End line Survey Report:

Capturing Change in Health-seeking Behaviours of Brick Kiln Workers in Lahore and Rawalpindi

October 2018

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Development Impact Solutions (Pvt) Ltd.

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This baseline research was authored by Dr. Saifullah Chaudhry. Fieldwork was carried out by the field teams. We would like to thank the women and men brick kiln workers who participated in the research, and the support of the Shoaib Khan Niazi, President, All Pakistan Brick Kiln Owners Association, Pakistan facilitating access to the brick kiln clusters.

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ACRONYMS

ANC	Antenatal Care
ANCE	Association of Network for Community
BHU	Basic Health Unit
BKC	Brick Kiln Cluster
BKOAP	Brick Kiln Owners Association of Pakistan
CNIC	Computerized National Identity Card
DFID	Department for International Development
DIS	Development Impact Solutions
HANIF	Health and Nutrition Innovation Fund
ILO	International Labour Organization
LHV	Lady Health Visitor
LHW	Lady Health Worker
MNCH	Maternal Newborn and Child Health
NADRA	National Data Registration Authority
PHCS	Primary Health Care Satellite
PNC	Post Natal Care
PSPU	Policy & Strategic Planning Unit
RHC	Rural Health Centre
TBA	Traditional Birth Attendant
UC	Union Council

Contents

1. INTRODUCTION:

The brick kiln women workers and their families typically do not access formal health services and the public health system does not reach out to these marginalized segments of society either. The Development Impact Solutions (DIS) implemented an innovative project "Linking Brick Kiln Women Workers with Formal Health Care System (LBW&FH)" in district Lahore & Rawalpindi from May 2017 to Sept 2018. Earlier DIS had implemented the pilot phase of this project in district Lahore Batapur Brick Kiln Cluster from April 16 to January 2017. The DIS with the collaboration of the Punjab Health Department, through its Policy & Strategic Planning Unit (PSPU), and Brick Kiln Owners Association of Pakistan (BKOAP) implemented the project with funding from the DFID through Palladium Pakistan Private.

The project intended to bring about change in health services seeking behaviors of brick kiln women workers and their families, away from quacks and towards public health services. In order to capture any change in the health-seeking behaviors of the brick kiln women workers, the project utilized a Randomized Control Trial (RCT) methodology.

In consultation with BKOAP, a criterion was developed to select four brick kiln clusters. In continuation with the successful pilot project, clusters with the following features were selected:

- cluster with 14 to 20 brick kilns
- Workers and their families population between 5,000 to 6,000 living at the cluster
- existence of government BHU/RHC within 3 to 5 kilometers from the cluster
- the willingness of kiln owners to promote formal health services among workers

Jointly with BKOAP, four new brick kiln clusters in District Rawalpindi and Lahore were identified. In October 2017, the Project, while using a Randomized Control Trial (RCT), carried out a baseline survey at four brick kiln clusters in District Rawalpindi and District Lahore. All four new clusters demonstrated brick kiln women and men workers had low demand for government health and MNCH services and there was a high reliance on quacks or fake health services providers.

Subsequently, out of the four surveyed clusters, three brick kiln clusters were randomly selected for project intervention. Moreover, the pilot phase cluster was also selected for project intervention in the scale-up phase. In this way, a total of four brick kiln clusters, two each in the Lahore and Rawalpindi districts, were

selected to receive project interventions. One brick kiln cluster, Mandra Rawalpindi was kept as a controlled cluster that to be examined at the end line for comparison.

The pilot phase demand and supply interventions were also initiated in the selected four brick kiln clusters. On the supply side, the project established Primary Health Care Satellite (PHCS)1. It was known among the brick kiln workers community as Health Houses. The Brick Kiln Owners Association through its members provided a building for the establishment of PHCS and the Punjab Health Department deputed health professionals to provide free health services. On the demand side, the DIS carried out extensive social mobilization among the brick kiln women workers, their male family members, and managers of the brick kiln to increase the update of government health services.

In September 2018, the Project, while using a Randomized Control Trial (RCT), carried out end line survey at four treatment brick kiln clusters in District Rawalpindi and District Lahore. Moreover, the end line survey was also carried out in the controlled brick kiln cluster Mandra in District Rawalpindi. The objective was to capture any change in behaviors of brick kiln women and men workers of the treatment cluster towards formal health services and examine any change in behaviors of workers in the control cluster.

[1] Known among brick kiln workers community as Health Houses; Brick Kiln Owners Association provided space for establishment of PHCS and Punjab Health Department deputed health professional to provide free health services.

2. RESEARCH METHODOLOGY

A randomized controlled trial (RCT) methodology was adopted for the baseline research. The RCT approach was adopted to subsequently determine if the cause and effect relationship exists between an intervention and an outcome.

2.1. Locale

The end line survey was conducted at the four intervention brick kiln clusters - two clusters in Rawat Rawalpindi and two in Batapur and Wagha Lahore - where the baseline survey was conducted[2]. Moreover, the end line was also carried out in Mandra brick Kiln cluster in District Rawalpindi, which was the control cluster and it was also covered under the baseline. The following table describes treatment and control clusters in both districts with baseline and end line status.

Districts	Treatment Clusters in Scale-up				Control Cluster
	New Clusters			Old Cluster from Pilot	
Lahore			Wagha Cluster Baseline End Line	Batapur Cluster Baseline End Line	
Rawalpindi	Lousar Cluster Baseline End Line	Pumli Cluster Baseline End Line			Mandra Cluster Baseline End Line

[2] Project did not conduct baseline survey in the pilot cluster of Batapur

2.2. Sampling:

The end line survey, like the baseline, used purposive sampling[3] technique. In the end line, there were four treatment brick kiln clusters, two each in district Rawalpindi and district Lahore. Moreover, the survey was also conducted in the control cluster Mandra in district Rawalpindi.

Each cluster had a different number of brick kilns, and each brick kiln had a different number of workers household at its premises. The criteria for selection of the male respondent was the male head of the household who is a brick kiln worker, and for the female respondents the wife of the head of the household or any adult female member, or a female-headed household who is also a brick kiln worker. It was decided to select three households from each brick kiln randomly. To determine the frequency for random household selection, the steps given below were followed:

- Listing of households at each brick kiln at the cluster was developed and numbered.
- The total number of households at each brick kiln was divided by 3 to obtain "Frequency Number" for that brick kiln.
- The first house was arbitrarily selected from the list and then the "Frequency Number" automatically determined the next two houses.
- From the sample of three houses, two female workers were interviewed from two households and a male worker from the third house.

The clusters collectively have sixty-six brick kilns. Three households from each brick kiln were randomly selected and that provided 180 sample households. The sample households were 9% of the total 1943 households at the 66 brick kilns. The Lousar, Pumli, and Wagha were the new clusters where baseline was also conducted, and since the Wagah cluster was from the pilot stage it was only added in the mid-line. Therefore, the values for the Wagha cluster across all baseline remains nil. The total 180 sample workers consisted of 67% female workers and 33% male workers. The following Table presents the sampling of female and male workers across the four brick kiln clusters:

[3] Purposive sampling, also referred to as judgment, selective or subjective sampling is a non-probability sampling method that is characterized by a deliberate effort to gain representative samples by including groups or typical areas in a sample. The researcher relies on his/her own judgement to select sample group members.

