**Interview details**

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| Participant ID | HWKAT03 |
| Municipality | Kathmandu |
| Health organisation | Public hospital |
| Position | Senior Auxiliary Nurse Midwife |
| Years of experience | 38 |
| Years in current job | 38 |
| Start time | 14:31 |
| End time | 15:24 |
| Interviewer | Bibhu Thapaliya |
| Date of interview | 12/01/2023 |
| Transcriber | Merina Dahal |
| Translator | Merina Dahal |

**Background**

The participant was friendly and provided ample time for an interview in her office room. We interviewed her in a counseling room that is attached to ANC ward. The room is for counselling pregnant women about the risks of HIV as a routine procedure when they visit for ANC for the first time. The participant was very keen on talking about HIV counseling process and experiences as she is the counsellor herself.

# INTERVIEWER:

How long have you been working in this health facility?

# PARTICIPANT:

It's been about 38 years.

# INTERVIEWER:

38 years here only or did you work somewhere else before?

# PARTICIPANT:

I have been working in this hospital from the beginning, since 2042 B.S.

# INTERVIEWER:

As an ANC nurse?

# PARTICIPANT:

I have worked in ANC for about 15 to 20 years. Apart from that, I worked in other departments.

# INTERVIEWER:

So it's been 15 to 20 years as an ANC nurse?

# PARTICIPANT:

# I also worked in the delivery room, neonatology and gynaecology OPD.

# INTERVIEWER:

Could you tell us your exact position?

# PARTICIPANT:

I am a Senior Auxiliary Nurse Midwife (ANM). I have recently been promoted but my position is that of a senior ANM.

# INTERVIEWER:

How is the patient flow here for a check-up? From which places do they come to visit?

# PARTICIPANT:

All kinds of cases come here. All kinds of complicated cases such as high or low fluid levels, muscle growth in the cervix, and so on. People from Mechi in the east to Mahakali in the west come to this hospital. We give a yellow card to all pregnant women who come here. They all have to do the card, which costs 360 rupees. Then we offer to counsel all pregnant women who come here with a yellow card. We counsel them on the prevention of mother-to-child transmission of HIV. After counselling, we ask them if they have done their blood and urine tests. If the tests have been done elsewhere, we see the reports. If they have not been done, we send them for testing.

For this, we fill in 5 forms. Among them, I fill in the HIV form, including the RPR (Rapid Plasma Reagin), the HIV ELISA (Enzyme-Linked Immunosorbent Assay) spot and the HBsAg. We fill in these forms here. We also put the stamp for HIV on the form. After that, we have a free rapid test for HIV. Previously there were two tests, but after the earthquake and the COVID pandemic, we only have the rapid HIV test. After counselling, we put the code number, date and stamp on the form and then the test can be done for free.

# INTERVIEWER:

Does it mean that an HIV test is not included in the routine blood test?

# PARTICIPANT:

In the routine test, there is the RPR [syphilis test], the rapid HIV test and the HBsAg [hepatitis B test].

# INTERVIEWER:

Are these tests free of cost?

# PARTICIPANT:

No, only the rapid HIV test is free. For the other tests, the patients need to pay.

# INTERVIEWER:

Do patients have to pay for the blood tests or are they part of ANC fees?

# PARTICIPANT:

They have to pay for blood testing.

# INTERVIEWER:

As there is a routine ANC check-up, how many times do the patients come to visit in 9 months?

# PARTICIPANT:

# Patients may develop various complications such as diabetes or thyroid during the 9 months. In case of complications, the doctors call them for a very frequent follow-up. They come up to 10 times in 9 months. Some may even do more. Here is our card, which can be used for 8 visits. If they come for 8 more visits, then 2 cards are fully used. However, this is not fixed.

# INTERVIEWER:

# As this hospital is a large hospital, patients come from different parts of Nepal. Do patients from far away come regularly or only by special referral? How do they come, those who come especially to visit this hospital?

# PARTICIPANT:

# They also come for regular visits. If people who are far away live here on rent, they can come regularly. In the case of people who do not live here or who have work, they only come when they are sent because of complications such as heart disease, muscle growth, and risk during childbirth. Otherwise, they don't come here in normal cases. They are sent here in case of abnormalities. Also, even if they are not referred, some patients come here to give birth if they have family or relatives living here. People from elsewhere think that they have to come to this hospital to deliver properly and avoid complications during operations. They may think that there are few or fewer qualified doctors in their area. They, therefore, do not want to go to their local hospital. They prefer to go to a bigger hospital in a bigger city. People come here for many reasons, like a recommendation or their job. But those who have everything there or who have a very low economic condition do not come here.

