**Interview details**

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| Participant ID | HWKAT02 |
| Municipality | Kathmandu |
| Health organisation | Public hospital |
| Position | Clinical Registrar |
| Years of experience | 7 |
| Years in current job | 4 |
| Start time | 11:50 |
| End time | 12:16 |
| Interviewer | Bibhu Thapaliya |
| Date | 12/01/2023 |
| Name of transcriber | Merina Dahal |
| Name of translator | Merina Dahal |

**Background**

Bibhu and Lucie had an interview with the clinical registrar in a separate room. The clinical registrar was very busy and could only provide about half an hour for the interview.

# INTERVIEWER:

What kind of patients usually come here for blood tests?

# PARTICIPANT:

As I am a doctor, different types of patients with a simple cold, cough or fever, but also HIV-exposed patients, come to me because I also see HIV patients here. Similarly, patients referred from other departments with a diagnosis or suspicion of infections such as HIV or hepatitis also come here. They may be inpatients or outpatients.

# INTERVIEWER:

How long have you been working in this hospital?

# PARTICIPANT:

I have been working here since December 2018. Before that, I did my medical residency for 3 years.

# INTERVIEWER:

Did you join as a doctor?

# PARTICIPANT:

Yes, I work as a doctor and also see patients with infectious diseases.

# INTERVIEWER:

What exactly do you call your position here?

# PARTICIPANT:

It's called clinical registrar.

# INTERVIEWER:

As this is a centre specialising in blood tests, how many pregnant women come here?

# PARTICIPANT:

They do not come here directly for the pregnancy. But pregnant women with other problems or risk factors, such as thyroid, visit us with their test reports for screening and treatment after consulting the gynaecology department. It is not the first point of contact for pregnant women.

# INTERVIEWER:

Do you also provide counselling to HIV patients by seeing their reports?

# PARTICIPANT:

Yes, I do.

# INTERVIEWER:

How long have you been doing this? Was it before coming to this hospital?

# PARTICIPANT:

No, since 2018, only after joining this hospital.

# INTERVIEWER:

Can you say approximately how many HIV patients you have counselled?

# PARTICIPANT:

I think there have been more than 250 new diagnoses since 2018. Among them, I may not have provided direct advice to only a few, who could have been advised by our advisor. Apart from them, I have provided counselling to almost all of them.

# INTERVIEWER:

What does counselling normally include?

# PARTICIPANT:

First, we help the patients to interpret the test reports. For example, in the case of hepatitis B, they may not understand true positive and false positive results. Patients can panic even in case of a false positive test. So, we help them to understand the test results. Also, sometimes they need counselling even before the test. Patients with high-risk behaviour are referred for testing. We need to counsel them on why they are suspected of being tested. Even if a test result comes positive, we need to confirm it with follow-up tests before beginning the medications and treatment. For example, in the case of HIV, the national protocol includes 3 tests. Similarly, patients are also counselled about the duration and side effects of medications as well as the effects of early and late treatment.

# INTERVIEWER:

What about other STIs such as syphilis?

# PARTICIPANT:

Syphilis patients primarily come here as referrals. Also, HIV patients are screened during diagnosis for syphilis by venereal disease research laboratory test (VDRL) and Treponema pallidum haemagglutination (TPHA). Patients with positive results are provided treatment. Patients coming from the dermatology department are also counselled about the dose of treatment e.g. a single dose or weekly doses for 3 weeks, as well as on the effects of no treatment on the body, such as the heart, nerves, etc.

# INTERVIEWER:

Where are the patients referred from?

# PARTICIPANT:

In general, patients are referred from other departments if they are found to be positive on screening for surgery or blood transfusion. Similarly, patients with meningitis are sometimes referred from the neurology department. We also receive patients from the dermatology department.

# INTERVIEWER:

How often do pregnant women come as referrals?

# PARTICIPANT:

As I mentioned earlier, pregnant women with thyroid problems and hypertension are most often referred. Sometimes, pregnant women with HIV or hepatitis diagnosis during pregnancy also visit us. Pregnant women with hepatitis are generally rare, while we have had 6-7 cases so far with an HIV diagnosis during pregnancy. In such cases, we provide advice on how to keep the child free of infection after birth, as well as medication according to the mother's risk category.

# INTERVIEWER:

What type of population do you consider to be at high risk for STIs?

# PARTICIPANT:

Generally, groups like men who have sex with men (MSM), transgenders, female sex workers and their clients, migrants and intravenous drug users are found to be at high risk of STIs. Among the migrant population, the less educated group is found to be at more risk.