SAMPLE – Intervention Clusters							
District	Brick kiln clusters	# of Brick Kilns	HH	Sample HH	Sample % HH	Female	Male
Rawalpindi	Rawat - 1	19	475	48	10%	32	16
Rawalpindi	Rawat - 2	17	403	48	12%	32	16
Lahore	Wagha	14	534	36	7%	24	12
Rawalpindi	Mandra	16	531	48	9%	32	16
Total		66	1943	180	9.5%	120	60

During the end-line in September 2018, there were a total of 120 females and 60 male workers, and in total 180 workers were randomly selected from Wagha and Batapur in Lahore district and Lousar and Pumli from Rawalpindi district. However, during the baseline survey In October 2017, a total of 183 randomly selected 147 workers were interviewed at three clusters (Wagha cluster in Lahore district and Lousar and Pumli clusters in Rawalpindi district). The Batapur cluster being from the pilot phase was not included in the baseline.

The end line survey was also carried out in the control cluster, 'Mandra' in the district Rawalpindi. There was a total of 12 brick kilns consisting of 365 households out of which 10% of sample households were randomly selected using the same sampling criteria as discussed above. The table below presents a sample of the control cluster:

SAMPLE – Control Cluster							
District	Brick kiln clusters	# of Brick Kilns	HH	Sample HH	Sample % HH	Female	Male
Rawalpindi	Mandra	12	365	36	10%	24	12
Total		12	365	36	10%	24	12

The number of randomly selected workers from the control cluster Mandra Rawalpindi was the same 36 during baseline (Oct 2017) and end line (Sept 2018) surveys.

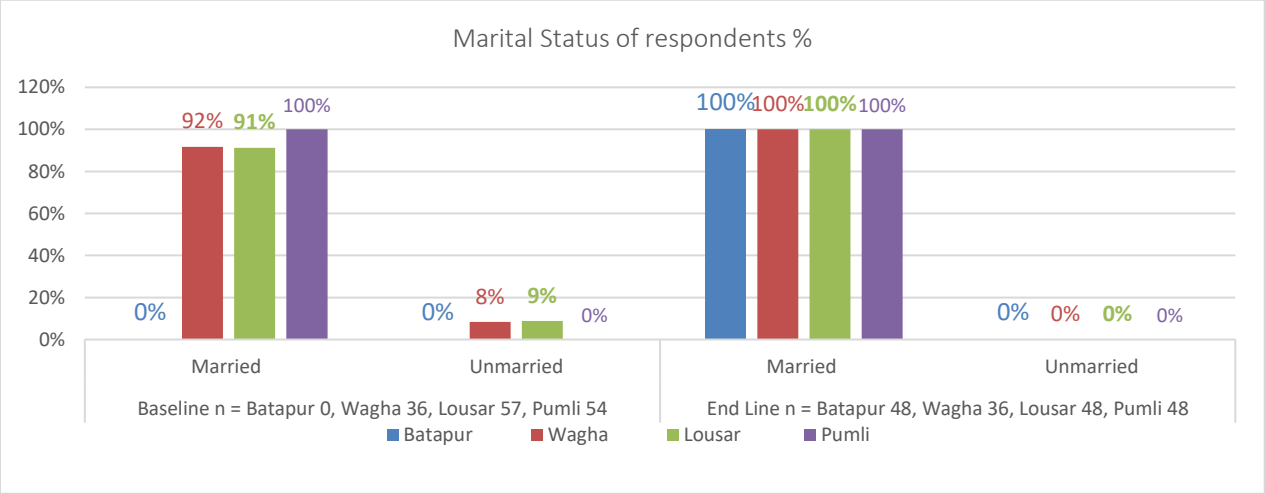
3. FINDINGS

The following subsection provides an in-depth analysis of data collected from the four clusters.

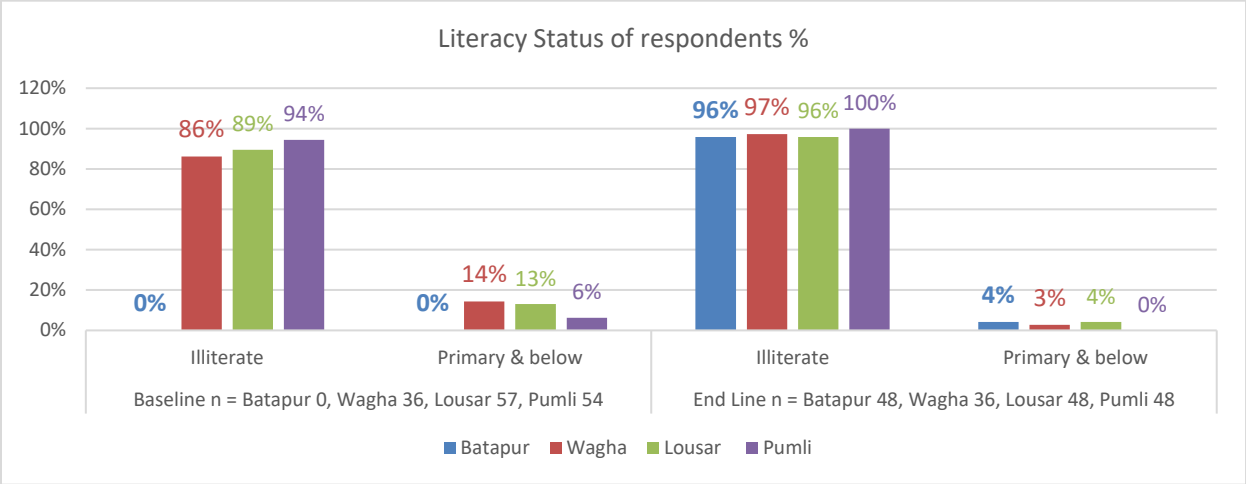
3.1. Demographics

3.1.1. Treatment Clusters

The marital status reported by the sample respondents in the treatment clusters was slightly different when compared to the baseline survey results. The baseline showed an average of above 90% respondents being married in Wagha, Lousar, and Pumli, and in the end line, all four clusters showed all respondents were married.

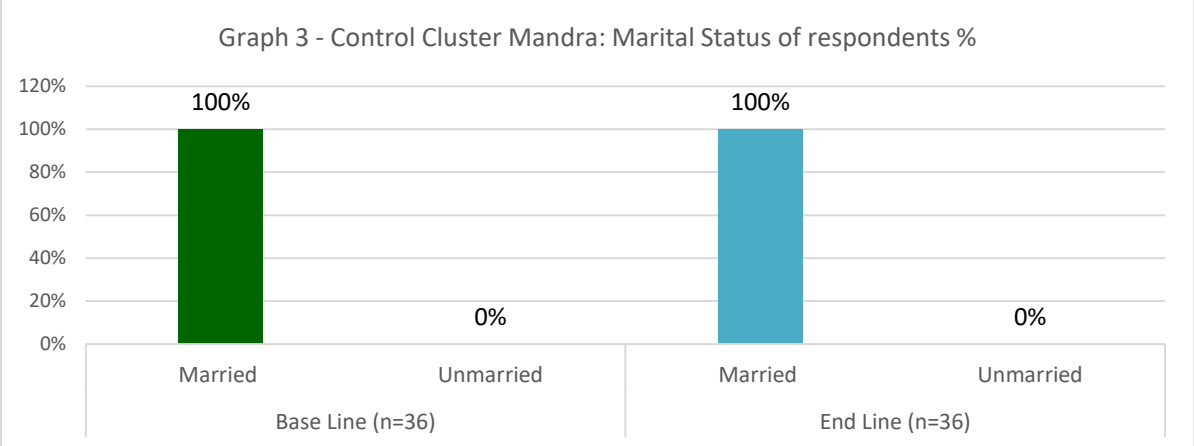


During the end line, predominant workers in the treatment clusters have reported a high incidence of illiteracy among them across the four clusters. This trend is largely inconsistent with the findings of the baseline. However, since both survey samples were random some variations are visible. The graph on the next page presents a picture of the literacy status among the workers across the treatment clusters during baseline and end line surveys:

