**Interview details**

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| Participant ID | HWKAT01 |
| Municipality | Chandragiri |
| Health organisation | Health post |
| Position | Auxiliary Nurse Midwife |
| Years of experience | 23 |
| Years in current job | 3 |
| Start time | 13:44 |
| End time | 14:50 |
| Name of interviewer | Bibhu Thapaliya |
| Date of interview | 10/01/2023 |
| Name of transcriber | Bhawana Pandey |
| Name of translator | Bhawana Pandey |

**Background**

Bibhu and Lucie visited a health post in Chandragiri-12 on 10 January 2023. It was a small health post with 3 rooms. The interview was conducted with a senior auxiliary nurse midwife (ANM) for about one hour. The interview was conducted inside a small room with the ANM only. There was no external disturbance.

# INTERVIEWER:

Since how many years have you been working in this health post?

# PARTICIPANT:

It has been 3 years.

# INTERVIEWER:

3 years?

# PARTICIPANT:

In here, it has been 3 years.

# INTERVIEWER:

Where were you used to working before?

# PARTICIPANT:

Bhaktapur, Suryabinayak, Nagarpalika.

# INTERVIEWER:

When have you started working as an axillary nurse midwife (ANM)?

# PARTICIPANT:

20 years.

# INTERVIEWER:

Oh, has it been 20 years?

# PARTICIPANT:

Not 20 years, it has been 23 years. [laughing]

# INTERVIEWER:

As an ANM, which tasks do you have to do in the health post?

# PARTICIPANT:

I usually work in reproductive health and safe motherhood.

# INTERVIEWER:

A lot of patients come here, do husbands usually come with pregnant women for the counselling session?

# PARTICIPANT:

Their husband comes rarely. For those husbands who come along with their wives, there is a counselling session.

# INTERVIEWER:

And you are working here from 9 am to when?

# PARTICIPANT:

10 am to 5 pm.

# INTERVIEWER:

What are your tasks from 10 am to 5 pm? Can you list them all?

# PARTICIPANT:

My tasks from 10 am to 5 pm are the regular ones included in the job description, like antenatal care (ANC) for example. In addition to this, if colleagues are absent because they are attending a training course, I have to do their job too. I also guide our office assistant through the process of sterilization. I do these kinds of tasks and all the ones that are done here [health post].

# INTERVIEWER:

What do you mean by sterilization?

# PARTICIPANT:

Sterilizing the equipment.

# INTERVIEWER:

Ok.

# PARTICIPANT:

It is usually done by our office assistant but I give the guidance to do it properly.

# INTERVIEWER:

Ok.

# PARTICIPANT:

I do every task that needs to be done here except lab tests.

# INTERVIEWER:

Is there any kind of birth service here?

# PARTICIPANT:

No, there is no birthing centre.

# INTERVIEWER:

What kind of health services are provided in this health post, can you tell me more about them?

# PARTICIPANT:

The service in every health post is the same. We provide basic health care. The services are ANC, post-natal care (PNC) and family planning. We provide all kinds of services for family planning purpose. We have all these kinds of services. We also do PNC but it is very low. We provide dressing services (first aid treatment, dressing wounds) of the normal kind. That’s it.

# INTERVIEWER:

Do you also do blood tests?

# PARTICIPANT:

Yes, we do blood tests.

# INTERVIEWER:

Is there a lab service here?

# PARTICIPANT:

Yes, there is a lab service.

# INTERVIEWER:

When do you do blood tests? Apart from pregnant women, who can benefit from the lab service?

# PARTICIPANT:

Yes, apart from pregnant women, we do other tests. We do liver function tests and lipid profile tests. Fasting and post-prandial sugar tests are also available. Many kinds of tests are added now so every general kind of testing is done here such as blood grouping test. And nowadays, lipid profile tests, renal function tests and liver function tests are also available.

# INTERVIEWER:

You said something about training before, what kind of training do you receive and who organizes these training sessions?

# PARTICIPANT:

Before the training was given by health offices.

# INTERVIEWER:

Okay.

# PARTICIPANT:

Then, an adjustment has been made. Now, the municipality provides the training. But the training given nowadays is not enough to improve the skills like it used to be before even if routine training is provided to health workers.

# INTERVIEWER:

As you said, it is done by health offices now. What do you mean by health offices?

# PARTICIPANT:

Before the adjustment, every training session in the Kathmandu valley was organized by the government through the health office. Now, there is local governance so these kinds of sessions are organized by the municipality.

# INTERVIEWER:

Okay.

# PARTICIPANT:

Training used to be more focused on improving skills, but now I think it is less so.

# INTERVIEWER:

Were the health offices separate departments?

# PARTICIPANT:

No, the health office was a separate body under the health department of the Ministry of Health in and Population. For example, the health office in Kathmandu district which is located in Teku. All the training was provided by the health offices but now they are provided by the municipality.

# INTERVIEWER:

Did you receive any training recently?

# PARTICIPANT:

I received recently training about online reporting and the new Health Management Information System training about data reporting. It was about 3 days. There is no other training to improve skills.

# INTERVIEWER:

Do you do the blood collection by yourself?

# PARTICIPANT:

No, we don’t do it by ourselves. As we have a lab, we send patients to this room for blood collection. We have to do other things also so that is why we don’t do the blood collection.

# INTERVIEWER:

Did you receive any training related to lab services?

# PARTICIPANT:

In the past, we have done the prevention of mother-to-child transmission training, but it was a long time ago.

# INTERVIEWER:

What do you mean by prevention of mother-to-child transmission?

# PARTICIPANT:

It was about mother-to-child transmission of HIV. We received this training. After the opening of the lab services, we did not receive any other training.

# INTERVIEWER:

When did you receive this training?

# PARTICIPANT:

It was 7-8 years ago.

# INTERVIEWER:

7-8 years, it has been a long time. During this training, was there any discussion about how to conduct a blood test? Like when pregnant women visit, do you suggest any kind of blood screening based on symptoms or is it just part of the routine checkup process?

# PARTICIPANT:

It is just a routine process and it is called "routine process".

# INTERVIEWER:

What is the routine process as part of ANC?

# PARTICIPANT:

During the first ANC visit, we conduct an HIV test and venereal diseases research laboratory tests. The main tests are HbA1c and sugar tests. These are all the tests we do. We also do albumin tests in urine.

# INTERVIEWER:

And what about anaemia?

# PARTICIPANT:

Yes, we do the haemoglobin test. If there is doubt during the next ANC visits or if the initial haemoglobin was low, then we can test it again during the pregnancy. But during the first ANC visit, we do all the tests.

