**Interview details**

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| Participant ID | HWKAT04 |
| Municipality | Kathmandu |
| Health organisation | Nepal National Hospital |
| Position | Registrar in obstetrics and gynaecology |
| Years of experience | 3 |
| Years in current job | 4 months |
| Start time | 13:06 |
| End time | 13:39 |
| Name of interviewer | Bibhu Thapaliya |
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| Name of transcriber | Bipana Shrestha |
| Name of translator | Bipana Shrestha |

# INTERVIEWER:

For how long have you been working as a gynaecologist? What is your role and position in this hospital? Could you tell us more about this?

# PARTICIPANT:

It has been three years since I passed my M.D. [Doctor of Medicine]. Firstly, I worked in Pokhara. Then I worked in the maternity hospital in Kathmandu. Now, I am working as a registrar in obstetrics and gynaecology in this private hospital.

# INTERVIEWER:

Is it your first time working in a private hospital?

# PARTICIPANT:

Yes, I have only studied and worked in government hospitals before. I work here for 3 or 4 months now and it is my first experience in the private sector.

# INTERVIEWER:

You told us that you worked in the maternity hospital. For how long did you work there?

# PARTICIPANT:

I worked in the maternity hospital for one year.

# INTERVIEWER:

What are your tasks as a registrar now?

# PARTICIPANT:

# In hospitals, there are consultant and registrar positions. Although my position is called registrar, I do a consultant job in gynaecology. Let's say that being a registrar is equivalent to a junior consultant position.

# INTERVIEWER:

Do you work in gynaecology from the beginning?

# PARTICIPANT:

Yes, I did my bachelor’s degree in Medicine and Surgery and my MD in obstetrics and gynaecology.

# INTERVIEWER:

We are conducting this study about STI screening during pregnancy in Kathmandu and Kapilvastu. We observe that STI screening practices differ sometimes between health facilities. Is this included in the protocol?

# PARTICIPANT:

In the ANC protocol that we study during our degree, there are minimum investigations to conduct during pregnancy. In theory, some investigations must be routinely done during the first ANC visit. However, I worked in Dang for one month and patients from all areas used to come. Kits are necessary and the person who provides the services needs to be skilled. In that context, I don’t think that all the institutions can provide STI services.

Compared to other institutions such as Primary Health Care Centers (PHCC), health posts often do not have these services. In some districts, health posts provide these services, but not in all. When we consider tertiary care centers, screening services are available. For example, when I was working at WRH, these services were available. There is no uniformity. However, ideally, screening should be available everywhere.

We can observe that VDRL testing [Venereal Disease Research Laboratory Test - syphilis] is often missing from the services provided compared to HIV and HBV testing. However, VDRL tests are in the routine package. Most of the patients are illiterate or cannot be reached for follow-up, so it is difficult to make them understand why it is necessary. Also, some people do not do all the tests available but only the cheap ones.

Now, the Prevention of Mother-to-Child Transmission (PMTCT) program for HIV is implemented by the government. It is not included in ANC, it is a separate program. This is why HIV testing is more common than syphilis and hepatitis B testing, although all three are necessary. For this reason, the report shows that HIV is the most commonly used test, while the other two are not provided everywhere.

VDRL test is often not provided because it is not available. For hepatitis, there is sometimes confusion about which one needs to be tested. However, hepatitis B tests are often done. If the result of the test is positive, then others hepatitis is tested.

# INTERVIEWER:

What is the reporting process in government hospitals? How is the data about STIs are reported?

# PARTICIPANT:

In all facilities, data are reported manually. Patient loads are high, OPD services are busy with sometimes 200 to 300 patients coming and manpower is limited. Even in places where manpower is not an issue, we don’t keep the OPD or ANC cards of patients with us. We try to record data as much as possible but we do not write the data both on the patients’ cards and in our data.

If the result of an HIV test is positive, we need to record the information as part of the PMTCT program and ensure follow-up of the patient. When the HIV test is positive, we notify the patient. We record the information and then we refer the patient to PMTCT service or ART clinic for treatment. In the other cases, I did not see that the data was actually recorded. Perhaps if the nurses kept a register, it may happen but there is no mandatory systematic recording for other diseases.

# INTERVIEWER:

Is it the same for counselling? Is it only done for HIV?

# PARTICIPANT:

In most health facilities, there is limited time for counselling. We cannot give half an hour or an hour to a patient when we have to deal with 100 or 150 patients. We can't give everyone the same amount of time, but when possible, counselling is given first. Counselling is not done uniformly between patients. Sometimes, when people heard about HIV, they become reluctant so we have to explain them. For hepatitis B, if patients understand and are willing to listen, then we explain to them too. The cases are individualised, sometimes the explanations are done correctly but sometimes they are not.