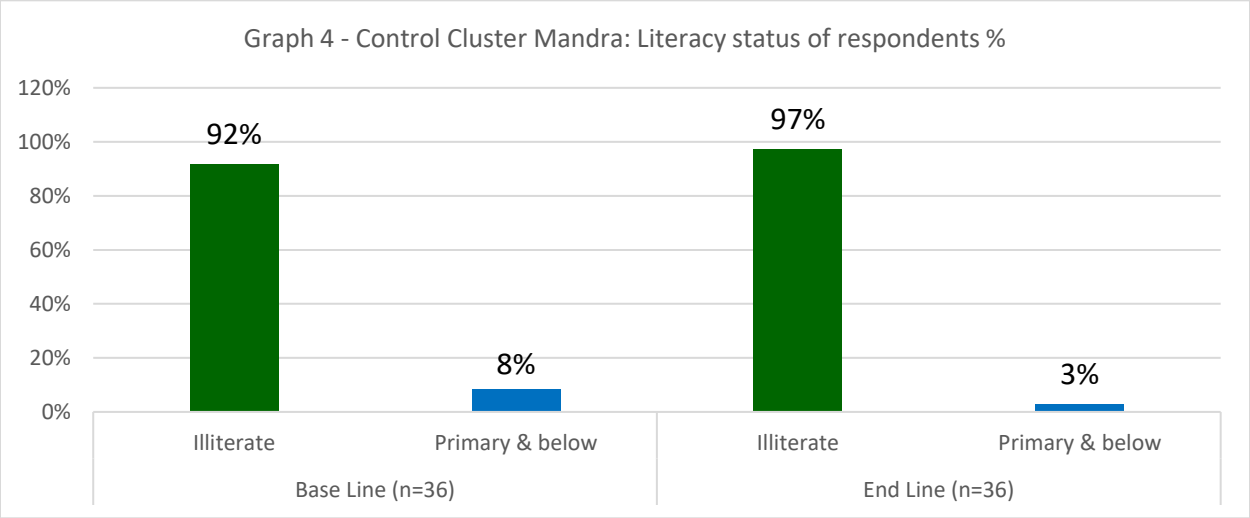


3.1.2. Control Cluster

On the other hand, in the control cluster Mandra, 100% percent of respondents were married which is consistent with the baseline, as presented in the graph below.



The literacy status of the respondents in the control cluster seemed to show similar trends. A total of 92% of respondents was illiterate in the baseline as compared to 97% of workers who reported illiterate status in the end line survey.



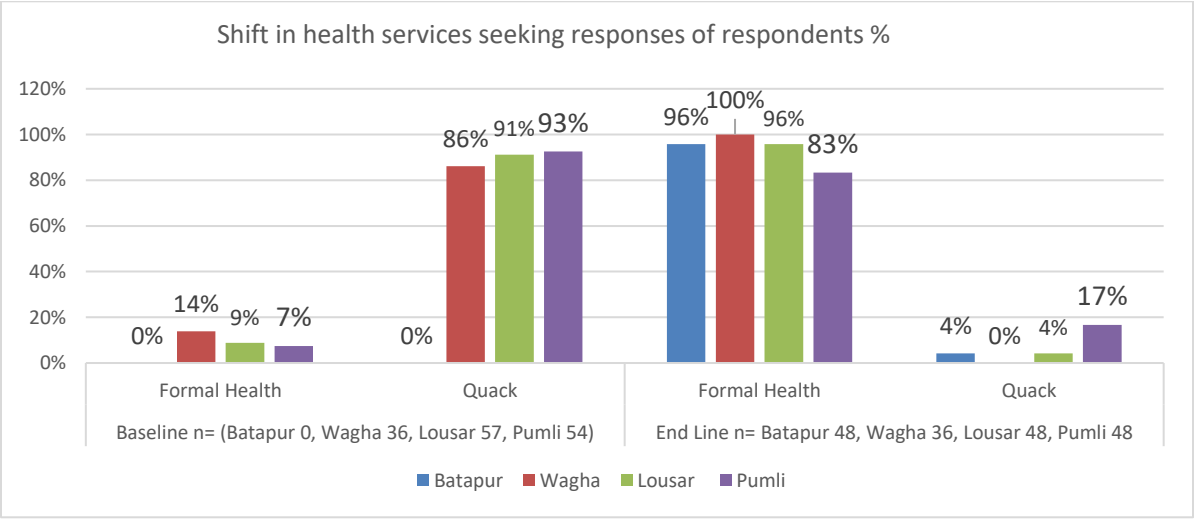
3.2. Health services seeking patterns

The end line survey has indicated that the project interventions have succeeded in changing health services seeking behaviors towards formal government services in the treatment cluster. A change that could not be observed in the end line was carried out at the control cluster.

3.2.1. Treatment clusters

In the treatment clusters, the end line survey revealed a quantum shift in the health-seeking behavior of brick kiln workers as compared to the baseline survey results. At the baseline, the predominant majority, 86% or more, brick kiln workers across the treatment clusters reported going to quacks for the remedy of their ailments, and only 14% or less, reported using formal government health services.

However, the project theory of change creating demand and providing a supply of formal health services among brick kiln workers brought about a strategic shift. At the end line, the predominant majority of workers 83% and above reported using government formal health services extended through the project set-up Primary Health Care Satellite (PHCS) or going directly to the nearby BHU/RHC.

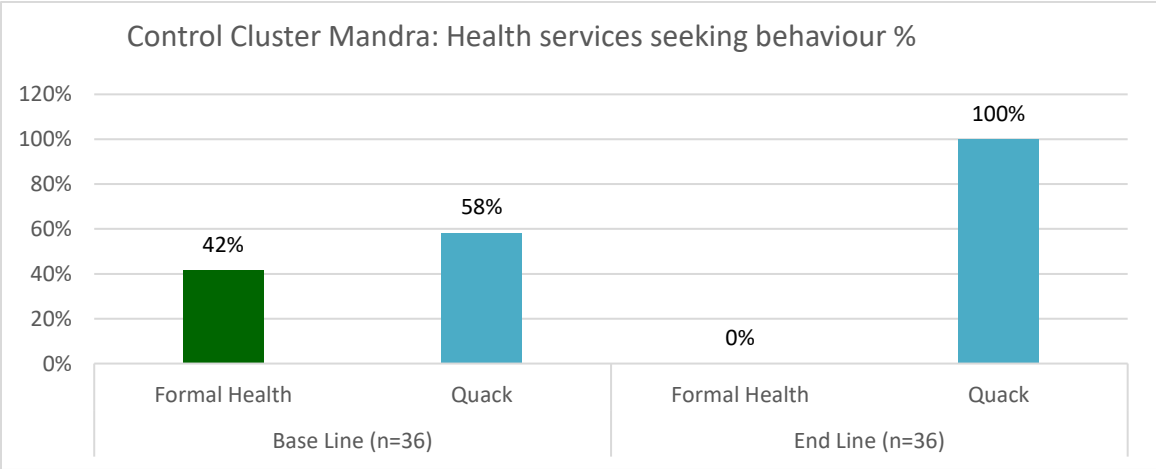


It shows the quality of awareness-raising that the project has created among the brick kiln workers in the treatment clusters. However, the end line survey also indicated that very few workers, 17% or less across, the four-treatment clusters reported still using quacks during ailments. It is attributed to the migratory trend among the brick kiln works as a new lot would find employment at these clusters – a trend that was strong at the Pumli cluster.

3.2.2. Control cluster

In the control cluster, Mandra showed an interesting trend where respondents accessing formal government health services (BHU/RHC) were 42% and those seeking health services from quacks was 58% at the baseline. However, the end line indicated that 100% of sample workers indicated their reliance on the quack services when they get sick.

