find out what steps the village people take to cope with disease and illness among children.

##### 1.4 Explain your role

I am from the city, I know nothing about village ways. I am here to find out about them from you. Also I know nothing about medicine and its practice and would like to learn from you.

##### 1.5 Explain doctor's role

Since you are in contact with the village people when their children are not well, we would like to know your opinion, on how they cope, as well as your recommendations and advice to them.



1.6 Explain tape recorder

Since we have a lot to discuss and it will not be possible to write everything we discuss, I have this tape recorder which will tape everything. It will help me to recall later on what we have discussed.

1.7 There are no right or wrong answers. I want only your opinion.

2. GENERAL QUESTIONS

2.1 IS FOR VEDS/HAKIMS/DOCTORS ETC

2.2 IS FOR VILLAGE HEALTH WORKERS, ANGANWADI WORKERS ETC.

✓ 2.1 What type of people do you usually treat ?

2.2 What work do you do in villages ? Who are the people that you usually deal with ?

2.3 FOR ALL

DISEASES AND ILLNESSES

✓ 2.3.1 What are the different types of diseases and illnesses which occur in this village ?

2.3.2 Which of these diseases/illnesses occur most often among children aged less than 5/2 years ?

✓ 2.3.3 Are there any diseases/illnesses that occur more often in certain

seasons ? PROMPT : WINTER, MONSOON, SUMMER,  
CHANGE OF WEATHER.

2.3.4 You mentioned ..... and .....  
diseases/illnesses, which of these in your  
opinion are serious diseases/illnesses for  
children ? OBTAIN A RANKING FOR ALL DISEASES/  
ILLNESSES MENTIONED.

2.3.5 REFER TO DISEASES/ILLNESSES CONSIDERED SERIOUS  
SAY :

Why do you consider these diseases/illnesses  
to be serious ?

2.3.6 What do you/people fear most when a child  
gets one of these 'serious' diseases/  
illnesses ?

### 3. QUESTIONS RELATED TO DIARRHOEA

#### 3.1 SERIOUSNESS OF DIARRHOEA

3.1.1 In your opinion how serious is diarrhoea  
compared to the other diseases/illnesses  
for a child less than 5/2 years ? Which  
diseases/illnesses would be more or less  
serious than diarrhoea ?

3.1.2 What do people fear most when a child  
gets diarrhoea ?

3.1.3 When does diarrhoea become serious ?

### 3.2 CAUSES

3.2.1 What in your opinion are the causes of diarrhoea ?

PROBE AROUND : - polluted food  
- unhygienic conditions  
- polluted water  
- part of growing up  
- seasonal changes  
- food and drink  
- over eating

#### PREVENTION

3.2.2 What are the things that can be done to prevent a child from getting diarrhoea ?  
Have you suggested these to the parents ?  
Which ones/when ?

3.2.3 Do you know if mothers do any of these things ?

3.2.4 If a child has already had diarrhoea what can be done to prevent the child from getting diarrhoea again ?

3.2.5 Do mothers do these things ?

### 3.3 DIFFERENT TYPES OF DIARRHOEA

3.3.1 How else is diarrhoea referred to or talked of ?

3.3.2 What, if any, are the different types of diarrhoea ? How are they different ?  
Do they have different names ?

### 3.4 SYMPTOMS

3.4.1 You mentioned ....., ..... and ..... types of diarrhoea/loose stools. Could you tell me what happens

to children who get these different types of diarrhoea ? What are the symptoms ?

### 3.5 STAGES OF DIARRHOEA

3.5.1 What happens to a child when she/he first gets diarrhoea ? What are the first signs ? What happens next ? And next ? SEE IF RESPONDENTS THINK OF DIARRHOEA IN STAGES. USE THE SAME TERMINOLOGY THE RESPONDENTS USE FOR THE DIFFERENT STAGES OF DIARRHOEA. FOR EACH STAGE OBTAIN : PHYSICAL DESCRIPTION :

- of the stool in terms of colour, consistency, smell
- physical appearance of the child
- other symptoms

3.5.2 At what stage does diarrhoea become serious ? What are the signs ?

- PROBE ON :
- physical appearance of child
  - type of stools
  - amount of urine passed
  - other symptoms

3.5.3 At what stage are infants brought to you usually ?

3.5.4 What is the duration of one episode of diarrhoea ?

### 3.6 CONSEQUENCES OF DIARRHOEA

3.6.1 What could happen, at worst, to a child when it has diarrhoea ?

3.6.2 How many such cases of diarrhoea have you dealt with ?

3.6.3 IF DEATH MENTIONED IN 3.6.1 ASK :

When does diarrhoea lead to death ? Why do children die of diarrhoea ? What do you think children die of ?