# INTERVIEWER:

In the case of STI-positive results during pregnancy, is it in the protocol that the husband needs to be tested?

# PARTICIPANT:

Yes, it is in the protocol that if a pregnant woman is tested positive for HIV, syphilis or hepatitis B then her husband should also be tested. Hepatitis B can also be transmitted to other family members so they should also be tested. Sometimes, familial hepatitis is found for hepatitis B.

# INTERVIEWER:

What does familial hepatitis B mean?

# PARTICIPANT:

Familial hepatitis B means that it is transmitted among family members and not only through the husband. If the mother is infected, then she can transmit it to the baby. This is not really common. I saw only one or two cases like this.

For these three diseases, if the pregnant woman's report comes back positive, the husband must also be tested. However, in most cases, the husband's report does not come back.

# INTERVIEWER:

How many cases like this did you see?

# PARTICIPANT:

People who live nearby come for the follow-up but many people come for a single visit. Thus, even if we send them for lab tests, often their reports don’t come back to us. Even when the reports come back, in the case of HIV, some people hide their situations. When we ask them for the report, they may reply that they lost it or that there is no report. Such answers are heard.

When results are positive, due to discrimination and social taboos, some people prefer to hide their status. However, some women are able to tell us that the results are positive. Sometimes, if they are coming for other conditions, they tell us “I am on ART, this is for a follow-up”. We see both types of people in equal numbers I would say.

# INTERVIEWER:

Do you have ART services here?

# PARTICIPANT:

There were ART services in the maternity hospital and WRH, but not here. The ART clinics were available for all HIV-positive persons, not only pregnant women. Here, ART services are not available. Maybe because it is a just established hospital and to open an ART clinic, a hospital has to go through the governmental protocol.

# INTERVIEWER:

Is it mandatory for government hospitals to provide testing for free?

# PARTICIPANT:

In government hospitals, STI screening tests should be provided free of cost during the first visit because it is part of the ANC package. However, even when I was working in the maternity hospital, there was a minimum fee. It was lower than in other hospitals, but it was not free. Only the rapid tests for HIV, as part of the PMTCT program, are free at the PHC level. Other services are not free. However, in my opinion, these tests should be provided for free.

# INTERVIEWER:

If a woman comes for an ANC visit, she should at first, take an OPD ticket and go to pay separately for blood tests. Besides this, are there any other costs?

# PARTICIPANT:

When they take a ticket on time, then they obtain an ANC card with 7 to 10 boxes for visits. Until the fulfilment of the boxes, there is no need to take a ticket again. When the card is completed, a minimum amount might be charged to obtain a new ANC card but I am not sure about this. I don’t ask much about money issues to patients. Fees are to be paid separately for the card and for the tests.

# INTERVIEWER:

As you are working in this private hospital, is there a huge difference in costs between private and public hospitals?

# PARTICIPANT:

Yes, there is definitely a difference in costs between private and government hospitals. Costs in public hospitals are low but they depend on the programs that the government is running. Then, a budget is needed accordingly. In private hospitals, it is a little bit expensive. Patients tell us: “it is a little bit expensive doctor”. Many people go to Teku for tests. It is known there for infectious diseases. Even if they come here for ANC visits, they prefer to go to Teku or other hospitals for further investigations. We see this kind of patient.

# INTERVIEWER:

Can they do the tests in other hospitals?

# PARTICIPANT:

Yes, it is their choice. I tell them: “You can go to any place where it is easier for you. You can get informed about the costs and go accordingly.” By saying this, I refer them. It is not mandatory to do the tests here. Sometimes some reports are not reliable, and those that are not signed correctly. If there are such reports, it becomes difficult for us to trust the report. In such cases, the tests have to be repeated. This is usually PHC reports. In such cases, we ask them to repeat the tests by saying: “a second report from the same facility is necessary.” In that case, we see sometimes report variations.

We don’t tell them that they necessarily need to do the tests in our hospital. We tell them that these tests are necessary and we explain to them why. Then, it is their choice. They can do the tests wherever they want. Those people who understand, do the tests and bring the reports here.

# INTERVIEWER:

The background of patients coming to public and private hospitals may also differ.

