**Interview details**

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| Participant ID | HWKAP03 |
| Municipality | Kapilvastu |
| Health organisation | Public Hospital |
| Position | Nursing Officer |
| Years of experience | 7 |
| Years in current job | 6 |
| Start time | 11:30 |
| End time | 11:59 |
| Interviewer | Bibhu Thapaliya |
| Date of interview | 24/01/2023 |
| Name of transcriber | Merina Dahal |
| Name of translator | Merina Dahal |

**Background**

We went to visit the public hospital. The nursing staff we planned to meet was on quite busy working hours. She was willing to talk for about half an hour, so we had to be very precise with our conversation. The interview was conducted in her room while visitors were waiting outside. She provided undivided time until we finished our interview.

# INTERVIEWER:

Could you introduce yourself?

# PARTICIPANT:

I am from Kapilvastu district. I am working here for the last 6 years. When I arrived here for the first time, there was a district hospital in Kapilvastu but it was only 15 beds. There was low capacity and manpower. After gradually being upgraded, the hospital now has 50 beds. The patient flow also kept increasing due to the extension of the services. I started in the maternity department. There used to be 6 to 7 deliveries per day on average. At that time, the Prevention of Mother-to-Child Transmission (PMTCT) programme had just started but only at the district level, not at the local level. We were being oriented on the programme.

When we had ART services, the PMTCT program was already started. Serology was also there but not a lot of importance was given to it. PMTCT of HIV was considered important but not serology, VDRL or HBsAg [syphilis and hepatitis B tests]. With time, the demand for other tests also gradually increased. Gynaecologist doctors joined as specialists and their practices as well as the revised guidelines suggested that serology should not only include HIV testing but also syphilis and hepatitis B. VDRL and HBsAg were merged with HIV testing. Now, the ANC check-up package includes haematology, biochemistry and serology tests. The package also includes urine tests as infections can generate many problems and the risk of infection is high among mothers in this community.

In the beginning, the maternal and child health clinic was not part of the hospital, but later it became one and we mobilised our own staff. Previously, it was managed by the health department but now it is managed directly by the hospital. It is easier for us, we can directly contact the staff. Previously, they used to provide ANC services only once a week. Many pregnant women could not get the service, especially those who came from a long distance. They could not wait for the next day to get the service. Now, the maternal and child health service is open six days a week, except during public holidays. It has been gradually established. Firstly, they are contacted at 3 months of pregnancy and offered tests for anaemia and HIV.

# INTERVIEWER:

As you said, not a lot of importance has been given to it earlier. Are these changes done following any specific guidelines or policy changes?

# PARTICIPANT:

No, it was not due to any changes in policies. Previously, it was due to budget scarcity. But Kapilvastu district still has a high maternal mortality rate. We received advice from the community and organizations like yours so we tried to improve. A serology package has been included in the protocol.

# INTERVIEWER:

So this serology package includes all these three tests?

# PARTICIPANT:

Yes, it does.

# INTERVIEWER:

Is haemoglobin not included?

# PARTICIPANT:

The haemoglobin test is in a separate haematology test. Serology has only 3 tests.

# INTERVIEWER:

So it is included in the routine ANC?

# PARTICIPANT:

Yes.

# INTERVIEWER:

Is it done on the first visit?

# PARTICIPANT:

Yes, it is done on the first visit.

# INTERVIEWER:

From a single blood sample?

# PARTICIPANT:

Yes.

# INTERVIEWER:

As you said, it has not been implemented since a long time ago. Since how long do you think it has been implemented?

# PARTICIPANT:

The serology test? The number of yearly delivery cases increased from 1500 to 2000. We usually have the first contact with pregnant women during their third or fourth month of pregnancy. We perform serology tests on pregnant women every three months. If there are, on average, 2000 delivery cases every year, then we perform 2000 multiplied by 4 tests per year as the test is repeated four times during pregnancy. We perform a high number of tests per year, around 8000 tests. This is when we only considered pregnant women that gave birth here but there are many pregnant women that come for check-ups here but deliver elsewhere. Some are referred to other hospitals while some prefer the nearest hospital to their home. We don’t know the exact data.

# INTERVIEWER:

Can you tell me your exact position?

# PARTICIPANT:

I am the nursing officer.

# INTERVIEWER:

About your education?

# PARTICIPANT:

BSc Nursing.

# INTERVIEWER:

As a nursing officer, what are your roles in terms of dealing with patients?

# PARTICIPANT:

I usually have direct contact with the nursing staff not direct contact with patients. Nursing staff directly contacts me in case of emergency or problem with the patients, in case of complications or errors during their management or even if there is a lack of resources. In addition, we do not have all the skilled labour available. There may be problem regarding mobilization of the resources and manpower during shift management. I usually don't have direct contact with patients but I have all their information.

# INTERVIEWER:

So you have all the updates regarding patients’ information so your role is more supervisory?

# PARTICIPANT:

Yes.

