**Interview details**

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| Participant ID | HWKAP01 |
| Municipality | Kapilvastu |
| Position | Auxiliary Nurse Midwife (ANM) |
| Years of experience | 6 |
| Years in current job | 3 |
| Start time | 14:20 |
| End time | 15:14 |
| Interviewer | Bibhu Thapaliya |
| Date of interview | 23/01/2023 |
| Transcriber | Merina Dahal |
| Translator | Merina Dahal |

**Background**

There were 5 health workers in the Health Post, sitting around and taking sun baths when we reached. We interviewed the respondent inside the health post. The surrounding was quiet, with not many visitors coming for a check-up. So, the interview was completed in a relaxed manner. The health worker did not hesitate to talk to us. She also helped us coordinate with FCHVs in the ward to sample pregnant women and their family members for the interview.

# INTERVIEWER:

Can you please tell me about this health post and your role here?

# PARTICIPANT:

Here, we provide services such as lab facilities, a birthing centre, general medicines, and antenatal check-ups and we suggest measures of family planning.

# INTERVIEWER:

What are your job responsibilities?

# PARTICIPANT:

Also, I did not mention that we are 11 employees here. I am the senior Auxiliary Nurse Midwife (ANM) of this health post. Primarily, my responsibilities include field work such as vaccination, village clinics as well as post-natal check-ups and *Aama samuha*’s (mothers group) meetings. In addition, when it is necessary to manage other tasks, I also work in prenatal consultation, family planning services and birth centres. There is also registration and reporting work.

# INTERVIEWER:

How long have you been working here?

# PARTICIPANT:

In this field, I have been working for about 6 years. In this health post, it has been more than 3 years.

# INTERVIEWER:

Did you work in Kapilvastu before this?

# PARTICIPANT:

Yes, I worked in a place called Maharajgunj of another municipality in Kapilvastu for 2 years and then I came here to work.

# INTERVIEWER:

Did you work as ANM from the beginning?

# PARTICIPANT:

Yes, I did. However, before working in this field, I was involved in teaching. I am qualified to be a staff nurse. I also have a Bachelor of Nursing (BN). So, I have worked for about 6 years in this field.

# INTERVIEWER:

Did you only work in Kapilvastu?

# PARTICIPANT:

Yes, I am from Banganga municipality. So I worked around here.

# INTERVIEWER:

So you have never worked in another district?

# PARTICIPANT:

No, only here.

# INTERVIEWER:

Does this mean that you are well-established here?

# PARTICIPANT:

I don't know if I am well-established. I come from a little further north of here, whereas this is the southern part of the province. At first I was confronted with the problem of the Awadhi language. But little by little, I managed and adapted to it.

# INTERVIEWER:

What about the language now?

# PARTICIPANT:

It is not yet clear but I can speak it. I'm still struggling to make sentences but I can speak well enough to communicate.

# INTERVIEWER:

So your role is that of an ANM. Is it also your designation in this organization?

# PARTICIPANT:

Yes, I am an NMA. In terms of rank, I am fifth grade.

# INTERVIEWER:

You said different services are available here. As it is a study on antenatal check-ups, let's talk about it. Suppose a pregnant woman comes here for the first time in the first week of the fourth month, what check-up services do you provide?

# PARTICIPANT:

First, we register the patient. After that, we provide them pregnancy confirmation test after asking about their menstrual cycle. If they have already done the confirmation through a urine test, then we prepare the card accordingly. If they have not done it, we send them to the lab for confirmation. After seeing the pregnancy report, we complete the registration card. Then, all kinds of required antenatal check-ups are done from weight and blood pressure to physical examinations of the abdomen. Then the next step is counselling for blood tests and video x-ray. Some women have already done the test and come for confirmation. The blood tests are done in this health post itself whereas they are sent to the district hospital for video x-ray. In addition, iron and calcium tablets are distributed to pregnant women. Calcium distribution has just started this month. Also, we counsel them on when to schedule their next visit. There is also the provision of the Tetanus-Diphtheria vaccine that we provide through outreach clinics throughout the time span of four days. The vaccine is provided for one additional day in the health post itself. We advise them to take the vaccine according to their access and convenience.