# INTERVIEWER:

What are your job responsibilities as a senior ANM?

# PARTICIPANT:

The senior ANM staff do normal nursing work like counselling visitors, keeping a record of their names and addresses, supporting the birthing process, etc. Currently, as a senior ANM, my salary is also high. Due to political problems like strikes by student and staff unions, there are many barriers to promotions, and staff allocations.

I have not been assigned a specific task as a responsibility. I have to do whatever is necessary or available.

I am only in charge of counselling pregnant women. Sometimes I am asked to do other work as well. I have to keep a monthly record of my work. I have provided counselling from 9 am to 5 pm, including pregnant women who come for private visits in the evening and those who come in the morning. They get counselling and tampons. If there is no tampon work or if I am free, then I will also help with small operations. We also give diphtheria and tetanus (DT) vaccinations. Overall, the tasks here include DT vaccines, minor occupational therapy, endometrial biopsy, cervical biopsy, polypectomy, stitch removal, etc. In the field of nursing, ANM, BN or MN do not have a specific job description here. It has not been specified for each one. But I have been given the job of a counsellor at the moment. I also do other tasks such as pressure measurement. The main tasks are measuring blood pressure and weight, DT vaccinations and counselling. Here, whether it is the staff nurse or the MSC nurse, there is no night shift in the OPD.

# INTERVIEWER:

What does the counselling include?

# PARTICIPANT:

The counselling is about the prevention of HIV transmission from mother to child.

# INTERVIEWER:

# Is this a kind of routine for everyone? Or is it only for HIV-positive people?

# PARTICIPANT:

No, we can't differentiate between HIV-positive and non-HIV-positive patients. We can't detect them just by looking at them. So we treat them in the same way, keep them in the same place and counsel them to avoid transmission of HIV to their child. We promote *'swastha aama, swastha bachcha'* [healthy mother, healthy child]. This is our main mantra. The counselling is on prevention and check-up of HIV transmission from mother to child.

To do this, they need to know what HIV is. So I ask them first. They usually know that HIV is a sexually transmitted disease. Then I explain that HIV is a micro-organism that enters our body and reduces our immunity. It causes the loss of a man's immune power, which can lead to the infection of different diseases. Such a chronic infection condition is called AIDS while the initial phase is called HIV. After this basic information, we provide education on the modes of transmission.

# INTERVIEWER:

# During which visit do you provide HIV counselling like this?

# PARTICIPANT:

# It is provided during the first visit. We stamp them on their first visit to identify them and prevent them from coming back for a consultation.

# INTERVIEWER:

# As there are training courses for health workers, do you remember any training you have taken recently?

# PARTICIPANT:

# I received breastfeeding training in the beginning. But after 2072 B.S. [2015], we did not receive any training. I had a 7-day training on the prevention of mother-to-child transmission of HIV. I also had a 10-day training on breastfeeding, on how to feed a child.

# INTERVIEWER:

How long ago was this?

# PARTICIPANT:

# It has been about 8-9 years. After the earthquake, no programme was implemented. I also attended a two-day meeting with the Director of HIV/AIDS on the annual report of HIV activities in the last Ashad, before the implementation of the new budget. The report covered the number of HIV patients throughout Nepal and the programmes and activities implemented in this regard. I attended this meeting but did not receive any training on it.

# INTERVIEWER:

# As a health worker, how much training do you receive per year on HIV and other counselling?

# PARTICIPANT:

# There has been no training in this hospital recently.

# INTERVIEWER:

# As there is integrated blood screening for HIV, syphilis and hepatitis B, is there training on these topics for anyone? Can you recall anyone receiving such training?

# PARTICIPANT:

No, there is not.

# INTERVIEWER:

# Do you know what the protocols or guidelines are for this?

# PARTICIPANT:

# No, we don't know. I only give advice on HIV, how it is transmitted and what to do if it is transmitted. In the case of blood testing, I only fill in 3 forms as I mentioned before. I know which tests should be done routinely, such as the random blood sugar test (before or after a meal), the routine urine test, the haemoglobin test and the blood group test. These 5 tests are performed as part of the routine tests. Sometimes we also check whether the erythrocyte sedimentation rate is high or not and whether the patient needs deworming medication or not. This is also done by doctors. We are not allowed to do that.