# INTERVIEWER:

During ANC visits, do you do the "triple screening" or do you call it something else?

# PARTICIPANT:

What do you mean by "triple screening"?

# INTERVIEWER:

It means HIV, syphilis and hepatitis B.

# PARTICIPANT:

We don’t have the equipment to test hepatitis B in this health post. We just started to test for hepatitis C one and a half months ago. We call it the ANC package. It includes HIV testing, venereal disease research laboratory test, albumin content in the urine and other tests like haemoglobin.

# INTERVIEWER:

Is there any name for this package?

# PARTICIPANT:

There is no specific name for it. We just call it the ANC package.

# INTERVIEWER:

What kind of directory/protocol do you follow?

# PARTICIPANT:

There is no specific protocol to follow but before there was one protocol. We have not read any kind of directory.

# INTERVIEWER:

Has it just been conducted routinely?

# PARTICIPANT:

Yes, this has been done routinely for a long time. But we did not read or follow the directory.

# INTERVIEWER:

We are trying to understand the implementation of policies. Imagine a pregnant woman who comes for a check-up, can you describe the different steps from the beginning to the end?

# PARTICIPANT:

What do you mean by “from the beginning to the end”? Did you mean “from the beginning of the pregnancy to the end”?

# INTERVIEWER:

How often and in which month do pregnant women usually come for check-ups?

# PARTICIPANT:

Before, pregnant women were used to coming for ANC visits after 3 months of pregnancy. Now, they come straight after knowing that they are pregnant to ask what they have to do now.

# INTERVIEWER:

Okay.

# PARTICIPANT:

Before, it was mended to visit the health post after 3 months of pregnancy to get the tetanus-diphtheria vaccine so pregnant women were used to coming according to that and we were also used to calling them ourselves. But now they come to the health post after knowing they are pregnant as there is free provision of folic acid tablets. They visit soon, like after one and a half months of pregnancy. Some of them visit after their menstruation stops. So they come this way. We provide counselling according to the time of the visit. For example, if they come during the first trimester, then we give the counselling accordingly and provide them with folic acid tablets.

# INTERVIEWER:

How often do pregnant women have to visit the health post?

# PARTICIPANT:

Now the protocol changed from 4 visits to 8 visits.

# INTERVIEWER:

Is this new protocol applied in practice?

# PARTICIPANT:

Yes, it has been applied in practice. Before, they were used to visiting every month anyway so it was already almost 8 visits. Now the protocol changed so it is strictly followed.

# INTERVIEWER:

What kind of counselling do you provide to pregnant women during ANC visits? What kind of services are provided by the health post regarding ANC check-ups? Do you provide all services or do you also refer elsewhere?

# PARTICIPANT:

We do refer to elsewhere. We don’t have ultrasound facilities. If an anomaly is detected in time, we are obliged to send them elsewhere. If some problems might occur, we send them at least once to the hospital. They are referred to other services depending on their needs.

# INTERVIEWER:

Okay.

# PARTICIPANT:

If needed, they are also in a well-served area, so they consult the doctors. We refer them to other health facilities to do ultrasounds and some advanced lab tests. Other tests like iron and calcium and other normal check-ups are done from here.

# INTERVIEWER:

How many times during the pregnancy do you do blood tests?

# PARTICIPANT:

During the first ANC visit, we test for HIV so we do the blood test when they visit for the first time.

# INTERVIEWER:

What is the process before collecting blood? Do you ask for their consent? Do they know what for is the blood test?

# PARTICIPANT:

We give them counselling. They ask what is the blood test for, and then we explain. We take verbal consent but there is no specific written consent. After counselling, telling them it is a free service, and explaining the various tests, then they consent.

# INTERVIEWER:

Do they ask anything else? When they come for ANC check-ups do they ask any questions with interest?

# PARTICIPANT:

They ask a lot of questions with interest. They mainly ask questions about ultrasound and when it should be done. Everybody knows about the tetanus-diphtheria vaccine and they come to take that vaccine. Now, we provide iron and calcium tablets. They don’t put much interest in other stuff but they come to ask about medicines and vaccines. They ask when to take the vaccine and how to take iron tablets. Nowadays, calcium is also free of cost. Before, they have to buy it.

# INTERVIEWER:

Oh, now the calcium is free. I bought calcium tablets.

# PARTICIPANT:

I also bought calcium when I was pregnant but now, it is free of cost. They are interested in taking medication but not in anything else. Some people who are more aware ask about when should they do ultrasounds.

# INTERVIEWER:

Do they visit the health post alone most of the time?

# PARTICIPANT:

Most of them come alone. The people who frequently come here are working-class people [daily-wage workers, heavy work], whose husbands have daily-wage work and the wives of drivers. The partner is usually not able to come, so they come alone. Some higher-class families come with their partners but they usually don't come here.

# INTERVIEWER:

Those families go to private institutions?

# PARTICIPANT:

Yes, they mostly go to private hospitals or some big hospitals. The only time the higher-class families came was after knowing the calcium and iron tablets is free of cost. But usually, pregnant women from higher-class families don’t take iron tablets from here. This is why there is less chance of a husband coming here with his wife.

# INTERVIEWER:

Why pregnant women from higher-class families don’t take iron from here? Do they have doubts about the quality?

# PARTICIPANT:

Probably they might have doubts about the quality. I have seen many of them that don’t take from here but buy outside instead. They think that if it costs money, it is of better quality.

# INTERVIEWER:

But is it true?

# PARTICIPANT:

No, it’s not.

# INTERVIEWER:

Is the medicine available in the health post of the same quality as the one purchased outside?

# PARTICIPANT:

Yes.

# INTERVIEWER:

So, everything is completely free in every visit in this health post?

# PARTICIPANT:

Yes, every service provided here is free.

# INTERVIEWER:

They don’t have to pay anything?

# PARTICIPANT:

No, they don’t have to pay for anything.

# INTERVIEWER:

During the whole 9-month period?

# PARTICIPANT:

Yes, during all this period. The services provided here are free of cost.

# INTERVIEWER:

How long does an antenatal visit last?

# PARTICIPANT:

It takes about 15 to 20 minutes. During the first ANC visit, we do the counselling so it takes more time but the following visits only last 15 to 20 minutes.

# INTERVIEWER:

You said that during the counselling, some women ask about ultrasounds. Apart from that, do they ask questions about child health? For example, questions about the type of food they should eat.