# INTERVIEWER:

So as you speak in Awadhi language, do the majority of patients speak Awadhi?

# PARTICIPANT:

Yes, they do. As there is a mixed settlement in this region, some Awadhi may also understand the Nepali language. But most of them speak Awadhi.

# INTERVIEWER:

How do patients come here? How do they know to come to the health centre? Is there a procedure for this, e.g. making an appointment by phone like in private hospitals where you make an appointment to see a specialist? What is the process here at the health post?

# PARTICIPANT:

They don't need to do anything like this. The services are always available here except during holidays. We are here to provide services during open hours. Some patients come on the recommendation of Female Community Health Volunteers (FCHV) while others are referred by us during our field visits. Some educated patients visit us on their own.

# INTERVIEWER:

What is the process for those who go through the FCHV? Do the FCHV stay in touch with the patients themselves?

# PARTICIPANT:

Yes, they do.

# INTERVIEWER:

How many pregnant women can an FCHV follow?

# PARTICIPANT:

Villages are distributed among FCHV. Thus, in the villages, they visit pregnant women in their homes according to their knowledge and cover their area.

# INTERVIEWER:

Do pregnant women need to visit the health post for iron and calcium tablets or are they also provided by the FCHV?

# PARTICIPANT:

They can also be given by FCHV, but this usually creates a problem regarding their visit to the health post. As they receive the medicines and tablets at home, they do not feel the need to go to the health post. Therefore, we do not prefer to send the tablets through the FCHV. Whenever I go to the field, I always carry the tablets in my bag. In village services, called “Gaughar Clinics”, we usually distribute the tablets to those who have not had them.

# INTERVIEWER:

Does “Gaughar Clinics”mean the outreach services?

# PARTICIPANT:

Yes, they are outreach services. We distribute some tablets there too. But we usually recommend they visit the health post for medicines and tablets.

# INTERVIEWER:

How often do health workers receive training here?

# PARTICIPANT:

Initially, there was training for safe abortion, but it’s not provided anymore. There used to be the training for inserting ring in the uterine prolapse patients. It is also not provided anymore. Apart from these, we have been trained as Skilled Birth Attendant (SBA).

# INTERVIEWER:

Is it due to a lack of training?

# PARTICIPANT:

Yes, it is.

# INTERVIEWER:

Who provides such training?

# PARTICIPANT:

This training can be run by the district or other institutions depending on the needs. Similarly, training centres are available to provide such training.

# INTERVIEWER:

What kind of training have you done in the last three years?

# PARTICIPANT:

I had many training opportunities after I came here. Before, I didn't have the chance to get much training. Training is usually provided according to the services provided by the health facility. Here I attended training such as SBA, IUD implantation and Respectful Maternal and Neonatal Care (RMNC). I also recently attended the basic training for FCHV.

# INTERVIEWER:

What do you mean by FCHV training? Did you provide the training?

# PARTICIPANT:

Yes, now we have to provide training here.

# INTERVIEWER:

What types of training are available in the context of FCHV training?

# PARTICIPANT:

Recently, there was this RMNC training. Sometimes the training is related to hygiene and cleanliness. Others are usually basic training.

# PARTICIPANT:

Yes, there is often small training going on. We may also not have been notified of them.

# INTERVIEWER:

Are there any other non-governmental organisations that have included you in their study or programme?

# PARTICIPANT:

Yes, that RMNC program was organized by Green Tara. I don't know about others. I also did a training on *kishor kishori* (teenagers) in Nepalgunj.

# INTERVIEWER:

Was it also organised by an organisation?

# PARTICIPANT:

I think it was a collaboration between two organisations. I don't know which one.

# INTERVIEWER:

As our study is about blood tests, how do you exactly call it in Nepali?

# PARTICIPANT:

We call it “khoon jaach garne” (testing blood).

# INTERVIEWER:

Have you had any training on it?

# PARTICIPANT:

I have taken a training course on PMTCT related to it.