This increasing reliance on quacks at the end line is mainly because brick kilns workers in the control cluster Mandra also experienced a migration trend to other areas during the summer season, and a new set of workers have come for employment. The new set of workers demonstrated the trend of relying on quacks for their health issues.



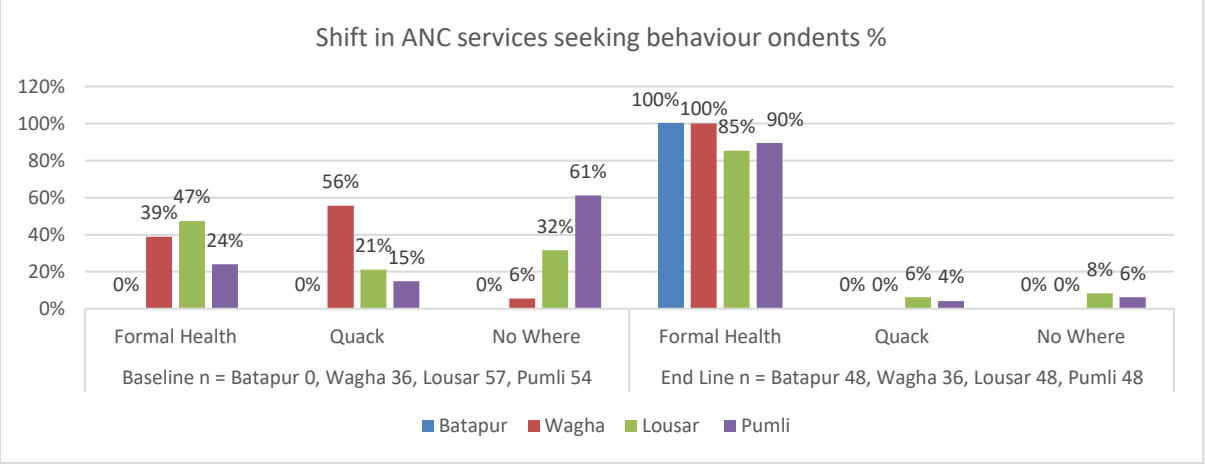
Similarly, the trend of migration was also witnessed at the four treatment clusters. However, the presence of the PHCS and continued awareness-raising with munshis (Brick kiln managers) and workers also influenced the new arriving workers to start using formal health services.

3.3. Maternal Newborn and Child Health (MNCH)

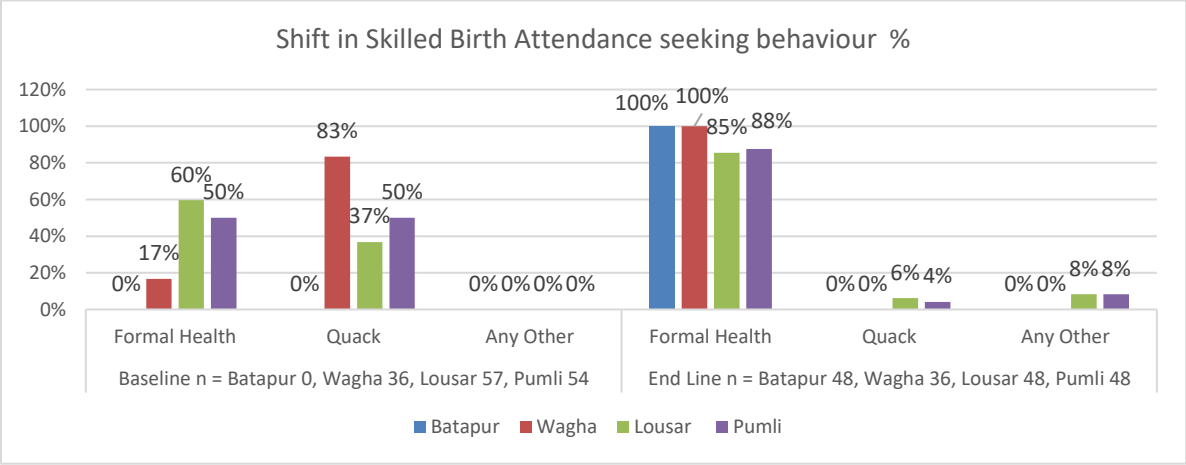
The project has also succeeded in changing brick kiln workers' behaviors in seeking MNCH services from the government health services in the four-treatment cluster. However, the control cluster continues to show workers' reliance on quacks.

3.3.1. Treatment clusters

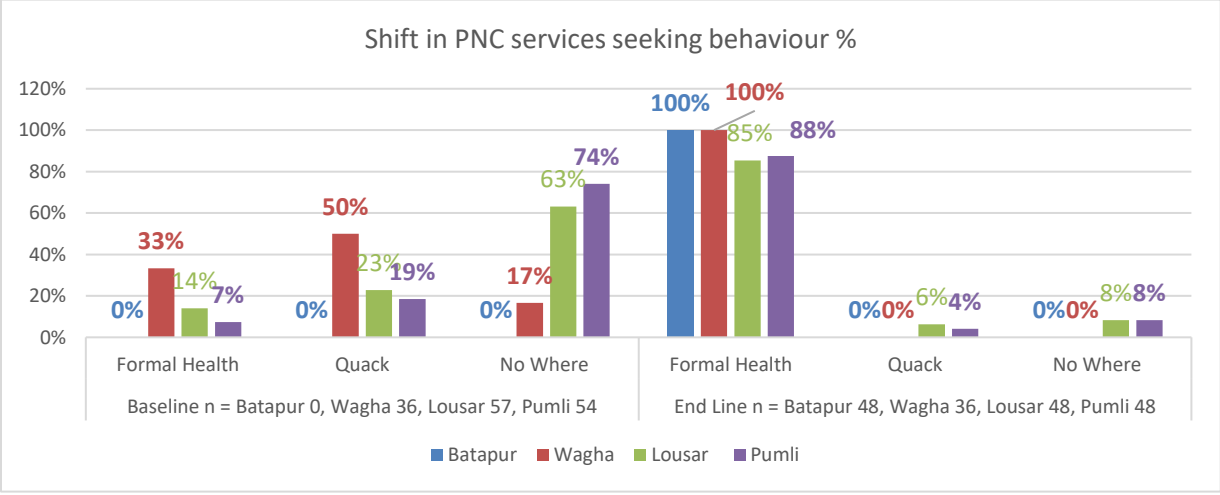
The end line survey has also indicated a major shift among brick kiln workers' preference to seek formal health services for ANC as opposed to going to quacks/un-trained birth attendants or not seeking any advice. At the end line, 85% or above respondents in the four treatment clusters indicated accessing formal health providers for the ANC services as compared to either not seeking formal health services or preferring quacks. At the baseline, only 47% or below respondents were seeking formal ANC services. The project has succeeded in drastically reducing workers' reliance on quacks or not seeking any health services during ANC.



Similarly, the end line survey also indicated a huge shift in respondents' preference to seek formal health services for childbirth as opposed to going to a quack or home delivery. In the four treatment clusters, 85% or above respondents indicated seeking formal health providers for the childbirth services.