# PARTICIPANT:

As far as food is concerned, sometimes pregnant women complain of gastritis but it is quite rare. They ask about what to eat. When we ask them about what they usually eat, they answer chatpate (a famous Nepali fast food, a mixture of spicy stuff and puffed rice). Gastritis is therefore more common among them. I have seen some cases like that. Only this type of case is food related, they do not show much interest in food-related questions. I already told you, people who frequently come here are working-class people [daily-wage workers, heavy work], whose husbands have daily-wage work and the wives of drivers. So they do not have a sufficient level of education to ask what kind of food to take.

# INTERVIEWER:

Usually, what is the level of education of these pregnant women?

# PARTICIPANT:

Nowadays, some of the women who come are going to college to study. Otherwise, the level of education is such that some have not even done their School leaving Certificate and some are illiterate.

# INTERVIEWER:

Do women whose husband is abroad also come here?

# PARTICIPANT:

Yes, women whose husband is abroad also come here.

# INTERVIEWER:

Considering that this facility is close to the community and services are free of cost, what do you think about the accessibility of this facility?

# PARTICIPANT:

It is not that difficult to access the facility. Pregnant women come here on the recommendation of their relatives. But they find it complicated when we refer them to the hospital.

# INTERVIEWER:

When they have to go to the hospital?

# PARTICIPANT:

Yes, when they have to go to the hospital. We can see that they are making some money. Now we send our patients to Paropakar Maternity and Women’s Hospital (PMWH). PMWH is very busy, as we also found during our visit. Nowadays, I recommend them to go to Kirtipur Hospital, I tell them that it is also nearby. They feel that they would feel more comfortable if all services were provided in this health facility, including ultrasound, instead of having to go to hospitals.

# INTERVIEWER:

Do you think it could be because of their economic status?

# PARTICIPANT:

This may be due to the low economic status or lack of information and awareness. Everyone knows Paropakar Maternity Hospital but it is crowded most of the time. It is very difficult to get any kind of facility from that hospital.

# INTERVIEWER:

Are there any difficulties in getting here?

# PARTICIPANT:

There is no problem to get here.

# INTERVIEWER:

How far and how long do people have to walk to get here?

# PARTICIPANT:

This installation covers areas up to half an hour away. Over there, there is a hill but otherwise, everyone is close by. Every place in the municipality of Chandragiri can be reached in half an hour. That's why the walking distance is not so big.

# INTERVIEWER:

If the husband does not come with the pregnant woman, does she come with someone else?

# PARTICIPANT:

Most of them come alone. Sometimes, they come with a neighbour. Some people who have already received treatment here bring others saying that the services are good here. Sometimes, they do come with husbands or *sasu* (mother-in-law).

# INTERVIEWER:

Does the *sasu* (mother-in-law) rarely come?

# PARTICIPANT:

Husbands and *sasu* (mother-in-law) come very rarely along with pregnant women.

# INTERVIEWER:

Is it that rare?

# PARTICIPANT:

Yes, it happens rarely.

# INTERVIEWER:

How long do pregnant women have to wait for these services?

# PARTICIPANT:

No, they don’t have to wait. Most of the time, this place is empty. It is not very busy. When they arrived, they take a ticket from here [pointing]. If I'm busy doing something else, they have to wait 5-7 minutes. Otherwise, they get the services as soon as they come here. They do not have to wait and do not have to come back without getting a service. If I am not available here, my friends [other health post staff] provide them with services.

# INTERVIEWER:

Does this mean that this place is not very busy?

# PARTICIPANT:

No, it is not very busy.

# INTERVIEWER:

So they don't need to queue?

# PARTICIPANT:

No, they don't have to queue or come back later and all medicines are available here.

# INTERVIEWER:

Does this mean that calcium tablets are also free?

# PARTICIPANT:

Yes, calcium tablets are also free here.

# INTERVIEWER:

It was not free at that time. We did a search before this one, not a year ago, and at that time it was not free.

# PARTICIPANT:

Chandragiri Municipality has made it free, I think it is not free in other municipalities. I came to this municipality of Chandragari in 2019 and they were already giving out free calcium tablets.

# INTERVIEWER:

I think most people don’t know that it is free of cost.

# PARTICIPANT:

Yes, they do not know about it.

# INTERVIEWER:

Isn’t it mandatory that each health post distribute calcium tablets?

# PARTICIPANT:

I think that calcium tablets are only distributed free of charge in this municipality and that they may not be available in other places.

# INTERVIEWER:

Now let's talk about blood tests as it is our main research topic. You told me in the beginning of our conversation about the kinds of things you do the in the blood test.

# PARTICIPANT:

Yes, I did.

# INTERVIEWER:

You also said that consent is taken verbally?

# PARTICIPANT:

Yes.

# INTERVIEWER:

How often are they reluctant to give blood for testing?

# PARTICIPANT:

So far, they haven’t said no. In every health facility, they should have a blood test to see what is in the blood and a urine test to see if they have an infection in the urine. Everyone thinks that HIV is a bad thing and we tell them that we have to do an HIV test. So people don't ask extra questions or are reluctant to take the blood test. Let's say that so far they haven't said anything like that.

# INTERVIEWER:

What do they ask about HIV?

# PARTICIPANT:

If someone asks what the test is, we tell them that we have to test for HIV and the contents of the blood.

# INTERVIEWER:

What about hemoglobin tests?

# PARTICIPANT:

After explaining all this, they understand and agree to test the blood.

# INTERVIEWER:

As you said, there is a lab in this health post. Is the test report available here?

# PARTICIPANT:

Yes, it is.

# INTERVIEWER:

As you said, the results are available here. When you see the results, how often are STI cases seen positive?

# PARTICIPANT:

After I arrived here, I saw two people who tested positive for syphilis.

# INTERVIEWER:

In 3 years?

# PARTICIPANT:

Yes, in three years, 2 people have tested positive. The others did not. At the time, we didn't have adequate training, so we referred them elsewhere. After being referred, they took the medication and later came for iron tablets. Only 2 people have tested positive. After one of our seniors took the training, no cases have been found to be positive. So far, I have never seen a case of HIV.

# INTERVIEWER:

In those three years, not a single HIV test was positive?

# PARTICIPANT:

Yes, not even one test was positive.

# INTERVIEWER:

So this is not common?

# PARTICIPANT:

No, it is not. I have not seen a single case of HIV in any of the prenatal checks I have done in my 23-year career. When we used to deliver babies in the birthing centre at the time, there were a few positive cases. But the tests I have sent personally have not revealed any case of HIV so far.