# INTERVIEWER:

Is it related to blood screening?

# PARTICIPANT:

Blood screening is a way of screening while PMTCT is a particular test like the Rapid Determine Test (RDT) for HIV. We can't differentiate it as positive or negative but as reactive or non-reactive. Based on this, we can refer the case. For blood tests, we attended the RDT training.

# INTERVIEWER:

Who organised this training?

# PARTICIPANT:

It was organised in Maharajgunj by the municipality.

# INTERVIEWER:

Do you think that such training is useful for the services offered in a health post? Do you think it is important?

# PARTICIPANT:

Yes, it is important because we work in the community. Training gives us knowledge that helps us to provide counselling. If the equipment is available, we can also provide services. So this training is important.

# INTERVIEWER:

Do you have to pay for such training?

# PARTICIPANT:

No.

# INTERVIEWER:

Is it free of cost?

# PARTICIPANT:

Yes, it is.

# INTERVIEWER:

Talking about blood screening, there is a blood screening for pregnant women, right?

# PARTICIPANT:

Yes, there is.

# INTERVIEWER:

In which visit is it done?

# PARTICIPANT:

During the first visit, they have to be tested.

# INTERVIEWER:

The first visit means after the completion of 3 months?

# PARTICIPANT:

No, we don't recommend it only after 3 months. They should come here as soon as they know they are pregnant and do the test. After that, we do another one at 9 months.

# INTERVIEWER:

What tests are included in the blood screening?

# PARTICIPANT:

Tests here include HIV, hepatitis, VDRL for syphilis and a urine test.

# INTERVIEWER:

Is the haemoglobin test also included?

# PARTICIPANT:

Yes, this includes haemoglobin and blood type testing.

# INTERVIEWER:

Also blood type test? During the first visit? Are they done from the same sample?

# PARTICIPANT:

Yes. Some patients do not want to do all the tests because of money issues. For them, we provide RDT tests as they are free of cost.

# INTERVIEWER:

Does RDT mean syphilis?

# PARTICIPANT:

No. It means HIV reactive or non-reactive test. For this test, the finger is pricked with a needle to draw blood. We put chemical buffers in the kit with the blood and the result is noted according to the appearance of lines in the kit. If two lines appear, then it is reactive while one line denotes a non-reactive test. If patients can pay, we do all the tests at the same time, but if they can't pay, we only do the RDT test. It is fast and gives results in 5 minutes.

# INTERVIEWER:

How much do the patients need to pay for blood tests only?

# PARTICIPANT:

Including blood and urine tests, they need to pay around 500 or 550 rupees.

# INTERVIEWER:

Do they need to pay here in the health post?

# PARTICIPANT:

Yes.

# INTERVIEWER:

What happens to the samples after they are collected?

# PARTICIPANT:

We refer them to the lab.

# INTERVIEWER:

So do you have a lab in this health post?

# PARTICIPANT:

Yes, it is in the next room.

# INTERVIEWER:

So the samples are only taken and tested here?

# PARTICIPANT:

They take the report from the laboratory and bring it to us. We go through the report and counsel them according to the report, for example by giving them an iron supplement according to their haemoglobin level.

# INTERVIEWER:

How many days does it take for the report to come?

# PARTICIPANT:

It doesn't take days. It's about 30 minutes to 1 hour.

# INTERVIEWER:

So, the process is simple then, right?

# PARTICIPANT:

Yes, it is simple. We refer them to the lab. I don't know about the process there. They give us the report and send it to us.

# INTERVIEWER:

This health post seems well facilitated. The rooms are also good. What is the condition of other health posts in Kapilvastu? Are they well facilitated like this?

# PARTICIPANT:

No, they are not. Since this is a birthing centre, there are lab facilities here but only during the day. Most patients test because they are aware of it, but some do not accept tests because of lack of money. Sometimes we have to receive cases at night and have to do tests. In such conditions, we are faced with problems due to the lack of availability of facilities at night.

# INTERVIEWER:

Why is testing not available at night?

# PARTICIPANT:

The night shift has not been managed so far. Only the day shift is managed.