# INTERVIEWER:

# During which visit is it done?

# PARTICIPANT:

It is done during the first visit.

# INTERVIEWER:

Is it during the third month or the beginning of the fourth one?

# PARTICIPANT:

Here, it is not specified.

# INTERVIEWER:

Which gestational week?

# PARTICIPANT:

No, it's not based on weeks of gestation. Here we test every time a pregnant woman comes to us. In case of suspicion, many other tests have to be performed, such as glucose challenge test (GCT), fasting blood glucose test, random blood glucose test, postprandial blood glucose test (PP), etc. If the random blood glucose level is high, a fasting blood glucose test should be performed. All this is done by doctors.

# But as a PMTCT counsellor, I put a tampon in and give counselling. Then I also advise them on what to do and not to do during pregnancy and its complications. I also advise them on breastfeeding and what to bring with them on their next visit to the hospital.

# INTERVIEWER:

# As there may be a large flow of patients, how long do patients have to wait for their turn?

# PARTICIPANT:

# They have to wait a long time. We open this counter at 9 am and we have a continuous service all day. Patients have to stay for many hours because they first have to take a ticket for 100 rupees. Then they are asked if they are pregnant or have other gynaecological problems. If they are pregnant, they get a yellow card. After that, they have to go and pay cash, where there is a long queue. It can even take a whole day to make the payment. After taking the card, they have to stand in line. Once they have been called into the queue, we take their height, weight and their history.

# INTERVIEWER:

# How much do they pay for it?

# PARTICIPANT:

They have to pay 360 rupees. After measuring their height, weight and blood pressure, they have to come here for counselling, which takes about 1 to 1.5 hours. It also takes a lot of time for counselling, which includes everything related to HIV and pregnancy. After this hour of counselling, they leave with this form, which I fill in. They go to the doctor, where they have to queue up again. The examination also takes a lot of time, because they also have to be examined properly with their hands. After the examination, they have to go to the counter again to pay.

# First, they have to go to the ticket office to get a ticket, then to the ticket office to pay for the yellow card and finally they have to go to C 15 for the ultrasound after the doctor's visit. After C 15, they have to pay cash again. Then they have to give blood and urine samples. Only after that, the process is finished. So it takes a long time.

# INTERVIEWER:

# For blood samples, do they have to bring the syringe themselves?

# PARTICIPANT:

# No, they don't need to bring the syringe with them. They just have to come after making the payment and we use the syringe from the lab itself.

# INTERVIEWER:

# As the process is long, do patients complain about difficulties, long waiting times, fees, etc.?

# PARTICIPANT:

No, they have not made any such complaints. We advise them not to do so and to be good mothers to their children and that it is only for their own good.

# Here we do not receive pregnancy cases from inside the valley who come to us after 27 weeks. As the delivery fees are much lower here than in other hospitals, people come here to deliver after having done their check-ups in other hospitals in the valley. So we don't accept those who visit us after 27 weeks.

# INTERVIEWER:

Is this the rule only in this hospital or in other hospitals too?

# PARTICIPANT:

# Other hospitals accept these cases for money. Doctors also get their share of the money.

# INTERVIEWER:

What about other public hospitals?

# PARTICIPANT:

# In Thapathali, there is no delivery charge. Instead, the patient gets money for delivery. So there is a huge crowd for delivery. Have you visited this place?

# INTERVIEWER:

Yes, I have.

# PARTICIPANT:

# But here, it's done in series. Patients come here for advice. We also have a big crowd here. Today alone I have already counselled about 10 to 15 patients, which is less than usual. Usually, I counsel 25 or 30 patients a day.

# INTERVIEWER:

# So you've already counselled 10 to 15 patients from this morning until now?

# PARTICIPANT:

# Yes, I did. Now I will again provide counselling from 4 p.m. to patients for private consultations. Before, I did not use to counsel patients in the evening. But since our paediatric doctor started working as an HIV coordinator, he held a meeting here and asked us to counsel paying patients in the evening as well, because many children are infected with HIV. He asked to provide HIV counselling to patients in the morning and evening. But HIV testing cannot be provided free of charge for evening patients as all staff have to be paid for the evening. The normal ticket in the morning is Rs 100 and the pregnancy ticket is Rs 360 while in the evening, the normal ticket is Rs 500 and the pregnancy ticket is Rs 460.