# INTERVIEWER:

How long should they wait for the result?

# PARTICIPANT:

As far as the result is concerned, the HIV result usually comes quickly but there are several other tests and the result comes in the evening of the same day. They come for the report the day after tomorrow.

# INTERVIEWER:

This means that the result is given the day after tomorrow and that they do not have to wait any longer.

# PARTICIPANT:

No, they don’t have to wait longer. In case of an emergency, all results arrive the same evening.

# INTERVIEWER:

After receiving the report, what happens?

# PARTICIPANT:

After the report has arrived, I examine it thoroughly and advise them accordingly. If the haemoglobin is low, we give advice accordingly. If the report is normal, we advise them to drink plenty of water and tell them to visit us if they have any problems.

# INTERVIEWER:

What do you generally advise?

# PARTICIPANT:

For example, for a low haemoglobin level, we give them advice on diet. In some cases, we see traces of albumin.

# INTERVIEWER:

What does it mean?

# PARTICIPANT:

Albumin is sometimes positive on urinalysis.

# INTERVIEWER:

You mean urine infection?

# PARTICIPANT:

Yes, infection. We see a few infections. In this case, we advise them to drink plenty of water. If the infection gets worse, I suggest they go to the doctor at Thankot hospital. Instead of giving drugs by myself, there is an appropriate place to get tested and I suggest they go there thinking “why to take the risk?”.

# INTERVIEWER:

Does this mean that when you see bigger problems, you send them to a bigger hospital?

# PARTICIPANT:

Yes, we refer them and suggest they go to a bigger hospital.

# INTERVIEWER:

The patient receives the service free of charge but there are expenses incurred by this health facility for these tests, can you tell me the amount of these expenses? All expenses related to the cost of the routine test are covered by the health post?

# PARTICIPANT:

Yes, they are.

# INTERVIEWER:

Can you tell me the cost of a blood test?

# PARTICIPANT:

The exact cost of the blood test, I have no idea. There may be some cost for the health post. If the government is able to provide low-cost service, it may cost 50 to 100 rs. But I don't know the exact cost. It will still involve some cost even if the government provides service by charging lesser fees.

# INTERVIEWER:

There are also costs for the equipment, right?

# PARTICIPANT:

Yes, there are costs for that and rapid kits are also costly. But I don't have idea of the exact cost of all this.

# INTERVIEWER:

Do you think it is an expensive process?

# PARTICIPANT:

Yes, it is an expensive process, but it is provided free of charge here.

# INTERVIEWER:

When you do the blood tests, do you do all the tests from one sample?

# PARTICIPANT:

Yes, we do.

# INTERVIEWER:

Don't you need to take the blood several times?

# PARTICIPANT:

No, we don't have to, we do it from a single sample. From this, we get the result of everything.

# INTERVIEWER:

Are there any difficulties you encounter when performing blood testing services? Did you encounter any problems, not only with the technical process but also with the advice? Or after they have received their results, then you have to provide advice if the report is positive? For example, if it is a case of syphilis or severe anaemia, have you encountered any difficulties in this situation?

# PARTICIPANT:

In this case, when the haemoglobin is really low like below 7, getting them to understand is a difficult process. I saw a case like this before. She was a lady from Terai. She visited us at around 5th week of her pregnancy. I gave her a counselling session and prescribed iron tablets myself. I told her to take the tablets twice a day and then do a blood test in a month's time but her husband wouldn't let her do the test. Her husband started to get angry and wouldn't let us do the test. After that, she never returned to this health facility. They lived in the nearby slum. We tried to contact this person later, but she never came back. Some pregnant women leave without completing the ANC visit cycle. We said the blood level was low and we wanted to retest after a month but the husband started arguing about how many times we had to prick the sick person to get the blood, and he wouldn't let us do the test. They didn't even come back for the medication.

# INTERVIEWER:

So there are sometimes problems with the collection of the blood sample?

# PARTICIPANT:

When the blood sample was taken, these Terai residents got scared. One person did this kind of thing, but no one else did it. It is not really difficult to counsel people. Maybe it's because we didn't get a difficult case. There was only one case that was so difficult, but after that, it wasn't so difficult. I think she had an abortion after that. I tried to contact her again later but I couldn't find her. There were no other cases like this. For the two people who tested positive, I told them not to rely completely on this result and advised them to go and get tested in a bigger place. After going there, she took the drug. After taking the medicine, she came back for the test and the test was negative. She was happy with that and came back happy and thanked us. There were no other difficult cases.

# INTERVIEWER:

If the test is positive, you have to repeat the test until it is negative, right?

# PARTICIPANT:

Yes.

# INTERVIEWER:

After how long do you retest?

# PARTICIPANT:

We refer to the hospital in case of a positive Syphilis test. We don't re-test here. Sometimes the machine in our lab can be faulty, so we tell them to check elsewhere too.

# INTERVIEWER:

Okay.

# PARTICIPANT:

We don't do confirmatory testing. We do not confirm positive cases for HIV and Syphilis. We tell them to go to a higher health centre and get tested again. If the syphilis case is confirmed, we give counselling.

# INTERVIEWER:

As you said, this couple came from the Terai region.

# PARTICIPANT:

Yes.

# INTERVIEWER:

How many people from the Terai region come here?

# PARTICIPANT:

Yes, they do come here. 25% of the total patients are from the Terai region. It is not so difficult to deal with people from the Terai region, but in this case, it was and they did not come here anymore.

# INTERVIEWER:

Are there brick kilns [*itta bhatta*] nearby?

# PARTICIPANT:

Yes, there are some brick kilns up there [pointing] but few people from the brick kilns have been here recently.

# INTERVIEWER:

Did the people working in the brick kilns use to come previously?

# PARTICIPANT:

Since I started working here, people from the brick kilns have not come often. The people who come are those who live in rented houses, and work as drivers and mattress makers; these people come here to get the services.

# INTERVIEWER:

How often do you tell the pregnant women during the test that you are going to test for HIV and Syphilis?

# PARTICIPANT:

No, we tell them that we will do a blood test. If they ask, we tell them that we will do this and this test like blood count and tell them everything. But they never ask this kind of question.

# INTERVIEWER:

So, they don’t ask any questions? Then, do you tell them about it in general words like “sexually transmitted diseases”?

# PARTICIPANT:

No, we don’t tell them like this. Nowadays, when people go to the hospital, they do a blood test first, that's why people here don't ask questions. They never ask any other questions because in many places the first thing they do is a blood test; I think because of that.