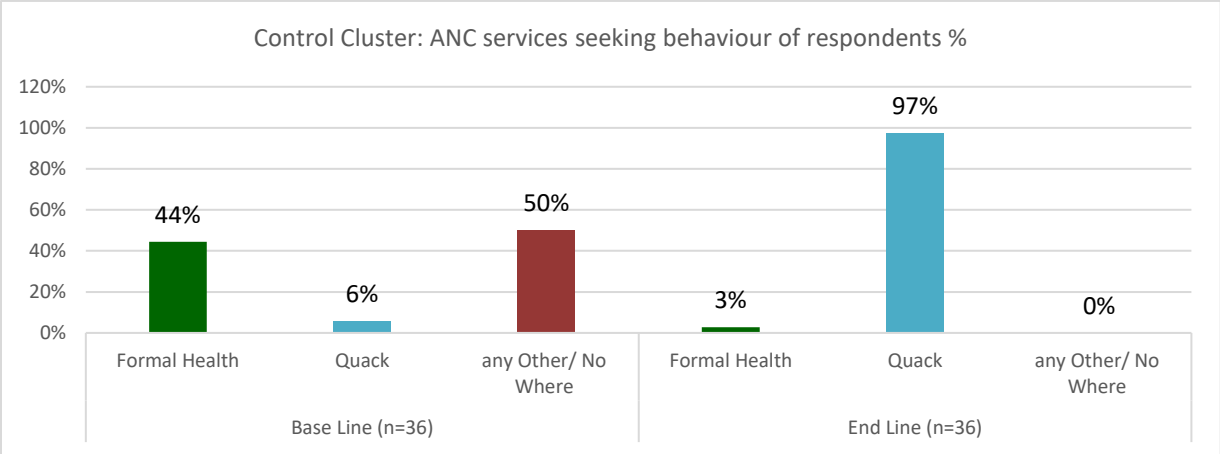


The same trend is also witnessed for respondents' preference for formal health service providers for the Postnatal Care (PNC). The end line survey indicated a drastic shift in respondents' preference to seek formal health services for PNC as oppose to going to a quack or not seeking any services. In the four treatment clusters, 85% or above respondents indicated formal health providers for the PNC services, which was at the baseline stage was the only % or below.

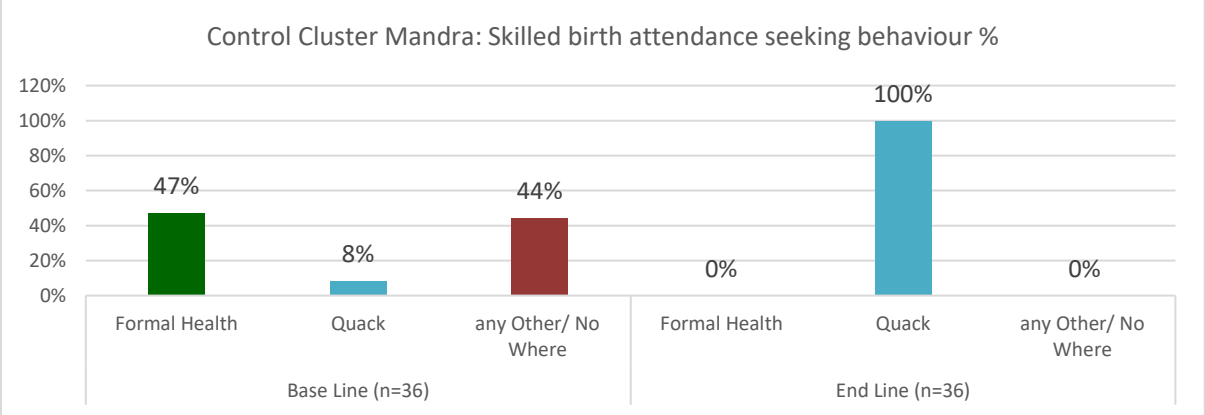


3.3.2. Control Cluster

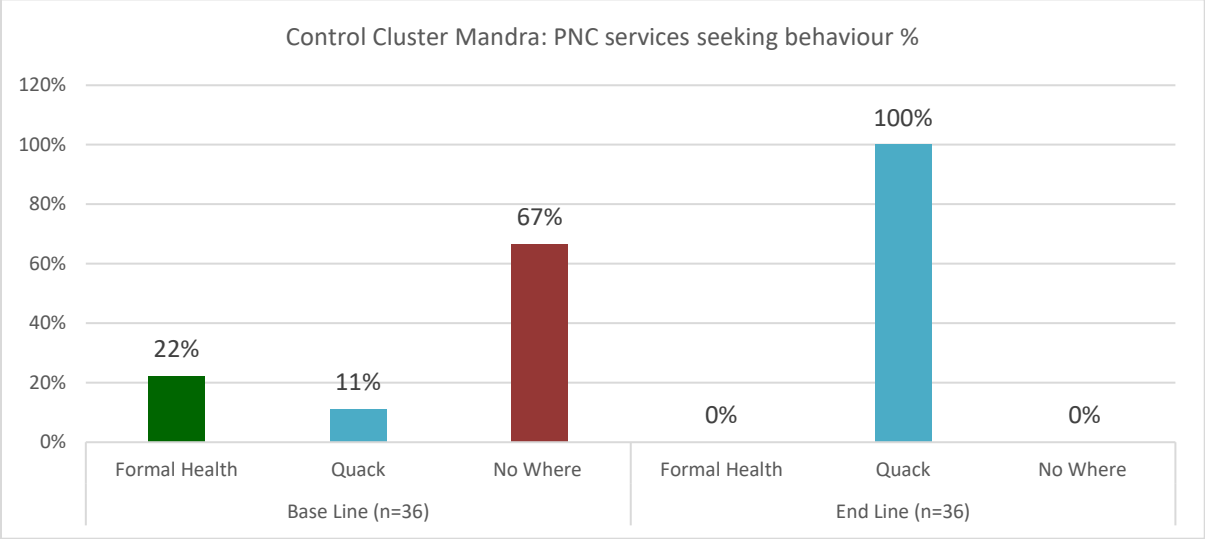
In the control cluster, Mandra, the baseline showed 50% of respondents were not seeking any formal or non-formal health services, 6% respondents visiting quacks, and 44% seeking formal health services. The end line results represent a skewed situation where the majority of respondents, 97%, indicated visiting quacks for ANC services. This is mainly because many workers and migrated and a new lot of workers found employment in the cluster who have a heavy reliance on quacks.



Regarding seeking government health services for childbirth, at the end line survey 100% of respondents preferred benefiting quacks/un-trained birth attendants for childbirth. However, at the baseline, 47% of respondents were preferred visiting formal health services, 8% were inclined towards quacks and 44% were not accessing formal or nonformal health services regarding childbirth attendance.



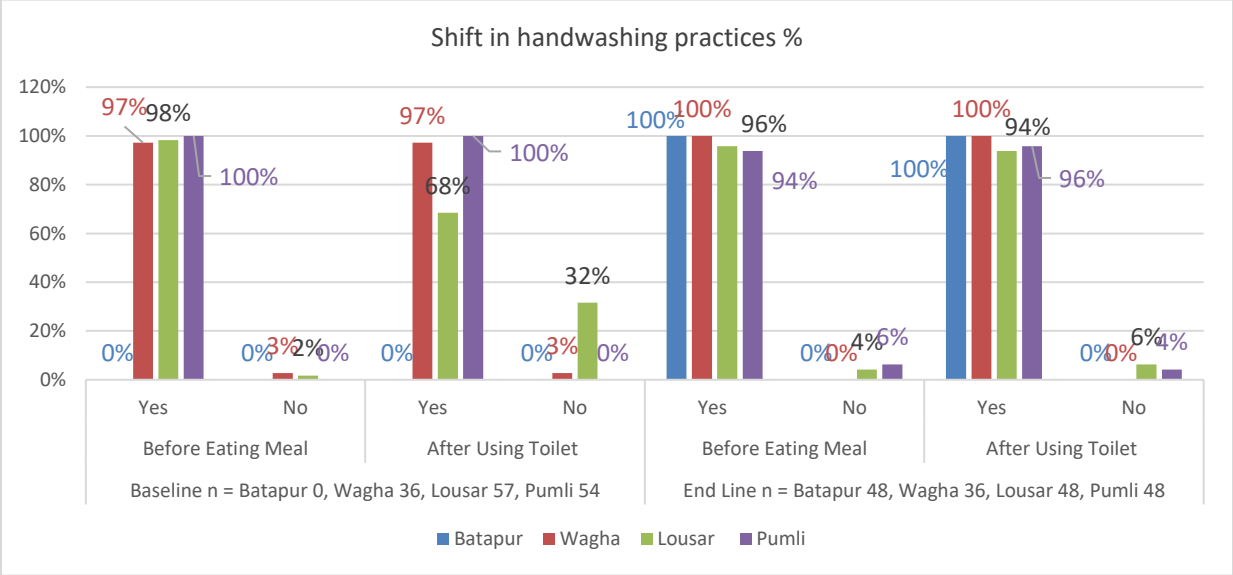
Moreover, the end line shows 100% of respondents were seeking non-formal PNC services from quacks. However, at the baseline 22%respondents seeking formal government health services, 11% were opting for quacks and 67% would not seek either formal or informal health services. This again is due to migrant workers coming to this cluster.