# INTERVIEWER:

# Let's talk about blood tests. Can all tests be performed with the same blood sample?

# PARTICIPANT:

Yes, they can be performed with the same sample.

# INTERVIEWER:

How many days does it take to get the results?

# PARTICIPANT:

It usually takes 1 to 3 days.

# INTERVIEWER:

So they need to come back to get the reports?

# PARTICIPANT:

Yes, they need to come back to get the reports.

# INTERVIEWER:

How long do they have to wait to get the reports?

# PARTICIPANT:

# There is only one window for reports from the whole hospital. It is counter number 13. There is a long queue at the counter. They have to wait in the queue.

# INTERVIEWER:

# Do they come directly to you after taking the reports?

# PARTICIPANT:

# We have a check-up protocol. For example, if they have a check-up on Sunday, they have to come back on Thursday. If the check-up is on Thursday, they have to come back on Sunday. Depending on the day of the check-up, you have to come back on specific days to show the reports, i.e. Friday for Monday, Thursday for Tuesday, Friday for Wednesday, and Sunday for Thursday, etc. They can also come back after a week to show the reports. They cannot come on any day. They can take the reports on any day, but they must follow the doctor's protocol and instructions for the visit to show the reports. If the reports do not need to be shown immediately, they can even come after a month or a week.

# INTERVIEWER:

It is not necessary to visit immediately after they get the report?

# PARTICIPANT:

No, it is not.

# INTERVIEWER:

How do they know if the reports are ready?

# PARTICIPANT:

# They are told when the reports will arrive at the time the samples are taken.

# INTERVIEWER:

# Are there cases of patients not agreeing to give a sample for blood tests?

# PARTICIPANT:

# No, there are not. Some even give the sample twice. They easily agree under these conditions. Once there was a similar case. I gave them the paper. I only wrote the name on one paper, not on the other. They went to pay the fees without going to the doctor. From there they went to give a blood sample. As there are also BN and BSc Nursing students here, they can also tell them anything. So the patients went to give a blood sample after a long queue. After that, they had to go to the doctor and give a blood sample again for the other tests mentioned in the other document. So they had to give the blood samples twice in a short time.

# INTERVIEWER:

# Did they not get angry?

# PARTICIPANT:

No, they did not get angry.

# INTERVIEWER:

Who do the pregnant women usually come to the hospital with?

# PARTICIPANT:

They usually come with their husbands. Some also come with their mothers or sisters.

# INTERVIEWER:

Do they come alone too?

# PARTICIPANT:

Yes, some patients come alone too. Especially those who do not have a joint family or whose husband is busy. Some even bring their child with them.

# INTERVIEWER:

# Do they know why their blood is being tested? Do they ask?

# PARTICIPANT:

# During counselling, we don't know what disease they have. So we advise them on everything, such as blood type and anaemia. In case of anaemia, it may be necessary to transfuse blood. Without blood and urine analysis, we cannot know what diseases they may have. That's why we advise them on everything. So they don't ask when we tell them to do a blood test.

# INTERVIEWER:

Do they also know about STIs?

# PARTICIPANT:

# Yes, we talk to them about HIV during counselling and explain that once a person is infected with HIV, it is a lifelong disease for both the husband and the wife. I also tell them about the risks and everything else. The virus is not transmitted just by looking at each other or sitting together. Once it enters the body, it doesn't show any effect for about 3 months. This is the phase we call the "Jhyali period" in Nepali and the "Window period" in English.

# INTERVIEWER:

Do you tell about Syphilis or hepatitis B in the counselling?

# PARTICIPANT:

# I usually tell them about HIV. There have been a few cases of hepatitis B here. It says HBsAg positive. We take precautions to treat these cases. As pregnant women have to undergo a pelvic examination on their first visit with an instrument, they are checked for STIs like syphilis, gonorrhoea, etc. If such infections are present, they are treated with special treatment. If such infections are present, they are then referred to dermatology, where more facilities are available.

# INTERVIEWER:

# But syphilis and hepatitis B are also tested as part of routine blood screening, as HIV counselling is provided to them, they may also be diagnosed as positive for hepatitis B or syphilis, are they counselled on these diseases before taking the blood test?