# INTERVIEWER:

What is the exact name of the unit you are currently working in?

# PARTICIPANT:

It is called “Infectious Diseases”, which comes under the Department of Internal Medicine.

# INTERVIEWER:

What about HIV counselling?

# PARTICIPANT:

HIV counselling is just a part of it. It has a separate unit managed by nurses.

# INTERVIEWER:

So, there is a separate unit for HIV testing and counselling?

# PARTICIPANT:

Yes, there is also one for ART (antiretroviral treatment), from which advice is also provided. If a person wishes to be tested for HIV after high-risk behaviour, testing and general counselling is provided.

# INTERVIEWER:

As you said, 6-7 cases of HIV in pregnancy have been discovered since 2018, how challenging is it for you to counsel them especially because of an STI or even during a blood test?

# PARTICIPANT:

Both for pregnant and non-pregnant women, the most difficult thing to counsel them is the cause of their infection. They usually don’t know how they got the STI. While some of them know and even reveal it, others usually believe that they got it from their husband. We have to explain to them the other different ways of transmission of the disease. Another issue we have to deal with during counselling pregnant women is the safety of the child. In addition, sometimes families get upset and cry in the outpatient department (OPD) because of the lack of trust between family members in such cases. There can be a disruptive environment in the OPD, which can make it difficult to counsel patients. We have to console them and convince them to drop the family conflict and start treatment. Another problem arises when patients are referred to us by other doctors. Patients may be concerned about why they have been referred to a new doctor. In addition, there is a concept of restricting the use of medicines during pregnancy, which makes it difficult to convince pregnant women to use medicines. Only after they have been counselled on how medication protects the child from illness do they agree to take medication. Sometimes further tests are needed to confirm the disease, as in the case of HIV testing. We explain to patients that this does not confirm the positive result and that further tests are needed to confirm the positive results according to the protocol. If it is confirmed positive, treatment is needed whereas, in case of a negative result, the need for further testing is decided based on the high-risk behaviour of the patient.

# INTERVIEWER:

Does hepatitis B also fall under the category of STI?

# PARTICIPANT:

Yes, it can be transmitted sexually transmitted or through blood contact.

# INTERVIEWER:

Does this mean that the mode of transmission is similar to that of HIV?

# PARTICIPANT:

Yes, HIV, hepatitis B and C are almost similar in terms of transmission.

# INTERVIEWER:

Despite this, in your experience, have you seen a difference between patients' attitudes towards HIV and hepatitis B?

# PARTICIPANT:

Hepatitis B is more prevalent but people don't fear it as much as HIV. This may be due to the fact that the media covers HIV more than hepatitis B. The second reason is that of the adults who have hepatitis B, almost 80% are able to self-cure. It is different for the mother-to-child transmission cases. Because of the lower treatment burden in adult hepatitis B cases, patients are generally more fearful of HIV than of hepatitis B. Similarly, during family counselling, it is revealed that the fear of HIV is due to the lack of an HIV vaccine or treatment. There is no vaccine for HIV, but vaccines for hepatitis B are available and not all positive cases of hepatitis require treatment.

# INTERVIEWER:

Could you tell us about syphilis?

# PARTICIPANT:

Generally, in the case of syphilis, most of the patients visit the dermatologist with rashes and get diagnosed and treated there. If some other problems occur, then they come to us. In the case of migrant workers, if they get diagnosed with syphilis during their screening for migration, they visit us seeking counselling. As the TPHA test is positive for life, treatment is carried out taking into account the rapid plasma reactivity test (RPR). Counseling for Syphilis is easier because we give a single dose of medicine to the primary or secondary patients. We refer other medicines that are to be used after the dermatologist perform a skin test on them.

# INTERVIEWER:

Are haemoglobin tests done along with it?

# PARTICIPANT:

Hemoglobin tests are available here if needed. But in the case of pregnancy, haemoglobin tests are generally already done in the gynaecologic department. Previously, when there was only internal medicine, we had to see such cases if they were due to iron deficiency or another reason. But now, anaemia is generally seen by haematology. The gynaecology department can also manage it as they have their own protocols. Haemoglobin is tested during the ANC visit and, if anaemia is diagnosed, the necessary treatment is prescribed.

# INTERVIEWER:

Is there integrated screening for HIV, hepatitis B and syphilis, as well as haemoglobin, as part of the routine blood testing of pregnant women?

# PARTICIPANT:

Yes, everyone who comes for an ANC visit here is tested.

# INTERVIEWER:

Is it in the package?