# INTERVIEWER:

Do pregnant women agree to have blood tests here?

# PARTICIPANT:

Most of them agree to have a blood test. Some do not agree because of the lack of money, while others do not value the tests. In these cases, we only provide the RTD test and counselling. Some have negligent husbands who won't allow them to be tested. In this case, we even have to invent false excuses to convince them to do tests. Some women can't talk to their husbands, so they ask us to convince them. We help them by finding various excuses to convince their husbands. This is how these problems usually arise.

# INTERVIEWER:

Do they usually come here alone or with their husbands?

# PARTICIPANT:

They usually do not come alone but with their husband or mother-in-law. Very few come alone, such as those who come from far away or those who have already given birth to 2 or 3 children. Otherwise, they usually come with a family member or even a neighbour.

# INTERVIEWER:

Although this is a routine test, is there a procedure for obtaining their consent?

# PARTICIPANT:

We take verbal consent by first informing them of the risk of disease and the importance of screening for the safety of the mother and child. If they are not informed about the risk of infection and the importance of screening, they generally do not agree. If they are not aware of the importance, they may not care.

# INTERVIEWER:

After you provide them with this information, do they show interest or accept it easily?

# PARTICIPANT:

Most of them are interested after being informed about the importance of blood screening, but some of them have money problems and told us they would come later.

# INTERVIEWER:

Do you think that money can be a challenge for this test, especially for people of low economic status?

# PARTICIPANT:

Actually, I don't think money is the real issue. It's a matter of importance. They do not attach much importance to health. It may not be their priority. For example, I recently went for home delivery. As I talked to them, I came to know that due to some dispute between the pregnant woman and her mother-in-law, she did not tell her mother-in-law when her labour began, which led to home delivery. Meanwhile, they were talking about their money problem. So I told them they were not poor but lazy. People could earn money even by doing daily wage work. They also jokingly acknowledged. So money may not be the main problem here, but lack of priority may be. I think they just make an excuse of money to justify their negligence or lack of priority.

# INTERVIEWER:

Are home births frequent here?

# PARTICIPANT:

Not really. We see very few cases here. I visited two. I asked them about the reason for home birth despite the short distance between their home and the health post. One of them said that her mother-in-law did not agree to go in the evening but that she had to wait until the morning. They usually put forward the reason for the neglect of family members. One FCHV said that she could have come to her house if she had been informed. It was even possible to walk to the health post because of the short distance. To this, the mother-in-law replied that she was not aware of the birth until the time of the birth. The number of home deliveries has therefore decreased significantly compared to the past. There are very few cases that are unintentional for reasons such as the time needed to find a rickshaw.

# INTERVIEWER:

As you said, they need to pay for the blood test. What about ANC visits?

# PARTICIPANT:

They do not need to pay for ANC visits. Instead, they can get Rs 800 if they do a proper check-up four times as per the protocol. They also get Rs. 1000 for delivery at the hospital. So they can get a total amount of Rs. 1800.

# INTERVIEWER:

What do you think are the barriers that prevent women from this community from coming for ANC check-ups?

# PARTICIPANT:

Perhaps because of tradition or lack of education, they cannot decide for themselves to go out of their homes. They are dependent on others in this respect. If they were educated or independent, they would have been able to make their own decision. But because of their dependence on others, they do not go out of their homes alone. These are the main reasons for their late visits to the ANC.

# INTERVIEWER:

What about those who are far from here?

# PARTICIPANT:

I don't think distance can be an obstacle. As this health post is located in a fairly central location, there should be no problem with distance. There is only one place away from here but we haven't found any problems with it so far. Also, we have outreach services which are accessible to all. But they do not come for ANC visits in outreach services. They usually visit the health post for ANC visits. The only problem is that they do not visit at appropriate times and intervals. Sometimes they visit late or less frequently. There is a problem of neglect among them regarding the frequency and regularity of visits. I don't think distance is a problem.

# INTERVIEWER:

As you said they can't take their own decision to come here due to a lack of education. In the case of pregnant women, are they mostly dependent on their families?