# PARTICIPANT:

I do not need to tell them about hepatitis B and syphilis. Doctors tell them about it.

# INTERVIEWER:

# Because HIV has been sufficiently publicised, even when we were children, there were television programmes and advertisements about HIV on the radio and television. There was enough awareness about HIV, its transmission and prevention. Do you think this could be the reason why HIV is prioritised in counselling over other diseases?

# PARTICIPANT:

# There are young girls born after 2057 or 2058 B.S. who did not know about this from radio or television. These educated girls know how HIV is transmitted. Here we have to test for HIV because we cannot know without the test. As it is hidden for 3 months after entering the body, we cannot know it. If we ask them, they all know about HIV and its transmission. Also, we have to test the antibodies for it. If it is positive, then we provide private counselling without revealing it to others.

# INTERVIEWER:

Is there any special HIV-related program in the hospital?

# PARTICIPANT:

# Yes, there is a special programme on HIV, such as the distribution of medicines for HIV patients by the Nepalese government.

# INTERVIEWER:

As there is a huge number of patients visiting here…

# PARTICIPANT:

There are around 300 to 400 patients every month only for counselling. In this month of Poush only, I provided counselling to 310 patients.

# INTERVIEWER:

# Apart from HIV, how many women come here with other STIs like syphilis, and hepatitis B as well? Or which of them has the highest number of positive results?

# PARTICIPANT:

# This year we have not received many cases. There were a few cases last year. Some even try to hide it and escape from us for fear of being publicly shamed. I always say that I will not reveal it in front of other people. I just inform them that I need to talk to them. It doesn't mean that they are infected with HIV. It can mean anything. So we meet the patients in this way. I tell them not to assume that they are HIV-positive just because of that. I may have wanted to talk to them for other reasons too.

# INTERVIEWER:

# So you have counselled many pregnant women with HIV?

# PARTICIPANT:

# I have counselled both HIV-infected and non-HIV-infected people, but I have not counselled many HIV-infected pregnant women.

# INTERVIEWER:

# How many do you think you have counselled?

# PARTICIPANT:

# I think after COVID I may have only counselled about 4 HIV patients.

# INTERVIEWER:

# It has not been that long since COVID. Are they counselled alone or with a family member such as their husband, sister or mother?

# PARTICIPANT:

# No, we do not keep anyone with them during the counselling.

# INTERVIEWER:

Not even their husband?

# PARTICIPANT:

# No, we do not. If we counsel the husband, he may deny it, overreact or even leave his wife behind. HIV used to be much more common, but it is less common now. There was a case where a husband committed suicide by hanging after learning that his wife was infected with HIV and had given birth to twins. People can easily give up when they hear about HIV. Some HIV-positive people can get angry and even threaten to pass the virus on to others. Such a case happened once in this hospital, causing a lot of disruption.

# INTERVIEWER:

# People who go to public hospitals are usually from the poor or middle economic class. Some HIV-positive patients may even be uneducated or less educated. How do they tell their husbands?

# PARTICIPANT:

# We are not aware of this. High-level patients have also come here, such as the wife of a hotel manager. In this case, the illness may have been caused by the manager himself. So he easily takes care of his wife's treatment and medication. But in the case of people of lower social status, they don't know what the medicines are or anything, because they don't even need to pay for them. In the case of high-class people, it is usually the husbands who transmit the disease, but in the case of low-class people, we don't know who causes it. Since they are not educated, they do not know about the disease and its transmission.

# INTERVIEWER:

# Is there any follow-up for a pregnant woman who comes to you with a positive result? Do you inform them of the measures to take to protect the child from HIV infection?

# PARTICIPANT:

# Yes, I teach them what to do to prevent the child from getting infected with HIV. But even if I give them PMTCT counselling, they get their drugs elsewhere, like in Thankot or Trishuli, some even come here when they don't get their drugs elsewhere. They take their medication and get counselling from me.

# INTERVIEWER:

Are the medicines easily available?

# PARTICIPANT:

# Yes, they are readily available and free. As they have to go to the labour room for delivery, there are nurses in the delivery room too. I don't need to go there. My job is to provide counselling to everyone who comes to see me. Not all patients get a blood test for HIV. After I send them for a blood test, they don't come to me, they go to the doctor. After the test, I don't have the opportunity to see them. I only meet the patient before the blood test. So I am not aware of the results of the test. I can only find out if they have a positive HIV report already diagnosed before.