# INTERVIEWER:

We observed HIV, syphilis and hepatitis B testing services in other health institutions. All these places do not have test services and some provide hepatitis C screening instead of hepatitis B. HIV is usually done everywhere.

# PARTICIPANT:

HIV test is covered by the PMTCT program thus it is usually done but not VDRL and HBsAg.

# INTERVIEWER:

Why some health institutions do not provide syphilis and hepatitis B services?

# PARTICIPANT:

The main reason is that peripheral hospitals have a limited budget. We do not have specialised services there, so the importance of these services is not known. Even if some places have specialized staff, there is a lack of resources. HIV test kits are usually available but not VDRL or hepatitis B kits. They are not funded by any program and we cannot afford them. HIV kits are available through extern funding. Each pregnant woman needs to be tested not just once but every three months so a large number of kits are required. Also, there are no lab facilities in peripheric health facilities. Some labs do not have staff while some do not have setups. That's why people are not aware of its importance and even if they are aware, it cannot be implemented.

# INTERVIEWER:

So you consider that testing is a costly process?

# PARTICIPANT:

Yes, because it is not available through external funding. Not HIV testing but hepatitis B and syphilis testing is costly.

# INTERVIEWER:

As we understand it, patients pay some fees for the tests.

# PARTICIPANT:

Yes, they have to pay where there is no service. Here we have included the service in the ANC package. So they don't have to pay here for serology.

# INTERVIEWER:

Is it the case in all hospitals?

# PARTICIPANT:

Because of the structure of the government, there is a problem of budget allocation. Our district hospital is in the province, but it depends on the municipality. It is ward number 2. People think that we are funded by the municipality, but this is not the case. All the funds come from the province. They send the funds to one place, which makes it easier for us to manage the budget from one account. Also, 3 birthing centres depend on the municipality. The budget comes in one time and has to be allocated in 3 parts. So there is usually a problem in managing the budget. Some birthing centres may have a large number of cases while others have very few or no cases. However, the budget is distributed equally, which creates a problem.

# INTERVIEWER:

As this is an important element for the province as well, are there any guidelines regarding the obligation to provide the service free of charge?

# PARTICIPANT:

The guidelines state that any ANC-related examination should be free of charge. The health facility may charge Rs. 2500 per case of normal delivery and therefore provide service based on this amount. Sometimes mothers may have complications and they need daily tests or advanced medicines, so the amount is not enough. So we set up a fund for the poor, which has helped us, but sometimes it can be challenging.

# INTERVIEWER:

How is it challenging?

# PARTICIPANT:

This is mainly a documentation problem. If a client cannot pay for the services, we need documents proving their poor economic condition. Without these documents, we cannot provide them with a free service, even if we want to. So this can be a challenge.

# INTERVIEWER:

For blood tests, how long does it take to get the results?

# PARTICIPANT:

It takes less than half an hour.

# INTERVIEWER:

Can you tell us about the process from their arrival at the ANC visit to the test reports?

# PARTICIPANT:

We open at 10 am. The patient has to take a ticket at the counter. The counter staff differentiate the ticket into zero billing and cost billing. Most of the time, mothers receive a ticket without billing. They get an IP number, which is entered for all labs, reports and ultrasounds. So they get all services for free. After getting the ticket, their priority is to meet the doctor, so there is a big crowd in our OPD so the doctors can see the patients but cannot keep the documentation. In this case, they are sent to the OPD counter from the counter, where the staff differentiate between cases to be sent to the doctor or the midwife. From there, patients are sent to doctors and midwives separately. The midwives carry out their examinations.

Now, WHO has suggested 8 visits while earlier it was 4 visits. Examinations and documentation are carried out according to these recommendations. In addition, women are encouraged to have an ANC check-up at their first visit. For the ultrasound, we use the anomaly scan which takes place before the second visit, around the 5th month. The first visit is at 4 months, where an ANC check-up is performed. For the ultrasound, they are sent after one month. Now, if we send them for blood tests, they have to go to the counter first and do a zero billing. Then they have to go to the lab and give the sample directly. After giving the sample, they can get a computerised report in half an hour. If there are a lot of people, it can take an hour for the reports to arrive.

# INTERVIEWER:

Do the pregnant women that come here know why the blood tests are performed?

# PARTICIPANT:

In this community, there is usually a mentality of getting blood tests to find out if they have a blood deficiency or not. Because of this mentality, they want to have their blood tested, which makes it easier for us too. They don't know the importance of serology. As there are not many educated people here, even if we explain it to them, they cannot really understand.

# INTERVIEWER:

Is there separate counselling regarding HIV?

# PARTICIPANT:

Yes, they receive counselling about STIs in our maternal and child health clinic.

# INTERVIEWER:

What do you mean by maternal and child health clinic?

# PARTICIPANT:

It is the clinic where the ANC check-up is done. When it is crowded or when a patient is in hurry or has a problem, we have HIV rapid tests we can perform.

# INTERVIEWER:

Do you think there is a low chance of acceptability among the patients if you tell them that blood testing is done to check STIs?