# PARTICIPANT:

Yes, they are mostly dependent on their mother-in-law. Here we can see that sons are very much inclined to listen to their mothers. So the daughter-in-law has to listen to her mother-in-law as well. This is a common situation here.

# INTERVIEWER:

From what you have observed, how cooperative are the families? How many out of 10 families do you think provide adequate care and support to pregnant women?

# PARTICIPANT:

Out of 10, maybe 4 are cooperative. Even those who send pregnant women to be examined do not provide adequate care at home. In general, this type of conflict exists in most families. Sometimes pregnant women themselves are negligent and sometimes mothers-in-law are. I have generally found that pregnant women are controlled by their mothers-in-law.

# INTERVIEWER:

How widespread is the tradition of the joint family here?

# PARTICIPANT:

Most of them live in a joint family with the father-in-law, mother-in-law, sister-in-law and other members of the family.

# INTERVIEWER:

Is it more common in specific caste groups?

# PARTICIPANT:

It is the same for all. However, in some *Pahadi* (hill) communities, one can also see nuclear families. Regarding the consumption of supplementary or nutritious food by pregnant women, they tell us that they cannot afford to have such food because of the size of their family. In addition, it is inappropriate for them to consume these foods alone, without giving them to other family members. They usually cite a lack of money as a reason for not eating nutritious food during pregnancy. We even suggest that they grow vegetables on their farms and eat them. Not every food needs to be bought. But here, there is not much practice of growing vegetables or food on their farm. In addition, they do not have adequate knowledge about how to grow vegetables or other foods and what types of food to eat. Thus, we can see a lack of proper care regarding the nutrition of pregnant women. Even if some people grow food on their land, they often sell it instead of consuming it directly.

# INTERVIEWER:

Let's talk about blood screening again. Given that patients have to pay for the tests, what is the cost to the health facility of providing these screening services?

# PARTICIPANT:

There are the equipment costs. And as the RDT test is provided free of charge, there is the cost of the test kits. Apart from that, as patients pay for these services, I think there must be a benefit.

# INTERVIEWER:

You said that you recommend blood screening to patients. In the case of an ANC visit, does the counselling also include blood screening?

# PARTICIPANT:

Yes, we counsel them to do blood tests and video x-rays. In addition, these tests and counselling are carried out several times depending on the patient's condition. For example, iron tablets are given if the haemoglobin level is low and the patient is called for follow-up. They also have to be tested at 9 months. Some patients are not aware of all this. Once there was an argument about vaccines. At the moment there are enough TD vaccines, so we have started to give them to any pregnant woman at any time. Before, we didn't use to give vaccines without a card, because once they get their card after being vaccinated, they don't feel the need to go for a check-up. They don't care about their health and the check-ups, they only care about the card. Therefore, we used to give vaccinations only after the check-up. But now, for various reasons, like COVID, it has not been managed this way for some time. So now we have to give vaccines even without check-ups. This again led to the same problem. They get vaccinated, take the card and don't come back until the second dose of vaccine. They don't care about the check-ups. In this case, the columns on the card for check-ups and tests are usually empty. This has therefore recently created a problem.

# INTERVIEWER:

This means that there are not many problems with the blood screening once they go to the health post, but they have problems coming to the health post itself, right?

# PARTICIPANT:

All they want is to make a card and get the medicines and iron tablets. Once they get them, they don't give much importance to check-ups. But whenever we find such cases, we counsel them and refer them for a check-up. Health volunteers are also actively involved in this.

# INTERVIEWER:

We also spoke with health workers in Kathmandu, where we found cases where husbands would not let their wives have blood tests. Have you seen such cases here?

# PARTICIPANT:

No, I have not seen such cases here. Most patients who come to the health post for an examination are cooperative and agree to have blood tests.

# INTERVIEWER:

Now let's talk about STIs. Perhaps it’s easier to explain to pregnant women about anemia. Likewise, HIV has been widely covered by the media, so it may be easier for people to understand. But most of them may never have heard of syphilis or hepatitis B. Do they ask you about it after seeing the reports? How do you explain this to them?