# INTERVIEWER:

# Yes. Those who are diagnosed here go to the doctor. You advise them on the process.

# PARTICIPANT:

Yes, I counsel them about the process.

# INTERVIEWER:

What if they brought the report from somewhere else?

# PARTICIPANT:

# Even if they brought the report from another place, I have to advise those who have a pregnancy card from here without the stamp. I do not give advice to those who have a stamp on their card.

# INTERVIEWER:

# But do you know the positive results of this test?

# PARTICIPANT:

Yes, I know about them sometimes.

# This is the stamp that we put on the card. Once I have put this stamp, I don't need to counsel the patient again. I write his name, date and code number and send him to the doctor, where he gets his examination. After their examination, they bring the reports to the doctor. If the report is normal, the doctor tells them and they can go home. But if there is any disease, the doctor sends them to me, because I am the HIV counsellor. I tell them to meet me if they test positive. I can advise them on what to do to protect the child in terms of breastfeeding and so on. An HIV-positive result does not mean that they cannot have a baby. They don't have to worry about being insulted or discriminated against by doctors and nurses if they test positive. Even if they have a positive result, they will get private counselling. I don't need to tell their husbands because I don't know the nature of their husbands if they are in a bad mood or what their level of understanding is. So the patients have to tell their husbands themselves. We don't know anything about their husbands. If the patients remain silent, the husbands may not know what medication they are taking. Only if the husband is a doctor can he know. The patient can ask the doctor not to reveal it to her family members. Some cases must therefore be kept secret.

# INTERVIEWER:

# Hospital protocol requires privacy, but people may also have different views. In your experience, have you seen a difference in the behaviour of health workers towards HIV-infected pregnant women and those who are not?

# PARTICIPANT:

There should be no difference in their behaviour. So far I have not seen anything like that, but at the meeting, some health workers said that they were afraid to deal with HIV-positive patients in their work. But in front of me, they didn't accept it. So I heard that some health workers were saying such things about HIV-positive patients, but no health worker in this hospital has behaved in this way. Some health workers even want to change their job to avoid HIV-positive patients. I have not worked in the delivery room since 2050 or 2051 B.S. I worked there from 2042 B.S. At that time there was no HIV. After the disease has become more common, some practice caesarean sections and others natural childbirth, but they must not have cuts on their hands to avoid HIV infection.

# INTERVIEWER:

# How many patients do you treat who come here with a positive HIV result from elsewhere?

# PARTICIPANT:

# I had 2 or 4 patients who came to give birth with reports from another place. I asked them where they were taking their medication. They were sent to me privately and I told them that it was not a life-threatening disease and that they need not worry. They have to take their medication regularly. It's like diabetes. When the blood sugar level is high, the disease gets worse. Also in the case of HIV, if the antibody level is normal, the risk of transmission from mother to child is low. We cannot say for sure whether HIV can be transmitted from mother to child.

# INTERVIEWER:

# Do pregnant women panic when they hear it? People usually think that HIV infection means the end of their life.

# PARTICIPANT:

I have not met anyone who panics after finding out they are HIV positive. I met one person from Nuwakot who had two children at home and who told me that they were fine because they were taking their medication on time. They were Tamangs from Nuwakot. They agreed with this. They wanted to have more children. I have found one such patient so far.

# Another case was a person of high social standing. I asked her what her husband did. He was a hotel manager. As we know, some hoteliers do not have good character. He was like that. Both low-wage workers and high-society people do not have good character. The men who usually go to India to work abroad are the worst in terms of character. I once visited Doti, where people were infected with HIV in every house. As they had no family, the army had to take care of the burial. HIV was transmitted from husband to wife, mother to child and so on. Here, the situation is not like that. It's not so bad at the moment.

# INTERVIEWER:

# As you have been working for so many years, how long has it been since the introduction of integrated blood screening for STIs such as HIV, syphilis and hepatitis B during pregnancy? Has it been a long time or is it recent? What about routine testing during pregnancy?

# PARTICIPANT:

# This is a routine test during pregnancy. This was not the case before. It has been established for about 18 years.

# INTERVIEWER:

Has it been that long since the test was conducted according to protocol?

# PARTICIPANT:

# Yes, it has been 18 years. That's since the PMTCT programme was set up. It was around 2067-2068 B.S. when I was trained. Yes, it has been 17 years.