PROBE AROUND : - Infection  
- Lack of food  
- Lack of water

3.7 LAST CASES OF DIARRHOEA

3.7.1 In the last week/month, how many cases of diarrhoea have been brought to you ?

REFER TO LAST CASE

3.7.2 When was the last diarrhoea case brought to you ? Who brought the child to you ? Who usually brings the child to you ?

3.7.3 How old was the child ? What kind of family did the child belong to ? OBTAIN INFORMATION ON :

- income
- caste
- occupation of main earner

3.7.4 What did the child look like when it was brought to you ? What was the child's condition ?

PROBE AROUND : - Number/type of stools in terms of colour, smell, consistency  
- physical appearance  
- other symptoms

ADVICE GIVEN

3.7.5 What did you recommend ? What other advice did you give ? OBTAIN INFORMATION ON  
- food/drinks given

### 3.8 ID DIARRHOEA SEEN AS A KILLER ASK :

Why do you think the child ..... ? What did the child (die) of ?

- PROBE AROUND : - Infection  
 - Lack of food  
 - Lack of water  
 - Other factors that emerge

#### 3.8.2 What makes you feel that ..... was the reason for (death) ?

PROBE AROUND CONDITION OF CHILD IN TERMS OF :

- dry lips
- wrinkled lock/skin
- thinner
- weakness
- was told by others

### 4. QUESTIONS ON DEHYDRATION (IF MENTIONED SPONTANEOUSLY)

- 4.1 You mention that there is dryness/thirst. At what stage does this happen ? Why does this happen ?
- 4.2 What effect does this dryness, thirst etc that you mentioned have on the child's health ?
- 4.3 How can this dryness etc be PREVENTED ? What steps can be taken ?
- 4.4 When your child had diarrhoea did this happen ? Could you describe your child then ?

### 5. QUESTIONS ON FEEDING

#### 5.1 FEEDING DURING DIARRHOEA

When a child has diarrhoea/loose stools what should be her/his diet ? What should the child be given to eat and drink ?

OBTAIN DETAILS FOR EACH FOOD/DRINK MENTIONED IN Q.5.1.1 AND Q.5.1.2 IN TERMS OF :

- hygiene
- Ingredients used
- where ingredients obtained from ?
- Mode of preparation (proportions)
- When given (in relation to each stage) ?
- How much given at a time ?
- Why given i.e. what effect is the food/drink supposed to have ?
- Frequency of feeding ?
- Who suggested it/how did you come to know of it ?

## 5.2 DIFFERENCE IN REGULAR AND FEEDING DURING DIARRHOEA

5.2.1 You have just told me about the food and drink you give your child during diarrhoea/loose stools. What, if any, is the difference between this and the child's regular diet.

IF MENTIONED THAT NO OR LESS FOOD AND/OR DRINK WAS GIVEN ASK :

5.2.2 Why didn't you give the child anything/to eat ?  
PROBE AROUND :

- the child just passed it out anyway
- the child gets too weak to eat
- Nothing can save the child except the hospital/doctor/glucose drip
- the 'hakim'/ved' said not to give anything
- the child cannot digest so much
- Role of mother-in-law etc
- Who told you that this should be so ?

## 5.3 FOOD/DRINKS THAT SHOULD NOT BE GIVEN

5.3.1 What food/drink items should not be given to the child who has diarrhoea ? Why ?

PROBE AROUND EACH FOOD/DRINK ITEM MENTIONED IN TERMS OF :

- ingredients
- effect of food/drink
- amount

#### 5.4 BREAST FEEDING

OBTAIN THE TERMINOLOGY FOR BREAST FEEDING FROM THE RESPONDENTS AND USE THE SAME.

- 5.4.1 Should mother's milk be continued during diarrhoea ? Why ? Why not ? Who told you that it should/should not be given ?

ASK FOR INFANTS WHO ARE HAVING NO OTHER FOOD EXCEPT BREAST MILK

- 5.4.2 If you do not give the infant mother's milk during diarrhoea what else do you give, or do you give nothing ?