# PARTICIPANT:

At the maternity hospital, there is a long queue. To avoid it, people come to private hospitals. Per visit, it costs 500 rupees so they do one visit here and then we lose the follow-up. Patients usually come here to do video X-rays. That’s why when people come here for investigations, we often lose follow-up. They think something like "let's pay for once" to deviate from the government hospital line. In government hospitals, they have to queue from 6 am in the morning. That’s why they come here once.

# INTERVIEWER:

It would be easier for people to come here as it is less crowded. Why do you think they don’t come more often?

# PARTICIPANT:

No, it is like this. I worked in a public hospital as well and it was the same.

# INTERVIEWER:

Did you work in a public hospital?

# PARTICIPANT:

Yes, I studied there and when you do an MD, you also work a lot. I was working there as a resident doctor. After some time, I started working in the maternity hospital. Patients who went to private hospitals were also used to coming there, to the maternity hospital, just because it is the only maternity hospital. People think that because it is the biggest hospital in Nepal for maternity and gynaecology, we provide the best services. That’s why people come here.

Similarly, in this private hospital, if it is known that a doctor worked in the maternity hospital, then people will come to visit him. It is how people think. People ask where the doctor worked before. People who come to a private hospital ask this question. If the doctor worked in the maternity hospital before then patients trust him more.

I also thought that in a private hospital, it would be easier, that there would be no queues and therefore people would come more but it's not the case. Especially on the first visit. When the time of the delivery is close, people also prefer to go to the maternity hospital. They come to private hospitals only to avoid the maternity queue.

# INTERVIEWER:

It may also be because of costs.

# PARTICIPANT:

Talking about the cost, most people with low economic resources face cost issues. But some other people think that treatments are better in the maternity hospital. There is a huge queue there because of this reason.

# INTERVIEWER:

Do you have an idea of the cost difference between private and public hospitals for blood tests during ANC?

# PARTICIPANT:

There are differences in cost but I don’t know exactly the details. For sure, it is much cheaper in government hospitals. In private hospitals, serology for hepatitis B is considered to be very expensive in comparison to HIV because it requires more equipment. I don’t know the exact costs but patients say that the serology test is expensive. They come and tell us: “these three tests are expensive, doctor”. That’s why we tell patients they can go wherever they want to do the tests but that they are necessary.

# INTERVIEWER:

Is there any funding for doing serology tests in private hospitals?

# PARTICIPANT:

No, I don’t think, there is any funding. It is only in hospitals with the safe motherhood program. For example, the public hospital where I worked is not part of this program.

# INTERVIEWER:

Does it mean that the safe motherhood program is not in all public hospitals?

# PARTICIPANT:

No, the safe motherhood program is not in all public hospitals. In Kathmandu Model College (KMC) hospital, the safe motherhood program has just begun.

# INTERVIEWER:

I thought this program was in all the government hospitals.

# PARTICIPANT:

Hospitals, where there is the safe motherhood program, are very crowded. When you compare the queue in hospitals before and after the implementation of the safe motherhood program, they are so different. After fulfilling a number of ANC visits, people receive incentives there. That’s why they go to the same hospitals.

# INTERVIEWER:

So in hospitals where people get incentives for ANC services, the safe motherhood program is implemented.

# PARTICIPANT:

Yes, people need to attend at least 4 visits to receive an incentive. That’s why they go to the same hospitals.

# INTERVIEWER:

Now, people have to go for 8 visits.

# PARTICIPANT:

Yes, 8 visits are necessary. When we studied, it was a minimum of 4 visits but it increased. I learned about it recently by reading a brochure when I went to the PHC.

# INTERVIEWER:

When we discussed it with a person at the ministry level, she said that it is implemented uniformly in all health facilities. She said that cost is not an issue because patients receive transportation incentives when coming for ANC visits and a post-natal incentive of 2500 rupees. But it seems it is implemented randomly. Is it in the protocol? Do you think pregnant women get incentives at the public hospital or in the maternity hospital?

# PARTICIPANT:

In public hospitals, I don’t think, pregnant women get the incentives. The safe motherhood program is not there.

We focus on clinical cases. Maybe nurses have information about incentives if they do the reporting. In some places, we also sign the report after delivery so people can get the post-natal incentive later. But I am not sure it is the case for every visit. If they receive transportation incentives that’s good because many patients come from far, such as Dhading, to the maternity hospital because they think it is a good hospital.

# INTERVIEWER:

Do they ask they discuss incentives with the doctor?

# PARTICIPANT:

No, usually these issues don’t come to us. They ask nurses for this. They ask us more about the child’s health and their own health.

# INTERVIEWER:

Regarding their child’s health, are people willing to discuss their STI symptoms in an open way?