# INTERVIEWER:

Is it free of cost since the beginning?

# PARTICIPANT:

Yes.

# INTERVIEWER:

So you have got training on it 18 years ago?

# PARTICIPANT:

Yes.

# INTERVIEWER:

# What level of government provided the training?

# PARTICIPANT:

It was given by someone from HIV/AIDS.

# INTERVIEWER:

Was it only for HIV or also for syphilis and hepatitis B at that time? Do you remember this?

# PARTICIPANT:

# There was no test for hepatitis B but there was a test for HIV. It is now 17-18 years since testing began.

# INTERVIEWER:

# So there was a test for HIV but not for hepatitis B and syphilis. When were they linked to the HIV test?

# PARTICIPANT:

# Syphilis and Hepatitis B have been linked to HIV blood testing for about 12-15 years. There are cases of hepatitis B here too, but syphilis and gonorrhoea are detected by dermatology. If there is a skin disease, the doctors send them to dermatology. The screening is only done there. As it is a skin disease, it is also examined by a dermatologist.

# INTERVIEWER:

But it is part of the routine check-up in ANC, right?

# PARTICIPANT:

Yes.

# INTERVIEWER:

# At the time of our visit, there was a young male patient who was positive for hepatitis B. The doctors also gave him advice. Or maybe he was showing his mother's report.

# PARTICIPANT:

# Here too we wrote Hepatitis B in red ink but the patients don't understand. Then the doctors mark it on the card. Here it is written in red ink, which is easier for us to understand. Only yesterday we had a case of hepatitis B. So I don't need to write it down. So I don't need to tell them about hepatitis B. It's the doctor who tells them. Before throwing the paper away, the doctors advise them.

# INTERVIEWER:

So the doctor provides counselling?

# PARTICIPANT:

Yes.

# INTERVIEWER:

# During counselling, are they told about possible modes of transmission and prevention measures for syphilis and Hepatitis B?

# PARTICIPANT:

# All this is said by the doctors. I don't need to advise you about hepatitis B and syphilis. Sometimes hepatitis B can also be life-threatening.

# INTERVIEWER:

Yes, it can be. It is a very dangerous disease.

# PARTICIPANT:

Yes, it is dangerous.

# INTERVIEWER:

# It is said to be a routine test in all public hospitals. At Prasuti Griha, the director confirmed this and here too it is done. In private hospitals, they are done by taking a fee. It may not be done in the health posts. Outside the district also, is it done in the hospitals?

# PARTICIPANT:

# Yes, the test is done in hospitals but not in health posts. Those who cannot get service at health posts are tested in private or district hospitals.

# INTERVIEWER:

So patients are referred?

# PARTICIPANT:

No. If the patient goes for a blood test, the doctors give the ticket on the spot. This is done in all places except health posts. It is done in district hospitals and health posts with delivery centres. But there must be laboratory facilities available. Some laboratories do not have facilities and therefore cannot provide services. But the Nepalese government has been distributing the drugs free of charge in places with laboratory facilities.

# In reality, HIV testing is free but sometimes it is not available in hospitals. HIV testing and medication are actually free. Foreign governments have made it easy for the Nepalese government to do this.

# INTERVIEWER:

# The test is free for syphilis and hepatitis B too. So the drugs can be paid for?

# PARTICIPANT:

No, medicines are free of cost.

# INTERVIEWER:

For syphilis and hepatitis B too?

# PARTICIPANT:

# No, it is not. It is only free for HIV. You have to buy drugs for syphilis and hepatitis B.

# INTERVIEWER:

# So what do you think the cost is to the institution? Are the tests expensive for the institution? Including all the tests like haemoglobin, routine blood tests?

# PARTICIPANT:

# It is not expensive for this institution. It is about 1500.

# INTERVIEWER:

# So it's cheap for the institution?

# PARTICIPANT:

# For the institution, it may not be cheap. But routine tests are not expensive here. It costs about Rs. 1500 to do all the tests like HIV, RPR, urinalysis, blood test etc.

# INTERVIEWER:

Per patient?

# PARTICIPANT:

Yes, for one patient.

# INTERVIEWER:

# Does this mean that it is not free?

# PARTICIPANT:

No, it is not free. Of the Rs 360, they get a discount of Rs 300 if they attend HIV counselling. If they attend, their fees are reduced.