#### 5.5 RELATED TO POST DIARRHOEAL FEEDING

REFER TO LAST CASES OF DIARRHOEA :

- 5.5.1 What did you feed the child after he/she was better ?
- 5.5.2 For how long (weeks/days) did you feed this to your child ?
- 5.5.3 Why did you feed this to your child ?
- 5.5.4 How much did you feed your child ?  
(PROBE ON DIFFERENCE FROM REGULAR DIET) Why ?
- 5.5.5 How did you prepare this food ? What were the ingredients ?
- 5.5.6 Who suggested/told you to give this to the child ?
- 5.5.7 How long did you continue to give this food to the child ? (OBTAIN NO. OF WEEKS/DAYS).



## 6. TREATMENT

REFER TO THE STAGES OF DIARRHOEA MENTIONED BY THE RESPONDENT

- 6.1 Please think of the last time your child had diarrhoea. What is the first thing you did when you saw that the child had diarrhoea ? What did you do in the next stage ? And the next ? (WHEN REFERRING TO EACH STAGE USE RESPONDENT LANGUAGE)
- 6.2 What treatment did you give your child when it had diarrhoea ? Tell me about homemade and other types of treatments too. What treatment is usually given to a child who had diarrhoea ?
- 6.3 Who recommended these treatments to you ?
- 6.4 IF TAKEN TO 'VED', 'HAKIM' ETC  
At what stage did you take it to the 'hakim'/'ved'/doctor ? What was the child like then ? How much time (days/weeks) had passed ?
- 6.5 Who took the child to the 'hakim'/'ved'/doctor ?
- 6.6 What kind of 'ved', 'hakim', doctor was he ?  
(OBTAIN A SKETCH OF THE HAKIM IN TERMS OF SIZE OF CLINIC, NATURE OF WORK ETC)
- 6.7 What did he say to you ? What medicines did he give ? How long did he give you the medicines for ? How was the child supposed to take the medicines ?
- 6.8 What happened then ? How did you know the treatment/medicine was having an effect ? What were the signs ?
- 6.9 IF NOT TAKEN TO 'VED', 'HAKIM', ETC ASK :  
Why didn't you take the child to a .....  
(USE SAME TERMINOLOGY) ?

## 6.10 HOMEMADE SUGAR SALT SOLUTION

- 6.10.1 Have you ever given a homemade sugar and salt solution in water to your child when she/he had diarrhoea ?
- 6.10.2 IF YES ASK : How did you prepare it ? Who told you about it ? Did it help the child ? How was it helpful ?
- 6.10.3 IF NO ASK : Would you consider giving it to your child ? Why/Why not ? What are your views on the ingredients ?

## 6.11 ORS PACKS : SHOW PACKETS

- 6.11.1 Have you seen this before ? Have you ever used it ?
- 6.11.2 IF YES ASK : Who told you about it ?
- Where have you seen it ?
  - What is it meant for ?

### PREPARATION

- How do you use it ? How do you make it ? How much do you put in how much water ?

### FREQUENCY

- How frequently did you give it and how much at a time ?

### USE

- How do you think it helped/helps your child, if at all ?
- Will you use it again, next time your child has diarrhoea ? Why ?

### PURCHASE

- Where do you get it from ? Did you buy it ?

PRICE

- At what price did you buy it ?
- Would you buy/use it again if your child had diarrhoea ?  
Why/Why not ?

INGREDIENTS

- What do you feel it contains ?

6.11.3 IF NO ASK :

This packet has a mixture of salt and sugar. You have to put it into clean drinking water and give it to your child when it has diarrhoea. This has to be given at regular intervals. This only restores the water and salt that the body loses due to diarrhoea.

What do you think of this ? Would you give it to your child ? Why ? and why not ?

ASK QUESTIONS ON

- education
- composition of family
- occupation of husband, main and subsidiary
- crops grown
- radio/TV/press listening/viewing habits, if any,  
in households
- immunisation practices

7.0 COMPLETION DATA7.1 RECORD ON TAPE AT END OF DISCUSSION :

- 7.1.1 No. of respondents (mothers) at the end
- 7.1.2 No. of mothers-in-law at the end
- 7.1.3 Time (at end of discussion)
- 7.1.4 Place of group/interview
- 7.1.5 Village name and data
- 7.1.6 Cassette No. used

7.1.7 Your name

7.1.8 Any other comments about any special  
difficulties you had

7.2 IF 'Live diarrhoea' RESPONDENT, RECORD :

7.2.1 Time at end of interview

7.2.2 Place

7.2.3 Village name and date

7.2.4 Cassette no. used

7.2.5 Your name

7.2.6 Appearance and description of  
respondent and her attitude

7.2.7 Other comments

## APPENDIX C6

### DEPTH INTERVIEW GUIDE - RETAIL OUTLETS

#### 1. INTRODUCTION

##### 1.1 Introduce self

My name is ..... I work for a market research company.