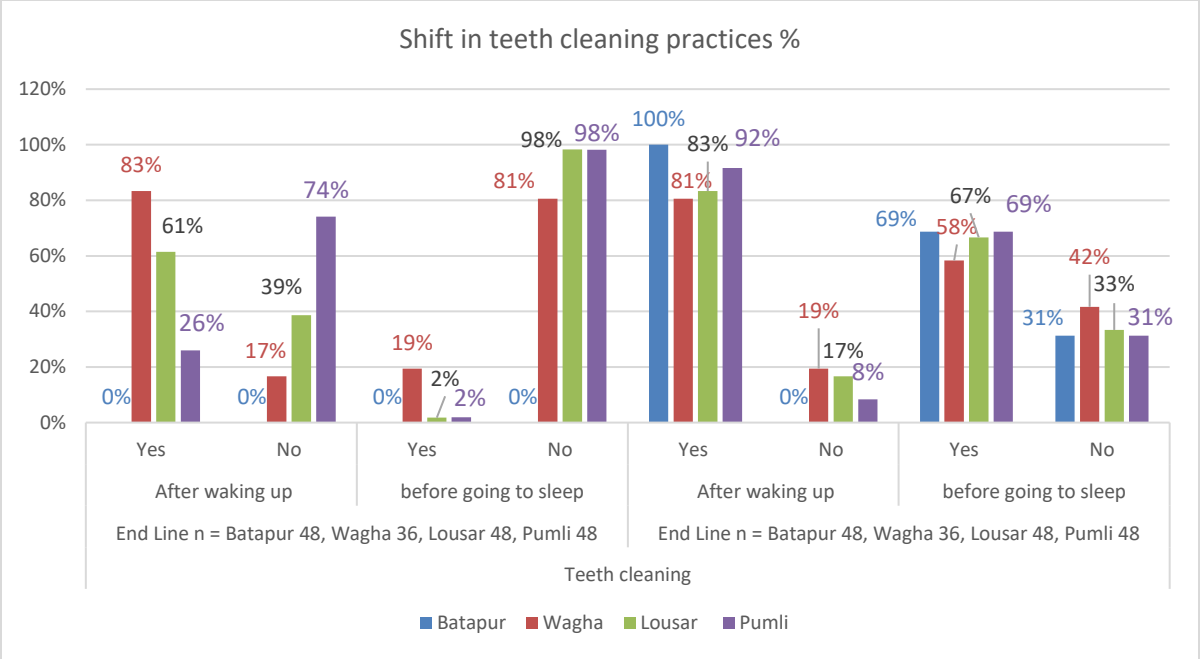
3.4. Hygiene

3.4.1. Treatment Clusters

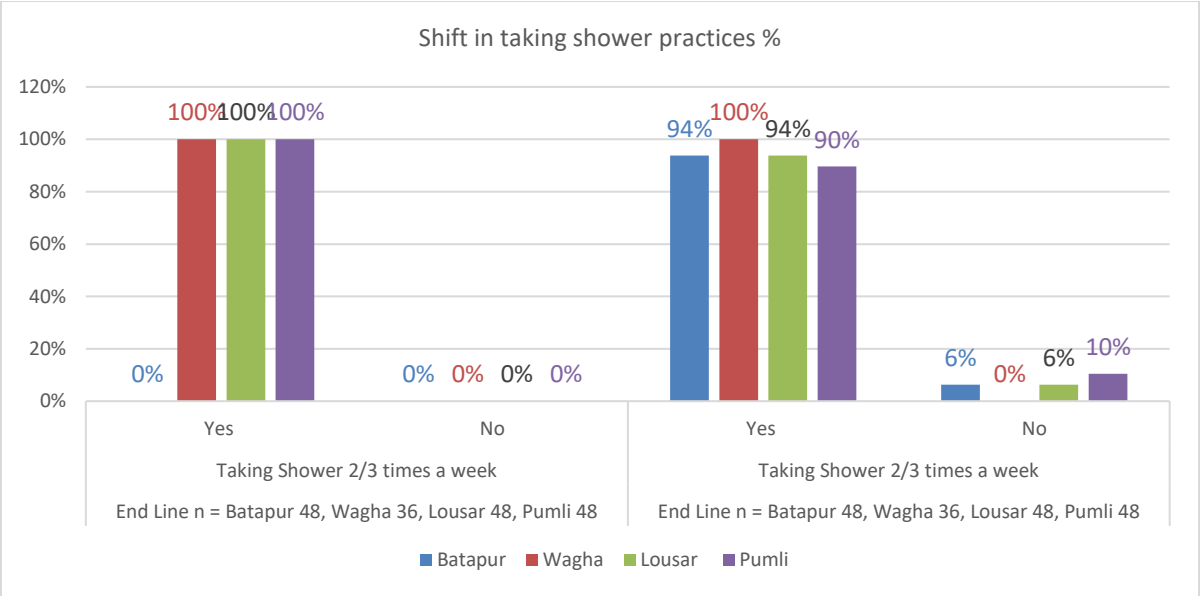
The end line survey findings found some positive changes among respondents in all four treatment clusters for handwashing than the baseline survey results. The overall majority of respondents reported washing hands before eating meals and after using toilets. Only in one cluster, Pumli, 32% workers at baseline reported not washing hands after using toilets and it was dropped to only 6% at the end line.



A major shift occurred among the target brick kiln workers regarding their teeth cleaning practices both before going to bed and after waking up. At the end line, 81% or above across the four treatment clusters indicated they were cleaning teeth in the morning, which was at baseline between 26% to 83% only. Similarly, at the end line, 58% to 68% of respondents indicated that they are cleaning teeth before going to sleep, which was merely 2% to 19% at the baseline stage. The project's health and hygiene-related intervention produced positive results in changing better hygiene practices.