# INTERVIEWER:

How do you think they will accept if you tell them that you are going to test for STDs during the blood test?

# PARTICIPANT:

So far we haven't talked to them directly. I think they will accept. I think they will accept. Sometimes we explain it to people when they come here to take the family planning devices. Sometimes we explain it to them in a funny way, for example when they come to get condoms, we explain that it prevents this or that disease. They come and go, laughing and agreeing. But we didn't have a special session on this during ANC visits.

They don't understand when you talk about "sexually transmitted diseases", but they understand HIV. They understand if you explain to them how it happens, even if you tell them directly, and they accept it very easily.

# INTERVIEWER:

Why is this? Do you think it is because we hear about HIV more often?

# PARTICIPANT:

I think it's because people have heard a lot about it. They think of it as something common. If you tell them it's a sexually transmitted disease, they may think it's something more serious. But if they are told it is HIV, they think it is “normal”.

# INTERVIEWER:

Can you tell me about the staff and technicians involved in blood testing by quoting their position rather than naming them?

# PARTICIPANT:

The staff directly involved in carrying out the blood test are our laboratory technician.

# INTERVIEWER:

One person, a lab technician?

# PARTICIPANT:

Yes, one person.

# INTERVIEWER:

Is that person male or female?

# PARTICIPANT:

It's a female.

# INTERVIEWER:

Do pregnant women seek out female consultants/staff to do their checks?

# PARTICIPANT:

Yes, they do.

# INTERVIEWER:

Do they ask female staff to draw blood or not?

# PARTICIPANT:

This is not the way to test blood. Both genders are good.

# INTERVIEWER:

Where do you get the blood from?

# PARTICIPANT:

From here [pointing to the inside of the arm].

# INTERVIEWER:

It is from here that the vaccine is given but I wonder about the vain, is it from this one? [showing]

# PARTICIPANT:

Yes.

# INTERVIEWER:

Does the laboratory technician collect and store the blood sample, handle the blood analysis and everything that follows the blood analysis?

# PARTICIPANT:

Yes, she does it by herself.

# INTERVIEWER:

Do they also check the results to confirm whether the person has the disease or not?

# PARTICIPANT:

Yes, the lab technician looks at the results.

# INTERVIEWER:

So in this health post there is one laboratory technician?

# PARTICIPANT:

Yes, there is one person.

# INTERVIEWER:

What do you think about the workload of the laboratory technician? She has to do several things at once on his own.

# PARTICIPANT:

That's the way it is. At the moment there are not many blood tests to do. I don't know how it is in other health facilities but in this health post, there are not many blood tests to do. Only a few.

# INTERVIEWER:

You mean it's not that busy?

# PARTICIPANT:

Yes, it is not that busy.

# INTERVIEWER:

Is there a written protocol that must be followed and referenced in case of a positive case?

# PARTICIPANT:

What does “written protocol” mean? For example, if the HIV test is positive, we cannot confirm that it is a positive case. Now, in the results from the health post, it has been tested like that, but we cannot confirm the situation unless they are confirmed by a larger institution. We send them to do a new check. If the test is confirmed by the other place, then only we confirm the diagnosis of the disease.

# INTERVIEWER:

Yes.

# PARTICIPANT:

But in this health post, we cannot confirm that the case is positive.

# INTERVIEWER:

Okay, so does that mean you're sending them out for a retest?

# PARTICIPANT:

To re-test and re-check, we have to send them to a higher health centre. Only then, if the test is positive, is the diagnosis confirmed.

# INTERVIEWER:

So, can it be said that HIV cannot be diagnosed at the health post level?

# PARTICIPANT:

Yes, it cannot be diagnosed here.

# INTERVIEWER:

So it's not your jurisdiction?

# PARTICIPANT:

The diagnosis is made here but we cannot fully confirm this in a single test.

# INTERVIEWER:

You cannot confirm the diagnosis of HIV. Is it the same for syphilis?

# PARTICIPANT:

In case of syphilis we tell them but in our place, there is no availability of the medicine. And what to do during pregnancy and syphilis. It came before the training so we referred them. We tell them about the case and say them to do the check-up again.

In the case of syphilis, we tell them about what to do for syphilis during pregnancy but the medicine is not available in this health post. The positive cases we had happened before the training, so we referred them to higher health centres. We told them about the cases and told them to check again.

# INTERVIEWER:

In the case of HIV, you are not able to say anything?

# PARTICIPANT:

Yes, for HIV, we have to refer them for retesting but for syphilis, we can tell them. But if there is a need to start a treatment, we can't provide the medicine so far, that's why we refer them. But in the case of syphilis, we can tell them. They don't understand what syphilis is, so we have to explain to them that it is this type of disease and tell them to do the confirmatory test.

# INTERVIEWER:

Does it mean that you provide an initial counselling session before turning to large institutions and hospitals?

# PARTICIPANT:

Yes, we provide counselling.

# INTERVIEWER:

There is no provision of treatment but there is a counselling session.

# PARTICIPANT:

Yes.

# INTERVIEWER:

When they test positive and you refer them for a confirmatory test, is there a confidentiality procedure to follow?

# PARTICIPANT:

Yes, we have to ensure confidentiality.

# INTERVIEWER:

Do you have a particular protocol?

# PARTICIPANT:

Confidentiality regarding their name. In all cases, we must maintain confidentiality, which means that we must keep the person's name and test results secret. No one should know. In our old protocol, if we did an HIV test, we were not able to mention it and we used to just write "done". And we didn't used to attach the results. It was like that, if the report was negative, we could attach it, but if it was positive, we couldn't attach it. So their names are not made public here. And not only here but also at the place where they do the confirmation test.

# INTERVIEWER:

Suppose the results are positive and the pregnant woman has to come for the report, then do you tell them to come with the husband or do you tell them to come alone?

# PARTICIPANT:

Most of the time, if the husband is available, we tell them to come together. For the retest, we also tell them to go with their husband. After going to another place, there are separate tests and different counselling about it. According to this, there is also a different protocol for starting the treatment. If it is possible, we tell them to bring their husbands with them. But most often, they come alone without anyone accompanying them.

# INTERVIEWER:

Is it possible to bring someone other than the husband?

# PARTICIPANT:

We have never called other people for this purpose.

# INTERVIEWER:

Do you have any experience in calling and counselling people with HIV or other STIs via a telephone call not only in this venue but also in other venues where you have worked?

# PARTICIPANT:

No, I have never seen that. We did not call people separately for counselling. The last time, when the two cases were positive, their husbands were abroad. One patient's husband was abroad and another's husband was not in the valley, so at that time, we were not able to counsel together. But we used to tell them to bring their husbands with them.