# PARTICIPANT:

Yes, it is included in the package.

# INTERVIEWER:

What kind of package is it? Is this in line with government protocol?

# PARTICIPANT:

Yes, it is almost like that. It may also differ from place to place. But here, thyroid test is also done in addition to these.

# INTERVIEWER:

Is it free of cost?

# PARTICIPANT:

No, it isn't free of cost. Patients need to pay for it. It may be that ANC services have certain rules about this. I don't know all the details, but almost all ANC visitors get tested.

# INTERVIEWER:

Do you think it is done in other institutions nationwide?

# PARTICIPANT:

Most of the places with ANC services have such screening. It may not be available in remote areas where screening facilities are lacking. Otherwise, it is available in hospitals.

# INTERVIEWER:

What about health posts?

# PARTICIPANT:

In health posts, there may be anaemia and spot tests for hepatitis B and C.

# INTERVIEWER:

Recently, while visiting the Balambu health post in Chandragiri, where laboratory services are available, we found that HIV, syphilis and hepatitis C screening was available but not hepatitis B.

# PARTICIPANT:

The tests may be present depending on the availability of the kit and may differ from one location to another depending on accessibility and patient flow.

# INTERVIEWER:

To what extent have you seen patient awareness of blood tests and STIs?

# PARTICIPANT:

Generally, there is no disease-specific awareness. They don't know what tests need to be done, but they are aware that they have to go to the hospital for a routine check-up. But they have very little awareness of specific tests, diseases and complications of pregnancy. However, there is a small group of people with a certain level of education who go to the hospital before conception for a planned pregnancy.

# INTERVIEWER:

Do you face any taboos related to blood testing, such as the refusal to give a blood sample?

# PARTICIPANT:

No, we don't find such cases now. Before, during my medical residency, there were a few cases. But now people are prepared to have blood tests when they go to the hospital.

# INTERVIEWER:

Do patients show interest in the tests such as asking questions about the purpose of the test and the time required to get results?

# PARTICIPANT:

Mainly educated people ask such questions but not all of them. Some do not ask anything as a way of showing trust. However, less educated people do not ask anything at all.

# INTERVIEWER:

Did you find a relationship between the level of education and the caste group of the patients?

# PARTICIPANT:

As we receive patients from all parts of the country, in the case of patients coming from outside the valley, the upper castes, according to our traditional caste system, are generally better educated than the lower castes, especially in patients over 50.

# INTERVIEWER:

Is their economic context related to this?

# PARTICIPANT:

Financial status may not impact the capacity to access, but there is a difference in knowledge about how to spend money. The awareness level is slightly better in the educated group.

# INTERVIEWER:

Since you advise other patients in addition to pregnant women, what difference do you find in the reception and impact of your counselling on male and female patients?

# PARTICIPANT:

The difference is visible in the counselling. In the case of aged females, they generally understand that they have a disease and they need to take medicines but they don't ask further questions or cross-questions. However, male patients usually show curiosity regarding the disease and the medications.

# INTERVIEWER:

As you have said, as STI prevalence is increasing, triple screening services has become mandatory, especially for pregnant women and at-risk population such as migrant workers. To address this, how costly do you think it will be for the health institutions and hospitals to provide these services to the patients at an affordable cost?

# PARTICIPANT:

I think, in this situation, cost does not matter, the benefit will always be higher. By screening pregnant women, we can save the lives of children by protecting them from infection. The government will not have much of a burden to carry out the tests, as it has already spent on less productive fields than this. Thus, testing the services in a package could be a cost-effective intervention.

# INTERVIEWER:

From the demand side, what are the challenges to extending these services?

# PARTICIPANT:

Problems may arise with access and availability of facilities, as there is no certainty about the exact number of test kits that will be used. They, therefore, need to mobilize surplus or unused kits to other locations where demand is high. People also need to know the availability of services in different locations.

# INTERVIEWER:

Do I need permission before a blood test?

# PARTICIPANT:

In the case of those who come for testing, it is implied consent. So, we prescribe them the required tests. But when testing in a new location, we must first explain the test.

# INTERVIEWER:

So, verbal consent is needed?

# PARTICIPANT:

Yes, we need to take verbal consent. In the case of research, written consent is required.

# INTERVIEWER:

Also, can you tell me about your qualification?

# PARTICIPANT:

M.D. in Internal Medicine.

# INTERVIEWER:

As we have come to the end, do you want to ask anything or add any information?

# PARTICIPANT:

No, I don't have anything to add. If I have forgotten any information, you can contact me again.