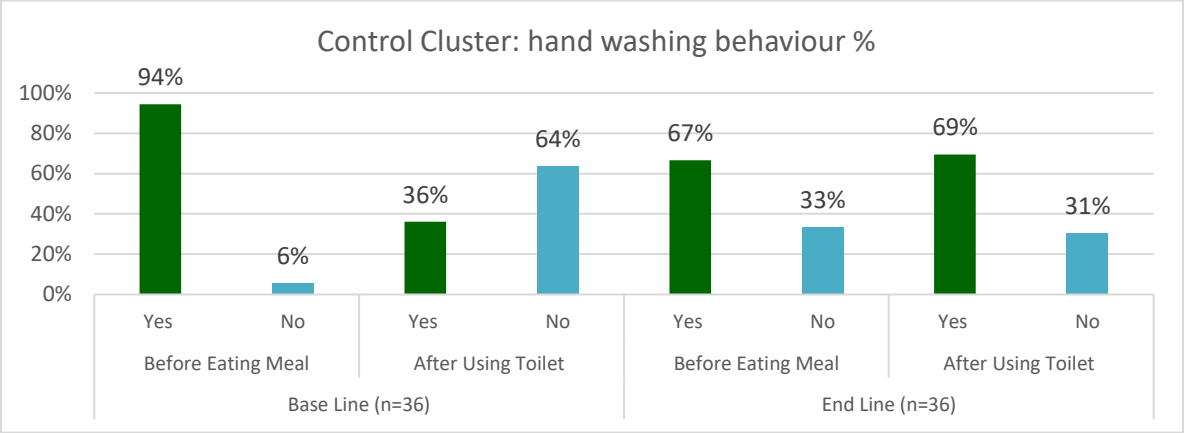


At the end line, although 94% and above respondents indicated taking 2/3 times a week shower. However, at the baseline, this was 100%.

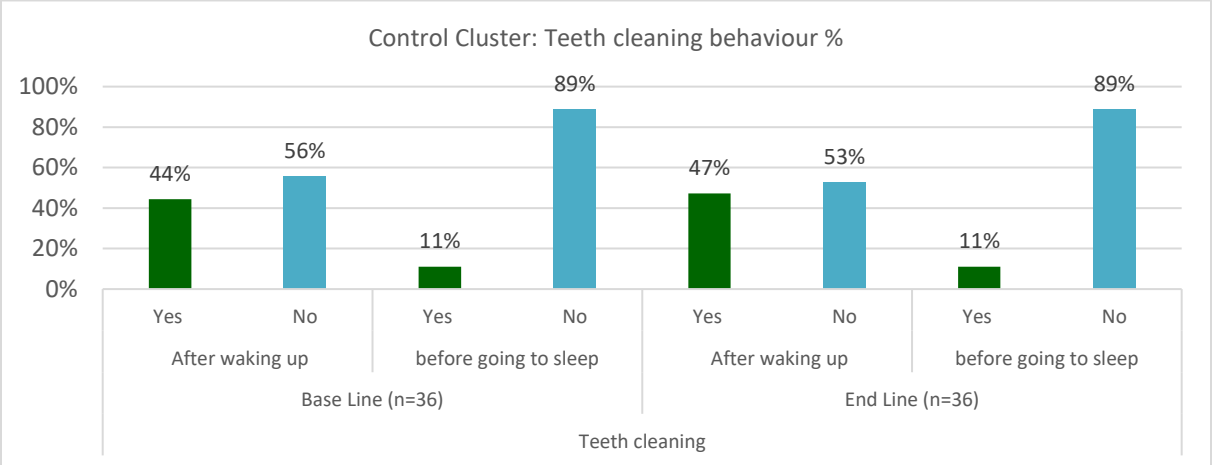


3.4.2. Control Cluster

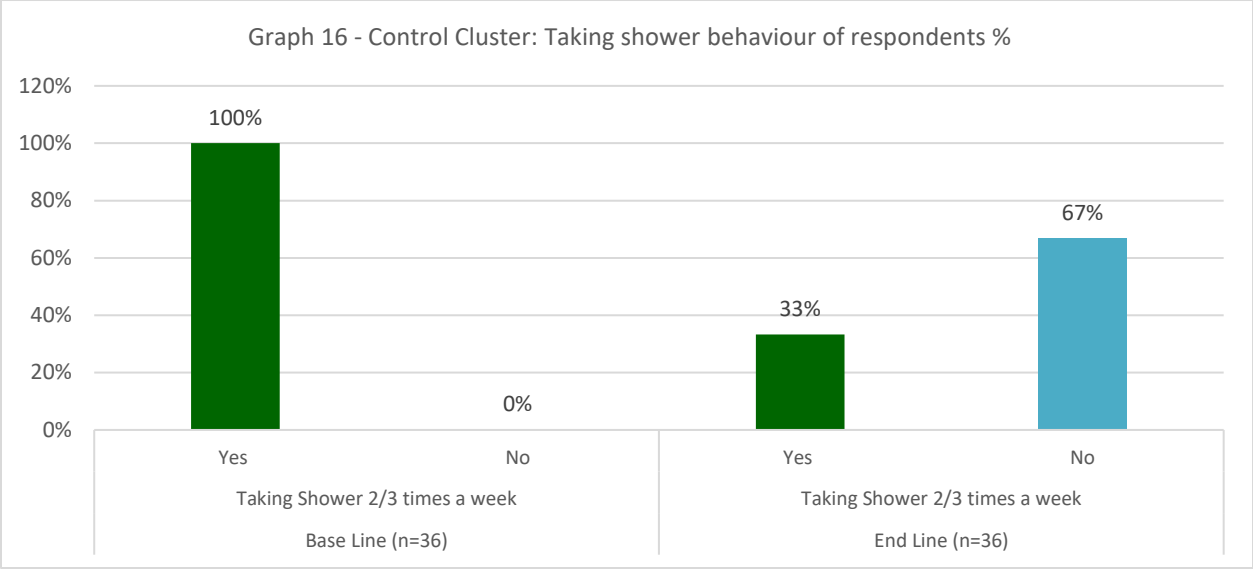
In the control cluster Mandra, during baseline 94% of respondents mentioned that they wash their hands before eating meals, 64% of respondents mentioned that they do not wash their hands after using the washroom. However, at the end line, 67% of respondents indicated washing their hands before eating a meal and 69% of respondents would wash their hands after using the washroom. This is presented in graph 14 below:



Teeth cleaning behavior in the control cluster, Mandra, showed varying results. 44% of respondents mentioned that they clean their teeth after waking up while 56% claimed not to brush their teeth. 89% of respondents denied cleaning their teeth before going to sleep while only 11% would have such practice. The end line shows that 47% of respondents would brush their teeth after waking up and 53% would still not brush. Also, 89% of respondents mentioned that they do not clean their teeth before going to sleep and 11% of respondents answered positively to brushing their teeth before bed.



The graph below indicates control cluster respondents' preference towards taking a number of the shower in a week. In the baseline, 100% of respondents indicate taking at least 2 or 3 showers a week. However, at the end line, the majority 67% of respondents said not taking 2 or 3 showers in a week.



4. CONCLUSION

The end line survey has confirmed that positive changes have emerged in the target community of brick kiln workers regarding their health-seeking behaviors. The demographics of the workers both in the end line and baselines were similar – that is a high incidence of illiteracy and married. At the end line majority of workers (Wagha 100%, Batapur 96%, Lousar 96%, Pumli 83%) have reported a shift towards formal health service providers, as they are getting these services through PHCS linked with BHU and RHC. During the baseline only, a small percentage of workers indicated accessing formal health services (Wagah 14%, Lousar 9%, Pumli 7%). Cleary, the project has managed to bring major transformation among the brick kiln workers in the treatment cluster within one year.

Similarly, the end line also found a major shift among workers at the treatment cluster having a preference to benefit from the formal government MNCH services and not towards the quacks. For ANC, Childbirth, and PNC the 83% and above workers in the treatment clusters indicated their preference to rely on government offered MNCH services. This is another transformational change that the project managed to create among the brick kiln workers.

Regarding hygiene, the end line finds most workers are cleaning teeth in the morning and the new tread of cleaning teeth before going to sleep has dramatically increased among them. The trend of washing hands after toilet use has also increased.