# INTERVIEWER:

# So they have to pay for the blood test and the screening?

# PARTICIPANT:

Yes, they have to pay all other charges. In Thapathali, delivery is free of cost up to 2500-2600. Here we charge separately for delivery. Similarly, there is a separate charge for the case of surgery.

# INTERVIEWER:

# Do they have to pay separately for the blood test and the urine test? Or do they have to pay in one go?

# PARTICIPANT:

# Payment is made in one lump sum.

# INTERVIEWER:

Does the test also include vitamin B12?

# PARTICIPANT:

# No, this is not the case. Thyroid and vitamin B12 are included in other tests. Here we prefer general tests like haemoglobin.

# INTERVIEWER:

# What is the cost of a blood test for haemoglobin, HIV, syphilis and hepatitis B? Can you tell us the exact cost?

# PARTICIPANT:

No, I can't tell that.

# INTERVIEWER:

The total test cost is about 1500 rupees, right?

# PARTICIPANT:

# Yes, it takes Rs. 1500 to do all the tests. I can ask the cashier for hepatitis B, haemoglobin and syphilis. We don't know how much patients come to pay. We would only know if we had paid for the same thing.

# INTERVIEWER:

# Do some people refuse to do tests because of a lack of money?

# PARTICIPANT:

# No, they don't say that. Nowadays, people have a lot of money. When they say they want to do tests elsewhere, I advise them to do the tests here to save money because tests are expensive elsewhere.

# INTERVIEWER:

Is it more expensive in private hospitals?

# PARTICIPANT:

# Yes, this is the case. People even bring test reports from private hospitals to this hospital. People are generally concerned about their health and safety, they don't care about money. Soon there will be a big crowd here after 4 pm. About 80 people come here to buy a ticket for Rs 500 and Rs 450 for a pregnancy ticket. That means Rs 950 is needed immediately just for the ticket. In addition, there is an extra charge for a blood test and a urine test as an extended service of the hospital. There is a separate charge. It is about Rs. 1400 to 1500 for the routine morning test. But if you pay, the fee is about 1000-1200 or more. Yet people come in large numbers.

# INTERVIEWER:

Do you think the test is important?

# PARTICIPANT:

Yes, it is very important. It can help to detect health conditions.

# INTERVIEWER:

In your opinion, which group of women are more infected with these STIs?

# PARTICIPANT:

# STIs tend to be more prevalent among workers, as they are usually alone. I think the prevalence among workers is higher in India than in Nepal. Workers here are also not aware of all this. They are away from home and their wives, so they can go to work anywhere and have relationships. This was also observed among the upper class people. But it is seen more among people who go to India to work for a long time.

# INTERVIEWER:

# What about anaemia? Hemoglobin deficiency can also be very common.

# PARTICIPANT:

Yes, it is also very common. It is present either in rich or high class people. We can detect the low levels of haemoglobin i.e., 6 or 7. In case of pregnant women, they are given folic acid and iron twice a day. We also keep counselling them about vitamins. They need to clean their fingernails properly. If haemoglobin is low, then blood transfusion needs to be done, which is not so good. Vegetarian patients may need to transfuse blood from non-vegetarians, specifically pork eaters. We tell them such things. If haemoglobin level is low in the test report, we have a separate doctor for haemoglobin. That is why it is not a problem for us. The doctor gives medicines to increase the haemoglobin level in the blood. We counsel them about proper diet. If their haemoglobin is low, doctors tell them to increase their iron intake. We tell them it is found in *chaku*, beetroot, pomegranate, etc.

# INTERVIEWER:

# Which group do you think has a high prevalence of this disease? According to our data, anaemia is very common in the Terai region, especially among women from the Madhesi community.

# PARTICIPANT:

# Yes. Previously there was a Madhesi woman who had a big hotel in Chakrapath, she had a very low haemoglobin level in her blood. She was not eating properly. She is also pregnant. Here we refer patients to expert doctors if there is anything abnormal in the report. If the thyroid levels are not normal in the report, then the patient is sent to the thyroid doctor. In small communities, all cases are handled by a nurse. My job is to provide advice on HIV. After that, the report is seen and evaluated by the doctor. If he brings me the report, I have to see it and keep it, positive or negative. If it is negative, I write NR, but if it is positive, I write “positive”. I then tell the patients to take medication from then on.

# INTERVIEWER:

That's all. If you have something to ask us, you can ask it. Or if there is something left, then you can tell us.