# INTERVIEWER:

What has been the reaction of women who have had syphilis?

# PARTICIPANT:

I think they didn't quite understand what the disease is, so they asked for the symptoms of the disease.

# INTERVIEWER:

Was there no symptoms? Isn't syphilis a serious disease?

# PARTICIPANT:

Exactly, but there were no particular symptoms in these cases. The positivity was found by doing the routine check-up.

# INTERVIEWER:

Okay.

# PARTICIPANT:

Then we had to examine the husband also for the disease, but they didn't take it seriously and didn't think it was a serious disease.

# INTERVIEWER:

There were no visible symptoms of the disease?

# PARTICIPANT:

No, they didn't do the test because of the symptoms, they found out during a routine check-up.

# INTERVIEWER:

Does this disease depend on the stages to show symptoms?

# PARTICIPANT:

Yes, it might be because of the stages of the disease.

# INTERVIEWER:

In general, approximately how many tests do you do per month?

# PARTICIPANT:

Not many people come here these days. When I first came here there were many but now only 5-6 people come to do the test.

# INTERVIEWER:

In a month?

# PARTICIPANT:

Yes, in a month.

# PARTICIPANT:

From July till now, only 23-24 people have come for the test and the number of people has increased this month to do the test. I think there are 6-7 people this month. Otherwise, not many tests are done here. Usually, one to two people come here.

# INTERVIEWER:

In these cases, did only one of the husbands not agree to take the test a second time?

# PARTICIPANT:

No, he did.

# INTERVIEWER:

Are there people who were not ready to take the test at first?

# PARTICIPANT:

No, no one refused to take the test.

# INTERVIEWER:

As a health worker, do you think that the husband and other family members should be involved in the counselling process, blood testing and obtaining test results?

# PARTICIPANT:

Yes, I think they should be involved in these processes. If it is possible, it would be better if the husband is involved himself. If the husband is not there, then the *sasu* (mother-in-law) should be involved because, after the husband, the *sasu* (mother-in-law) is close to the pregnant woman. We think it would be better and easier if at least one person/friend accompanies her.

# INTERVIEWER:

What do you think the husband's role should be?

# PARTICIPANT:

The most important role is that of the husband and this is obvious. [laughing]

Emotionally and on many levels, it would be better if the husband was involved. From my own experience, I think it would be much better and we would be reassured if the husband was involved himself rather than other people. So the husband has what we call an important role.

# INTERVIEWER:

When discussing with them, you said that it would be easier to make them understand if the husband was there with them, how is that possible?

# PARTICIPANT:

For example, regarding food consumption, some women do not pay attention to their food consumption. To speak from our own experience, pregnant women face morning sickness and several other problems and they don't feel like eating. But if the husband is present, we can tell him to be careful with his wife's diet because it can harm the health of the child and the mother. We can explain the effects of eating fatty and spicy foods, such as stomach irritation and so on. We can also explain what kind of cases of vomiting occurs in women. If we can make him understand all this, the husband will be able to take care of the pregnant woman. If someone takes care of the pregnant woman and feeds her, her health and that of the child may be better.

# INTERVIEWER:

Yes. How often does the *sasu* (mother-in-law) get involved?

# PARTICIPANT:

*Sasus* (mothers-in-law) are less involved.

# INTERVIEWER:

What about those *sasus* (mothers-in-law) who live with their daughter-in-law?

# PARTICIPANT:

The involvement of *sasu* (mother-in-law) is very low. In some case, the husband comes but I never saw a *sasu* (mother-in-law) comes.

# INTERVIEWER:

You haven't seen any, have you?

# PARTICIPANT:

No, the sasu (mother-in-law) doesn't get involved. The husband comes if he has time, but no sasu (mother-in-law) comes; I have rarely seen one, once or twice.

# INTERVIEWER:

Are most of the visiting pregnant women permanent residents of this place?

# PARTICIPANT:

Yes, most of them are local residents and also from the working class. Those belonging to the upper class do not visit here.

# INTERVIEWER:

Do people whose homes are far away come to visit?

# PARTICIPANT:

Yes, those whose homes are outside the valley visit and the office workers also come for check-ups. Otherwise, the permanent residents of this place, who are well-established, do not come here. The residents who are financially poor and are involved in agriculture, these people come here to get the services.

# INTERVIEWER:

As you have worked with many colleagues and health staff during your career in many places when a woman comes to a health facility with an STI, what is the attitude of other staff towards patients?

# PARTICIPANT:

They show no difference with patients with STIs. The attitude is normal, as it is for other people.

# INTERVIEWER:

Is there a different attitude if they have an STI?

# PARTICIPANT:

No, there is no different attitudes towards them. There is no need to show a different attitude towards them. We treat them by looking at what symptoms they have and we advise them. We do not show any distinct attitude towards STI patients, we treat them like other normal patients.

# INTERVIEWER:

There are national guidelines for HIV testing. National guidelines for screening for HIV states that “Service providers, particularly health care workers and law enforcement personnel, must be oriented, trained and held accountable for service delivery with strong advocacy for zero tolerance against discrimination.” This means that in the case of an illness, there cannot be any form of discrimination, which is why I asked you all about it. What do you think about the things that are written in these recommendations? Is it possible to put them into practice or can't all people have the same mentality?

# PARTICIPANT:

No, they cannot.

# INTERVIEWER:

Based on your experience, could you share if there is discrimination based on the kind of illness?

# PARTICIPANT:

It's not like before. Before, when we worked in the birthing centres, we used to wear double gloves and protect ourselves twice if we knew the person had hepatitis B or HIV. We also do these things, but now we act as if everyone has a disease, so we have to protect ourselves and maintain confidentiality for everyone. That's why I think there is no discrimination nowadays. That's what I think, if there was a problem in the beginning, it's not the case anymore and it's seen as normal. And all sick people are the same species, so we protect ourselves according to that. We don't discriminate in any way after we know about their condition.

# INTERVIEWER:

Have you ever seen discrimination against patients on the basis of their caste and community?

# PARTICIPANT:

I have never seen this in my professional life. Not many people from the upper caste come here for the services. Most of the people who come here are lower caste. But they all get the same kind of services regardless of their caste. Our facilities and services are the same for the people who work in the big offices and for those who do manual work. There is no difference in the services offered here.

# INTERVIEWER:

We spoke with the director of the maternity ward. He told us that anaemia, HIV, syphilis and hepatitis B are routinely tested according to the official protocols and that they are part of the routine checks. So what do you think about these integrated services being available in every health post in a routine way?