# PARTICIPANT:

The easiest way to counsel them about blood screening is to tell them that the test should be done to see if there is a problem in the blood. If we explain each test to them, they may not be able to understand it. Also, mentioning STIs may make them angry because they may feel insulted. They don't readily accept such tests. So we tell them that we do blood tests to detect any problems in the blood. In explaining the reports, we simply tell them whether it is normal or not, the blood tests and the blood type.

# INTERVIEWER:

So they don't know much about STIs?

# PARTICIPANT:

No, we don't explain all the details of STIs to them either.

# INTERVIEWER:

Do you think there is a lack of public acceptance of the words related to sexual infections?

# PARTICIPANT:

They don't want to open up about it. Some do not want to accept it, and others hesitate. Perhaps it is because it has always been that way. We know that they need to know everything about the tests they are going to take. But, the counselling practice is limited to that. We do not explain all the details to them. If a patient asks us for details, we tell them the names of the individual diseases. We inform them of the risk of transmission of the disease from mother to child, which makes blood screening very important for the safety of the child. But in most cases, these explanations have no impact on the patients, so we don't usually explain the details. We explain them according to the patient's level of understanding and acceptance.

# INTERVIEWER:

Have there been any positive cases?

# PARTICIPANT:

No, we haven't found any positive test results so far. Once there was a patient who had already been diagnosed before coming here. She was HIV positive but the child was negative. I also talked to the municipality about her. So that was the only positive case, but he was not diagnosed here.

# INTERVIEWER:

Isn't hepatitis B widespread either?

# PARTICIPANT:

I have not found any cases of hepatitis B so far.

# INTERVIEWER:

Does it mean that if a test is positive in a triple screen, you must refer her for verification?

# PARTICIPANT:

Yes, we do.

# INTERVIEWER:

Do you refer her to the hospital?

# PARTICIPANT:

So far, we have not had any such cases. But if we ever find a positive result, then we can send them for verification. It is not good to refer to only one diagnosis.

# INTERVIEWER:

Talking to health professionals at a health post in Kathmandu, they told us that they send positive samples for verification to the hospital.

# PARTICIPANT:

In case of reactive RDT test, we send them for confirmation. But I'm not sure about the other tests in the lab.

# INTERVIEWER:

As STIs are a very sensitive topic, there may be hesitation and lack of acceptance from patients, have there been packages or programmes on this? Have any projects been implemented on this topic?

# PARTICIPANT:

To my knowledge, there has been no such programme.

# INTERVIEWER:

When counselling pregnant women in this community, under what conditions do you tell them about STIs? If there was a programme where patients had to be counselled about STIs in a 10-15 minute appointment, to what extent do you think it would be possible for patients to open up about this?

# PARTICIPANT:

I don't think they will open up about it. They might listen to it but not talk about it. Even patients who come here cannot talk openly about their reproductive health problems. Sometimes, they come to us and secretly tell us their problems. In such cases, we ask the paramedic about their problems and give them a solution or medicines.

# INTERVIEWER:

What is the role of paramedics here?

# PARTICIPANT:

They manage different things including medications.

# INTERVIEWER:

So they prescribe medication?

# PARTICIPANT:

Yes, for STDs we can also give medicines because we have been trained in this. We have knowledge about it. But there are cases where we are not able to make decisions, so we consult them and then inform the patients.

# INTERVIEWER:

You said that there have been no positive cases. But if a test is positive, do you maintain confidentiality about the identity of the patient?

# PARTICIPANT:

Yes, we maintain confidentiality in such cases. This is the only room for ANC, family planning and even the waiting room. Only the delivery room is separate here. Despite this, we maintain confidentiality in such cases by sending the other clients outside. We talk to the patient alone to maintain confidentiality.

# INTERVIEWER:

Can you say how many pregnant women benefit from the blood screening service in one month?

# PARTICIPANT:

In one month, there are about 12 to 17 new cases of pregnancy. So, in total, at least 5-8 pregnant women get the blood test in a month because some come here after having already done the test in a private clinic or public hospital.