##### 1.2 Introduce Indian Market Research Bureau

IMRB carries out market surveys in different parts of the country among all types of people.

##### 1.3 Explain topic

Currently my company is conducting research in many villages like this all over the country. The research is being carried out to find out what the village people do to fight disease and illness among children.

##### 1.4 Explain your role

I am from the city I know nothing about village ways. I am here to find out about them from you. Also I know nothing about medicine and its practice and would like to learn from you.

##### 1.5 Explain pharmacists role

Since you provide medicine to the village people when there is an illness in their homes, we would like to know about the type of medicine doctors prescribe and the advice you give.

##### 1.6 Explain tape recorder

Since, we have a lot to discuss and it will not be possible to write everything we discuss, I have this tape recorder which will tape everything, later on I will hear it and write down.

##### 1.7 There are no right or wrong answers. I just want to know about your experience with the village people.

## 2. GENERAL QUESTIONS

### 2.1 DISEASES/ILLNESS

- 2.1.1 What are the different types of diseases and illness for which you supply medicine, tonics etc to the village people ?
- 2.1.2 What are the childhood illnesses for which village people come to you for advice ?
- 2.1.3 Which of these are serious illnesses ? Tell me about other seasons like summer, monsoons, etc. change of weather too ?

### 2.2 MEDICINES STOCKED

- 2.2.1 What are the different types of medicines, tonics etc. that you stock ? Tell me about ayurvedic, unani, homeopathic and other 'desi' medicines too ?

### 2.3 ADVICE

- 2.3.1 Do the parents of the children who are sick seek your advice for their child ?
- 2.3.2 How many such parents come to you in say, a week/day ?
- 2.3.3 For which type of illnesses and diseases do they come to you to seek advice generally ?

## 3. QUESTIONS RELATED TO DIARRHOEA

### 3.1 ADVICE ON DIARRHOEA

- 3.1.1 How often do parents of children come to you for advice when their child has diarrhoea ?
- 3.1.2 What is recommended by you ? Does this vary by type and stage of diarrhoea ? What is recommended for each stage/type of diarrhoea ? OBTAIN DETAILS OF TREATMENT IN TERMS OF :
  - advice
  - medicine
  - tonics
  - feeding

3.1.3 What are the medicines/tonics/treatment prescribed by the doctor ?

3.1.4 Which medicines, tonics etc are recommended by you most often ?

### 3.3 CURE FOR DIARRHOEA

3.3.1 Do you think that diarrhoea can be cured/ treated at home ? Why/why not ? IF YES  
How can diarrhoea be cured at home ?

#### HOMEMADE SOLUTION

3.3.2 Have you or the village doctor/'hakim'/'ved' ever recommended homemade sugar and salt solution to treat diarrhoea ?

#### IF YES

- 3.3.3 - Where did you hear about it ?  
- How is this solution prepared ?  
- How much of each ingredient is used ?  
- How does it help in diarrhoea  
- How is it different from plain water in the treatment of diarrhoea ?

### 3.4 AVAILABILITY OF DIARRHOEA MEDICINES ETC

3.4.1 Are the medicines, tonics and other aids for diarrhoea cure easily available ?  
Have you ever felt a shortage ? When ?  
For what ?

### 3.5 ORS

3.5.1 IF ORS NOT MENTIONED ASK :

Have you ever heard of ORS and electrolytes ? SHOW ONE PACKET OF EACH AND  
ASK ALL : Have you seen this before ?

3.5.2 What do you think are its ingredients ?  
How is it prepared ? How frequently should it be had ?

3.5.3 For what other kinds of illnesses do you recommend ORS and electrolytes ? OBTAIN ANSWERS FOR EACH SEPARATELY

3.5.4 Are these and other medicines for diarrhoea recommended by you/doctor for a patient at the same time ? FOR BOTH YES AND NO ASK : When are they recommended ?

ASK

- What training have you had in this field ?
- What other occupations do you have ? How much time do you spend here and on other jobs ?
- For how long have you been dispensing medicines from this store ?
- What, apart from medicines, are the other products that you stock in your store ?
- From where do you buy your medicines ?