# PARTICIPANT:

If there is a laboratory, all these facilities are there, like in this health post. But here, we do not test for hepatitis B. There is no laboratory in all health posts. In Chandragiri, there was also no laboratory in every health post, but now there are everywhere. There is no laboratory service in each health post.

# INTERVIEWER:

Yes.

# PARTICIPANT:

People have to go to the hospital to access laboratory services. In our health post, we have also recently started testing for hepatitis C. I think in many places hepatitis B cannot be tested.

# INTERVIEWER:

Is hepatitis C an STI?

# PARTICIPANT:

No, this does not fall under STIs, we do this separately by saying “Hepatitis C”.

# INTERVIEWER:

What is the reason not to do the hepatitis B test, is it because this test is expensive?

# PARTICIPANT:

I don't know the exact reason.

# INTERVIEWER:

Okay.

# PARTICIPANT:

Many lab services have been launched recently. Before, there was the HIV and syphilis test and the other usual tests. We added hepatitis C testing recently. All the tests we provide are free of cost. The municipal level supplies the rapid test kit. I don't know for how long the municipality will provide the necessary materials, I have no idea.

Maybe it would have been different if we were able to purchase the kits by ourselves. But since the municipality makes purchases of the essential equipment, we perform tests based on what they send to us.

# INTERVIEWER:

As these services are provided in an integrated manner for anaemia, HIV, syphilis and hepatitis B, in your opinion, what kind of infrastructure is needed to do this in the health post?

# PARTICIPANT:

In this infrastructure, these two rooms are there to take care of the patient.

# INTERVIEWER:

Does that mean you need a bigger space?

# PARTICIPANT:

Yes, we need a better place. Our colleague from the laboratory also says that the machines are not that good. According to him, we need machines. To deal with the other cases, we also need a microscope, as there are different types/qualities of microscopes depending on the reagent. We are facing a major issue with the place here. We are obliged to provide services from the two rooms in this health post, which is very confining.

# INTERVIEWER:

Okay.

# PARTICIPANT:

But we also have a separate room.

# INTERVIEWER:

Is it far from this building?

# PARTICIPANT:

Yes, it's far. The room is in the corner of this place. We got one room. Other services of all kinds are given in these two rooms. Since, we cannot accommodate many visitors at a time, we have to make them wait outside.

# INTERVIEWER:

Does this separate building belong to the health post?

# PARTICIPANT:

No, it does not belong to the post office. This is a Ward[[1]](#footnote-1)-office building. And this room [pointing] is for post-office but they don’t work daily there, so we use it.

# INTERVIEWER:

Isn't there a room on the top floor?

# PARTICIPANT:

No, there isn’t. All the rooms on the upper floor are Ward-offices.

# INTERVIEWER:

So this is owned by Ward-office?

# PARTICIPANT:

Yes, it is Ward-office. Our pieces are this one, this one [pointing] and this one. The main problem is the place.

# INTERVIEWER:

Do you think it is because of the limited space that fewer patients are coming here?

# PARTICIPANT:

Maybe it's also because of that because if 2 or 3 people come at the same time, we don't have enough space for counselling. We have to take them into the kitchen to counsel them.

# INTERVIEWER:

So do you have to take them to the kitchen?

# PARTICIPANT:

Yes. Did you notice a person who came inside while we were having this interview? My colleague took her to the kitchen and provided counselling there.

# INTERVIEWER:

Oh, yes. I noticed.

# PARTICIPANT:

The situation is such that I think the limited space is a problem. If the place is nice on the outside, we also want to go there. If people see a small and dirty space, they will wonder what kind of services they will find there. It is different for those who come inside, but the outside appearance is also important. For this reason, I think people come here less. I think that is also one of the factors.

# INTERVIEWER:

What do you think is the reason for the limited infrastructure? Is it because of the lack of resources?

# PARTICIPANT:

Yes, I think it is because of a lack of resources. For example, to build our separate office in Kathmandu, we need a certain amount of space. We have to follow a protocol and meeting guidelines in that protocol will allow us to have our own building. We are not able to get premises and rent them, and I think the municipality does not have enough resources. The health posts outside the valley look like hospitals. But in places like Kathmandu, that's the problem. It's very hard to build a new building in a very congested area like Chandragari.

# INTERVIEWER:

Okay.

# PARTICIPANT:

If there are 2 or 3 patients and all the staff are there, there is not enough room for all of us to sit. That's the situation here.

# INTERVIEWER:

Does that mean the trainings/programmes are not conducted in the health posts?

P: No, they are not conducted here. There is a Ward-office hall nearby where we conduct the programmes. Like, we conduct meetings with FCHVs in that hall by coordinating with Ward-office.

# INTERVIEWER:

Do you think that this limited space creates difficulties in maintaining confidentiality during counselling?

# PARTICIPANT:

Yes, this has a considerable impact. We also face a lot of problems, sometimes we have to take them to the kitchen and people use the room. Some people are looking inside to see what we are doing and we are also having difficulties. It has affected us as a service provider.

# INTERVIEWER:

You said the health posts maintain confidentiality and it’s in your code of conduct too. But, how often do pregnant women and their families ask themselves to maintain confidentiality if they have STIs?

# PARTICIPANT:

No, they have not asked so far to keep things confidential. I think they trust us completely and they have not asked us to keep things confidential.

# INTERVIEWER:

Okay.

# PARTICIPANT:

There is a colleague in this institution who has been working here since the beginning, for many years, so they come to ask for her. Some people also ask us for services because they think it will make things confidential. But they have never personally asked for things to be kept confidential.

# INTERVIEWER:

Who do you think is responsible for implementing the integrated blood testing programme in all health posts in the country?

# PARTICIPANT:

I think that at the local level, it is the municipality that is responsible for the programme. If the municipality does it, then it will be done by the health posts.

# INTERVIEWER:

The health section of the municipality?

# PARTICIPANT:

Yes, let's say that the health section of the municipality is responsible for this.

# INTERVIEWER:

Suppose I am the most important person, responsible for developing plans and policies, what would you suggest to me? What do you think we should do to successfully implement the integrated screening system in all health institutions? It's not only the health posts in the city, but also the health posts in the villages, where we have to travel long distances to get to, and where every group of people can easily get the services. Having taken all these things into consideration, how can we move on to the implementation phase?

# PARTICIPANT:

First of all, I think the budget should be sufficient. We are not able to conduct other several tests because of the lack of budget.