# PARTICIPANT:

Even if someone has STI, most people don’t care much about that. For example, there is a protocol about who should deliver by c-section and who by natural way. Let’s not enter it in detail but we need to know the history of the patient to take decisions. However, if the person is in labour pain, we don’t ask much about their history, even if it is important. If there is no report about STI, they are sent for a blood test but sometimes it is too late and delivery occurs. After delivery, it happened the report came back positive. It also happens that the patient is known to be followed in the ART clinic. However, if the delivery occurs at night, we cannot know whether the patient is taking medicine or not. In these cases, problems can occur.

Many people hide those problems. They don’t say it because confidentiality is not maintained even in the health facilities. You have seen the OPD, how crowded it is. People don’t even bring reports with them as they know there won’t be private space to share with doctor. They become conscious only after we tell the pregnant women that their child may get infected. Once, a person with HIV since 15 years asked if her child would be affected. We explain properly to such people who ask openly.

# INTERVIEWER:

Would you have any suggestions to make triple screening available everywhere?

# PARTICIPANT:

The management committee of any hospital have power to decide and set priorities if certain services are in government protocol. They have to coordinate well with public health officers and doctors and set priorities to make any service mandatory.

If every hospital could be made governmental by implementing national health insurance like abroad, then it would be different. Alternatively, the minimum ANC package could be made affordable for the majority of people. On the other hand, costs are not recovered in such cases. If these issues are raised, the ANC package for the first visit should at least be given priority. It should also be available in PHCs.

If the government is able to allocate budget for this, triple screening can be implemented even in PHCs inside Kathmandu valley.

People who come from tertiary health centres in rural municipalities come with badly written reports sometimes. It takes extra time to ask about everything, and the investigations they have gone through till now, and we have to start all over again. Also, if the health workers are trained in PHCs for diagnosis, they can do it. It would reduce burden off our shoulder and we can do much better in terms of counseling and treating patients.

The patients who come here have little knowledge but they don’t hide their health problems. In rural areas, people hide their health problems. They don’t know about their health conditions. They may come only when the whole body starts to swell. If those patients would have been cared for on time and received proper care, it would be much better. But again, costs need to be considered. Also, in private hospitals, I think that the price of serology should be reduced.

# INTERVIEWER:

From the doctor’s perspective, what would you like to say about work burden or anything else?

# PARTICIPANT:

Most of the time, all doctors provide the tests. However, counselling can be done in private hospitals with respect to time.

People do not understand it’s not just about testing blood, counseling is also important. They don’t provide time for counseling. It would be better if we could tell people why we are doing all the tests. Even when doctors explain why the tests are conducted, some tests may be missed. That’s why people don’t really know why these tests should be done. However, I don’t think it is just about the doctor. In the communities, we can show pictures and flip cards and charts to make people aware about the STI screening through blood test.

Now, our health system is very much focused on preventing and treating HIV/AIDS. None of the preventive approaches/programs have ever been integrated into main policies for other STIs. If Syphilis and Hepatitis-B, we can use pictures with mother transmitting STI to child through placenta. If knowledge can be transmitted like this, then an interaction of 2 minutes during OPD visits to explain to patients would complete the knowledge they already acquired like this. The burden is high for 3 or 4 doctors that have to deal with 200 patients and the desk tickets is open until 2:00 pm. Patients are also not satisfied because they do not know, why they are doing those tests. Doctors faced a lack of time to aware all the people about these things.

# INTERVIEWER:

In private hospitals, how much time do patients get?

# PARTICIPANT:

In private hospitals, it depends on the cases. Usually, the number of patients to come is known in advance. Doctors know the number of patients remaining for a day. In private hospitals, there are few doctors who work full-time. Even for doctors who work full-time, there is a division of the doctors. From this time to this time one doctor stays, after that another doctor stays and so on. That’s why the time is comparatively more. At least during the first visit, we can explain tests and important health issues to participants. In the following visits, we can tell them what is important.

# INTERVIEWER:

Is there a counselling room here?

# PARTICIPANT:

No, there are no such counselling rooms.

# INTERVIEWER:

Does the nurse do the counselling? Or, do you do the counselling yourself?

# PARTICIPANT:

I do the counselling myself. “These tests are done. These tests should be done. The health of you and your baby should be checked.” In private hospitals, we need to explain that the tests done are compulsory and we don’t do any unwanted tests. We cannot just tick all the blood tests. That’s why counselling should be done properly.

# INTERVIEWER:

This is all that we had to ask you. Thank you so much.