# INTERVIEWER:

So why do they come here then?

# PARTICIPANT:

They usually come here for registration and vaccinations. Some even come here to confirm their test results.

# INTERVIEWER:

In your opinion, what is the difference between the cost of the same blood test in this health post and in a private facility?

# PARTICIPANT:

I think it is expensive in the private sector. I don't remember exactly but the difference must be more than 100 rupees for a video x-ray only. It also depends on how popular the private clinic or hospital is. The more popular ones have higher costs. I don't know the exact price.

# INTERVIEWER:

Before this, you worked in another health post. Have you ever experienced discriminatory attitudes or behaviour from a health worker towards a woman with an STD?

# PARTICIPANT:

No, I didn't see any such behaviour. There were 3 or 4 of us in the previous place where I worked. Here there are more of us but I have never seen such behaviour.

# INTERVIEWER:

Does it also depend on the caste? Since there is a concept of upper and lower castes in our society, do you think that lower-caste women are more discriminated against?

# PARTICIPANT:

No, there is no such discrimination here.

# INTERVIEWER:

We found that in many places, even those with a laboratory, there are no testing services for HIV, syphilis and hepatitis B. In your opinion, according to the policy, is it mandatory to perform these tests?

# PARTICIPANT:

Yes, it is mandatory to do these tests.

# INTERVIEWER:

Do they fall under the routine package?

# PARTICIPANT:

Yes.

# INTERVIEWER:

Can you say how long this has been in place? I don't think it was necessary a long time ago.

# PARTICIPANT:

The obligation of such tests during pregnancy? This has been the case since I started my studies. We used to do practical work when we were students. We had to write and send the tests like HIV, and VDRL. I don't know exactly since when it is mandatory.

# INTERVIEWER:

Do you think it has been more than 10 years?

# PARTICIPANT:

Yes, it has been more than 10 years.

# INTERVIEWER:

Despite this, it is not done everywhere. In your opinion, in the context of Nepal, what resources are needed in a health post to provide such integrated testing services? As a laboratory is one of the requirements, what other facilities might be needed?

# PARTICIPANT:

As this is a birthing centre, these services have become a priority. It has only been a year since these services have been available here. I think all health posts should have laboratories because it is important not only for the mother but also for the safety of the child. That's why it's really important to have such facilities in all health posts so that people get a good service.

# INTERVIEWER:

In the context of Kapilvastu, this health post is centrally located and there is also a mixed settlement of people here, so there may not be much prevalence. But in the case of villages, where there are more people with low economic status, or where men usually go to India for seasonal employment, what do you think is the prevalence of STIs?

# PARTICIPANT:

It is possible that there is a higher prevalence in these areas, but as I have never worked in these areas, such as the border areas, I don't really know the situation. Here we do such tests as part of ANC but we have not found any positive cases. Even here, there are people who go to India seasonally, but we have not found such cases so far.

# INTERVIEWER:

Do you think such cases are found more in hospitals than in health posts?

# PARTICIPANT:

I think so because people from different areas come to the hospital. Here we only receive patients from the surrounding area, mainly from ward 6. Only a few people come here from other areas.

# INTERVIEWER:

In places that do not have such facilities, what do you think are the reasons for this? Is it due to a lack of resources, like money or even willpower? They also need manpower, such as laboratory technicians. What do you think is the reason for this?

# PARTICIPANT:

This may be due to the lack of priority given by the municipality to this issue.

# INTERVIEWER:

So the municipality has a role to play?

# PARTICIPANT:

Yes, because I don't think there is a lack of labour, because there are many unemployed people. The decision is usually made by the municipality. So they may not have given it much importance. I think if they want to, they can provide these services. Even in this health post, it is the municipality that does it. So if the municipality wants to do it, there is manpower available. There may be a budget problem due to a lack of priority. We don't really know.

# INTERVIEWER:

So who informs the municipality of the health post's equipment and service needs?

# PARTICIPANT:

The health post in charge is responsible for this. We usually tell him about the condition of facilities here and he informs the municipality.