# PARTICIPANT:

Yes, there is a very low chance of acceptability in such cases. If we tell them about STIs, they don't even want to meet us again.

# INTERVIEWER:

Is it due to shame or fear?

# PARTICIPANT:

I think it may be due to shame. It is a male-dominated society. There are many cases of husbands that go abroad and come back HIV-positive and transmit the infection to their wives. But they do not reveal such things because of fear of shame or judgment by society.

# INTERVIEWER:

Can they tell you about their symptoms?

# PARTICIPANT:

Yes, they tell us about their symptoms but they want female doctors to talk about it. They hesitate to talk to male doctors. We have repeatedly treated STI cases here. They tell us about the symptoms only if they have no other choice and if they are really facing difficulties due to the STI.

# INTERVIEWER:

Do they wait till the condition becomes difficult or severe to share with you?

# PARTICIPANT:

Yes, they usually wait until such a condition becomes difficult. They first follow all the possible home remedies they can. If nothing works, then only they come to the hospital for help.

# INTERVIEWER:

Who accompanies pregnant women to ANC visits?

# PARTICIPANT:

They visit with a family member or alone. As women visiting us usually live nearby, they visit alone during their early pregnancy period. Others mostly visit with their mother or mother-in-law.

# INTERVIEWER:

Is the counselling provided only to the pregnant women or their family members too?

# PARTICIPANT:

We keep the family members too during counselling. But if the patient is not comfortable, then we separate them from the family members and provide counselling to the patient alone.

# INTERVIEWER:

So there are cases of patients not being comfortable?

# PARTICIPANT:

Yes.

# INTERVIEWER:

Why do you think it happens?

# PARTICIPANT:

Usually, they don't want to let their family members know about their personal relations with their husbands. If they are having repeated infections or lower abdominal pain during intercourse, they can't share such things in front of their mother-in-law. The mother-in-law may try to normalize the problems and demoralize the patients by not giving importance to their problems. So, if the patient is not comfortable, we provide counselling alone.

# INTERVIEWER:

Is there any protocol regarding the consent of the patient before blood screening?

# PARTICIPANT:

No, there is no such protocol. We only take verbal consent.

# INTERVIEWER:

As you have to deal with patients from different communities, you may have to face many challenges. Have there been cases of patients refusing blood testing or getting angry or uncomfortable after being diagnosed with STIs?

# PARTICIPANT:

There are no cases of refusal of blood testing as it is free of cost. But regarding HIV, sometimes patients do not accept HIV-positive results. They go through stages of denial. But before starting treatment, they usually tell us that they need to take advice from their family. Some cases do not even come back because of this. They can get treatment in other places. But, most often they don't have difficulty getting treatment.

# INTERVIEWER:

Do you think it is good to involve only women in blood screening or should their husbands also be tested?

# PARTICIPANT:

No, it is not good to involve only women in blood screening because both of them may be infected. Some research has shown that men are mainly infected and that the infection can be recessive and show symptoms in women. So it is good to perform blood screening in both of them and treat them both if tested positive.

# INTERVIEWER:

Is there any mandatory process to test the husband of a pregnant woman for STIs?

# PARTICIPANT:

No, there is no such protocol. We are only performing the screening of pregnant women, but not their husbands.

# INTERVIEWER:

As it is not only related to women but their partners and children too, is it feasible to test the husbands too for STIs during that phase?

# PARTICIPANT:

It's not that it is not feasible as the concept of pre-conception counselling has been gaining attention. But, in our society, all pregnancies are not planned. In general, planning begins after knowledge of the pregnancy with regard to folic acid supplementation or other treatment. Preconception planning has not started here. It would have helped in screening both parents. It would be better if screening both parents comes along with preconception counselling. It would lead to the good health of both mother and child. But in this society, sudden unplanned pregnancies are common. Also, it is common for the husbands to go abroad after the wife is pregnant and come back after the delivery as it is considered bad to have intercourses during pregnancy. It might be easier to explain it to people and implement it if people were educated.

# INTERVIEWER:

As it is a societal issue, how costly do you think it would be to implement it at the institutional level? Can the screening of husbands be done free of cost?

# PARTICIPANT:

No, we can't do it for free because we also need to follow the guidelines. If both partners’ screening program is put in the guidelines then it can be done. If males are involved, then expenses are doubled. We can only do it if a sufficient fund is provided. Also, more manpower will be required for this.

# INTERVIEWER:

As it is a sensitive topic, it is difficult to make people understand it. As health workers are also people, they may also have their own fears. Do you find any differences in the attitude of health workers towards STI-infected women? What is the tendency among health workers in health posts or in hospitals about fear of transmission from the patients?

# PARTICIPANT:

We haven't felt differences but we may feel the need to increase safety measures because even if we have worked for a long time in this field, we don't know much about the safety measures. If a mother with HIV, syphilis or hepatitis B visits us, then we increase protection such as wearing double gloves or double masks. There may not be negative behaviour towards the patients but as health workers, we have some fears while providing the service to them.