The municipality should tell us to charge a certain amount of money and tell us to buy the rapid test kit by ourselves and manage the flow of the service by giving us the authority. Or the municipality can provide it to last all year. They also did not provide us with the budget and the municipality does not provide us with enough material either. That is why it is difficult to provide services. To do things more efficiently at the local level, there should be enough manpower to provide services.

# INTERVIEWER:

Okay.

# PARTICIPANT:

The main thing that comes to mind is the budget.

# INTERVIEWER:

The budget?

# PARTICIPANT:

Yes, a budget and enough space and then only manpower.

# INTERVIEWER:

Is there a specific platform where you can put forward your plans/agendas, discuss patients’ conditions and request the materials you need?

# PARTICIPANT:

For the time being, there is a health section in the municipality.

# INTERVIEWER:

Is there a meeting to do so?

# PARTICIPANT:

Yes, there is a monthly meeting. We share things at this meeting and if we need something, we also ask for it personally.

# INTERVIEWER:

What are the main health services prioritised by the municipality?

# PARTICIPANT:

Our municipality focuses mainly on the elderly population. It does not focus on maternal health.

# INTERVIEWER:

Is the focus more on older people?

# PARTICIPANT:

Yes. They also focus on providing free sugar and blood pressure medication to the elderly. And now they are saying not to give medicines but money. The municipality focuses mainly on the elderly rather than on maternal health. They are also discussing opening a branch of the Thapathali hospital in this area of Chandragiri.

# INTERVIEWER:

Okay.

# PARTICIPANT:

So let's see how successful it can be. They intend to make the place like Thapathali. After screening in the health post, instead of sending the patient to Thapathali, we could send them there.

# INTERVIEWER:

I heard that there is a hospital named APF nearby.

# PARTICIPANT:

Yes, there is APF hospital.

# INTERVIEWER:

For what type of cases do you refer your patients to this hospital? What is the size of this hospital in terms of service provision?

# PARTICIPANT:

Yes, it is a big hospital in the area and the services are also there. Sometimes we send them there because it is close. Sometimes we refer patients to Thankot Hospital because all the services are provided there for general cases. Now health insurance has been introduced, so we advise people to go to Thankot Hospital to claim health insurance and only then we refer them to APF Hospital. If the cases are more serious and related to maternal health and gynaecology, we refer them to Thapathali Hospital. But now, I recommend Kirtipur Hospital.

# INTERVIEWER:

Which hospital in Kirtipur?

# PARTICIPANT:

There is a hospital called Kirtipur. There is a burns hospital in Kirtipur but this hospital is a little higher than the burns hospital called Kirtipur Hospital.

# INTERVIEWER:

Who do you think will be the best person to discuss the blood test in the hospital and who can give time to talk about it?

# PARTICIPANT:

To do the blood tests?

# INTERVIEWER:

No, to talk about blood tests.

# PARTICIPANT:

During ANC?

# INTERVIEWER:

Yes.

# PARTICIPANT:

The central person in antenatal care is the nurse, and if we are talking about testing, the lab technicians will be the best.

# INTERVIEWER:

Laboratory technicians are the technical workforce, right?

# PARTICIPANT:

Yes.

# INTERVIEWER:

They draw and analyse the blood and do not participate in the council, do they?

# PARTICIPANT:

No, they are not involved in counselling. The people involved in counselling are the nurses. If people feel comfortable, then other staff members also do counselling. For example, in this facility, if I am not there or other staff are not there, the lady you saw does the counselling. If we are not there, she does the counselling. Women feel comfortable with female staff. But the main person is the nursing staff.

# INTERVIEWER:

Is there any openness in the people who do the blood test? As you mentioned earlier, the husband did not allow his wife to do the blood test. For example, when you are counselling, do you feel that this person listens and understands, that this person will definitely do the test and that this person will not? Do you find a different understanding among literate and illiterate people or in any caste?

# PARTICIPANT:

When we explain, illiterate people understand well. But in the case of literate people, I guess they know more or they don't know anything, so some of them ask: why should we do this, what will happen after we do this and what won't happen? They ask all sorts of questions.

# INTERVIEWER:

So they ask more questions?

# PARTICIPANT:

Yes.

# INTERVIEWER:

What is the age range of pregnant women who come here?

# PARTICIPANT:

Here, the pregnant women who visit this facility are between 18-19 years old to 35-36 years old.

# INTERVIEWER:

Are there anyone under 18?

# PARTICIPANT:

I didn't see any pregnant women under 18 in this place. But in the previous place where I worked, pregnant women aged 14-15 came to do a pregnancy check-up.

# INTERVIEWER:

Where did you work before?

# PARTICIPANT:

I worked in the municipality of Suryabinayak, it was a long time ago.

# INTERVIEWER:

Okay.

# PARTICIPANT:

After arriving here, I didn't see any pregnant women under 18. 18 years old is the youngest and 40 years is the oldest I saw here.

# INTERVIEWER:

As you said about pregnant girls under 18, there aren't any these days?

# PARTICIPANT:

Nowadays there are pregnant girls under 18 but they don't frequent this facility.

# INTERVIEWER:

There are, right?

# PARTICIPANT:

Yes, there are. People who come from rural areas are pregnant and very young. The girl I just told you about who was about 14 was lying about her age and told us she was 18. After much counselling, she confessed to us that she was 14 years old. [Laughing]

# INTERVIEWER:

Didn't you know from the beginning that she was 14 years old?

# PARTICIPANT:

Her sasu (mother-in-law) brought her in and said she looked younger than her age. After much counselling, we learned that she was only 14 years old.

# INTERVIEWER:

At what age was she married in this case?

# PARTICIPANT:

Exactly, she said it was an arranged marriage. Although they do not visit this facility, it is known that there are cases of pregnancies of 14-15-year-old girls. Girls from an economically good background also elope while studying in grades 8/9. Many of them have 2 kids by the age of 17/18. I know of a case in this locality where she did not come to this health post for her check-up. A young girl married and had a grand wedding. She had two kids by the age of 17.

# INTERVIEWER:

We asked all the questions we wanted to ask. Is there anything you want to ask us? Is there anything you want to share that we haven't asked? If you think it would be helpful to our study, then you can share it with us.

# PARTICIPANT:

There's nothing specific, I think we've covered everything.

# INTERVIEWER:

In this case, we can finish this interview here.

1. “Ward” is a local unit that comes under Municipality. There are several wards in a municipality. And for each ward, there is one ward office. [↑](#footnote-ref-1)