In a nutshell, the project's theory of change has succeeded in creating demand for formal government health services, including MNCH services, among brick kiln workers in treatment clusters both in district Lahore and district Rawalpindi. On the other hand, the same change could not be observed in the control cluster, in fact, regarding MNCH services there was a deterioration at the end line. The migration of brick kiln workers has been witnessed both in the control and treatment clusters. Nonetheless, the project's effective SBCC strategy continued to even educate the newly arrived workers in the treatment cluster on the benefit of formal health services. Since the project did not make any intervention in the control cluster, the brick kiln workers there continued to show reliance on quacks.

5. Annex-A: Endline Questionnaire

End Line Survey:

"Linking Brick Kiln Women Workers with Formal Health Services" Lahore & Rawalpindi

Name of Surveyor: _____Date: ____/_____2108 Time: _____ Q. Code: _____

Location: _____ Union Council: _____

Name of Brick Station: _____ Owner of Brick Kiln: _____

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1. Name of Brick Kiln worker (respondent) : _____
2. Age (in years): _____
3. Gender: (Tick one): ☐ Female, ☐ Male
4. Education (Tick the appropriate):

☐ Illiterate, ☐ literate, ☐below primary ☐ Primary, ☐ Middle, ☐ Matric, ☐ any other: _____

5. Occupation (patheer, etc) : _____
6. Currently, where you are residing: ☐ At brick kiln ☐ nearby brick kiln ☐ any other_____
7. Marital status: (Tick one): ☐ Married, ☐ Un-Married ☐ Widowed
8. How many children you have?

Children	Under five (5)	Above 5 Below 12	Above 12 Below 18
Boy			
Girl			

9. Number of earning members in family. _____

Sex	Adult (Above 18)	18 or below	12 or below
Male			
Female			

10. Cumulative monthly income of the family (Rs): _____

11. Average monthly out of pocket expense of a family on disease/illness: _____

12. Have you heard about the PHCS (صحت گھر) at your brick kiln Cluster?
    - 12.1. Yes ☐
    - 12.2. No ☐

13. What do you **know** about types of health Services available at PHCS (صحت گھر) for Brick Kiln workers? (Check all that apply)
    - 13.1. Free Medical Advice from a Govt. Doctor ☐
    - 13.2. Free basic medicines ☐
    - 13.3. Free Maternity Related advice ☐
    - 13.4. Free Dental Check Ups ☐
    - 13.5. Free Referral to BHU/RHC/Hospital ☐
    - 13.6. Any Other _____

14. Have you or your any family member been sick in the last 12-6 months
    - 14.1. Yes ☐ (Go to Question 15)
    - 14.2. No ☐ (Go to Question 19)

15. Where did you/family go to seek health services?
    - 15.1. PHCS (صحت گھر) ☐ Go to Q 16
    - 15.2. BHU/RHC/Govt Hospital /Pvt MBBS ☐ Go to Q 24
    - 15.3. Quake ☐ Go to Q 24

16. Why you seek this service provider? (check all relevant)

		Check
16.1	Service provider is close to where I live.	
16.2	Cost less money for consultation and medicine	
16.3	Effective treatment as ensures quick recovery from illness	
16.4	Friendly health service provider, and treat with respect	
16.5	Timely availability of health service provider	
16.6	Another	

17. What health related services did you receive from PHCS (صحت گھر) and level of satisfaction

	Health Services Used at PHCS	Y/N	Poor	Satisfactory	Good	Excellent
17.1	Free Medical Advice from a Govt. Doctor					
17.2	Free basic medicines					
17.3	Free Maternity Related advice/checkup					
17.4	Free Dental Check Ups					
17.5	Free Referral to BHU/RHC/Hospital					

18. What is your level of satisfaction about PHCS staff while taking services at PHCS (صحت گھر)

	Appointed staff at PHCS	Poor	Satisfactory	Good	Excellent

18.1	Attitude of Female Doctor				
18.2	Attitude of Male Doctor				
18.3	Attitude of Dentist				
18.4	Attitude of LHV				
18.5	Attitude of Trained Birth Attendant				
18.6	Attitude of Dispenser				
18.7	Attitude of DIS Social Mobiliser (male)				
18.8	Attitude of DIS Social Mobiliser (female)				

19. What costs you have incurred to use PHCS Services and earlier at a quake or private health provider

	Average Cost general illness (Insert Zero if no cost, and CROSS is not relevant)	Cost @ PHCS	Cost @ Quake (comp. cost)	Cost @ Pvt Doctor (comp. cost)
19.1	Cost of travel (Avg) to visit health provider			
19.2	Cost of fee paid for health consultation			
19.3	Cost of medications			
	Total			

20. If you/women in family have been pregnant (Dec 17- Mar 18) what costs (average) you have incurred for the following (pick one A, B or C as relevant from below):

A	**Govt Facility (BHU/RHC/Hospital**	**ANC (Rs)**	**Child Birth Rs**	**PNC Rs**
20.1	Transportation			
20.2	Consultation Fee			
20.3	Tests/Ultrasounds			
20.4	Normal Child Delivery (under child birth only)			
20.5	Operation for child delivery (under childbirth only)			
B	**Private Hospital**	**ANC (Rs)**	**Child Birth Rs**	**PNC Rs**
20.7	Transportation			
20.8	Consultation Fee			
20.9	Tests/Ultrasounds			
20.10	Normal Child Delivery (under child birth only)			
20.11	Operation for child delivery (under child birth only)			

C	Quake (Dai/Untrained Birth Attendant)	ANC (Rs)	Child Birth Rs	PNC Rs
20.13	Transportation			
20.14	Consultation Fee			
20.15	Tests/Ultrasounds			
20.16	Normal Child Delivery (under child birth only)			

21. If PHCS Doctor referred to BHU/RHC/Hospital, did you visit that government health facility?
    - 21.1. Yes ☐ (go to Q 22)
    - 21.2. No ☐ (go to Q 23)

22. Were you satisfied with health services received at the referred Government Health Facility
    - 22.1. Yes ☐
    - 22.2. No ☐

23. Have you ever attended any awareness session / meeting organizer by DIS social mobilizes?
    - 23.1. Yes ☐
    - 23.2. No ☐

24. For future pregnancy in your family where you/women will go for medical help?

		A. *ANC*	B. *Child Birth*	C. *PNC*
24.1	Govt Health Facility (BHU/RHC/Hospital/mid-wife)			
24.2	Private Hospital			
24.3	Quake (UTBA/Dai)			

25. Importance of Immunization

		Yes	NO
25.1	Do you realize the importance of Vaccination for children/PW		
25.2	Do children in your family have completed vaccination courses after birth?		
25.3	Do you/women in family took vaccination during antenatal period?		

26. Importance of CNIC?

		Yes	NO
26.1	Do you realize the importance of CNIC		
26.2	Do you have CNIC – (*If answer is yes go to Q. 29)*		
26.3	Have you applied for CNIC - (*If answer is yes go to Q. 29)*		
26.4	Will you apply for CNIC		

27. Importance of education for children

		Yes	NO
27.1	Do you realize the importance of Education for children		
27.2	Do your school going age girls go to school		
27.3	Do your school going age boys go to school		

28. Importance of teeth cleaning

		Yes	NO
28.1	Do you realize importance of teeth cleaning		
28.2	Do your clean teeth after waking up		
28.3	Do your clean teeth before sleep		

29. Importance of washing hands:

		Yes	NO
29.1	Do you realize importance of washing hands		
29.2	Do your wash hands before eating meals		
29.3	Do you wash hands after toilet		

30. Importance of taking shower/bath:

		Yes	NO
30.1	Do you realize importance of taking shower		
30.2	Shower 2/3 times a week		
30.3	Once a week		
30.4	Once a month		

Signature of Supervisor: _____