

APPENDIX 3

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APPENDIX 3.A - DR. DHARMA SUBEDI, MANMOHAN HOSPITAL

Dr. Dharma Datta Subedi, gynecologist at Manmohan Hospital

We explain to them all the mechanisms and how it works, and then they go home and think about it for two days, and then they come. Okay, so they go home and think before they come back and decide? Yes, they discuss with family and husband. Is it not normal for the woman to make decision alone? Yes it is, some city women come and say they want this. Is it mostly married or unmarried? Exclusively married women, mostly married women, very few are not married. Is it before the first pregnancy or after? After the first. The first or the second. What is the average age of the women coming here for contraception? Usually around 20, some of them also ... If they come before the first pregnancy, are there any particular reasons for this? Yes, because some marry very early, like 18/19, even though our law doesn't allowed it. They are in the school, or they work. They marry, but they don't want children. Who usually decides that the woman should have contraception if they marry that early? Usually the couple. Another thing I would like to highlight is that in Nepal, if the woman is pregnant either married or unmarried, up to twelve weeks, abortion is legal. Even a married girl can come to me and we can remove the fetus Is this normal, like how frequently does this happen? For married or unmarried women, it is busy nowadays? Both. Everyday we have 5-10 persons. Is there more of married or more unmarried women? Of course married. Even for the abortion? Yes, first time pregnant, then they can be here What are the usual reasons for abortion? (hør på 03.35) they are student, mistake/did not plan, young women. If unmarried, they may be afraid ... (hør på 04.00) they think it is wisely. How much does it cost to come here for abortion? (hør på 04.15) First time they ... ticket there's three rupis, one dollar. Then they come here, then we do some bla bla... then we do ultrasound ... to see what is inside the uterus, or outside ... For medicine, up to 9 weeks, we can ... For that the husband ... And then after nine weeks? We do scraping. And how much is that? We can do local, local means we, for surgical reason, we can give painkiller by injection. It is very cheap. At some centers maybe free also. And some centers more expensive? Some private does 5000-6000. And if it is not for abortion, they just come for pregnancy checkups as well, is that here? Yes. And how many checkups do you recommend? I recommend four times, but it is not like that. First we see her when she is pregnant, usually she comes here, and then every month, and in 20 weeks (18-22 weeks), we advice them for (hør på 06.19) ... and ... means that we can see the rest of the fetus inside. Something we did three days back in a hospital, she was diagnosed as bighead, then we terminate the baby. Then after that she has to continue and take some tablets, and we give two doses of injections DT previously we gave her TT (hør på 07.15) ... now ... and after that, we call them after two weeks and after 37 days we call every week. So you call them? They come in every week or you call? (hør på 07.49) water breaking, if she has fever ... write everything everytime. If the mother has symptoms, she can read and see ok come in. Yes, everytime.. Normally we see them four times. First time, then five months, then 37 weeks then when ... (hør på 08.48) Government policy.. And if I was pregnant, would I come only to you for checkup, or would I come to you the first time and then next time go to another doctor? Any doctor. Because we are four. Dr Meenu is one ... , we three are foster... and ... its rotation. One day is mine, one day is hers. To see the patient also, it is a mix. Do the women come in here alone, or with their husband, or family or friends? Yes, she

is allowed to bring only one. (hør på 10.08) .. Why is the man not allowed with the mother? Tradition is really important here, but legally they can. I remember once I was in teaching hospital, one husband ... (hør på 10.48) ... You have talked to some patients already? Yes we talked to some patients as well. If they come here for checkup, and you see/suspect miscarriage, what is the procedure then? It depends, like some come here with severe pain, some come here with ... (hør på 11.50) pulse is very high ... is big ... Or some cases, normally they come here, and we see the fetus activity, and we'll give some tablet, and are waiting for the abortion. And after four-five days we see if everything is gone. It varies a lot because sometimes it is very big ... sometimes induced ... (hør på 12.55) ... Have you had cases of women who try to do abortion themselves at home? No, but they take medicine. It is very common. And is it more common among younger age or higher age? Both. (hør på 13.33) ... It is very hard these days because previously this medicine was ... now in every pharmacy or medical shop is selling the pill for abortion. They buy it there, and they come here only when there is complication. They are bleeding or things are not going properly, then they come here. Is that up to 9 weeks, they can find the pill at any pharmacy? No, they give medicine without proper investigation. (hør på 14.30) ... Someone starts in 15 weeks ... Is that a problem? Yes, that is a big problem. It will work if ... (hør på 14.55) ... And does this happen in any part of the country as well? Yes, mostly throughout the country. Do you have many cases like that, that because they take the medicine themselves, they come here? Yes, they come here. Is that the most common miscarriage case? Yes, the most common miscarriage case. Do the women not have knowledge then on what it can do and how important it is to check- do they not know before? Yes, that is ... (16.06) contraceptives can be ... That is different from Norway. In pharmacy you can only buy the pill for one or two days after (emergency contraception), and after that you have to go to the doctor. And then to get the pill you have to get prescription from doctor, you cannot buy it. That would be great here! Are there other challenges you see with maternal women? The main challenge is that Nepalese women has to take care of the whole family. She is the only one who has to cook, even though she works. Like my wife, she works very hard. She goes to office and she makes a lot of money, when she go back home, everyone is waiting her. (hør på 17.28) ... even like the husband's sister is there, she also wait for the wife to come home. Even her family people, they don't worry about her health. If she is entering the hospital ... (hør på 18.22) many problems, she comes to the hospital with bloodloss, pain, only after that the family will pay for her. And after the delivery, does she have to work immediately? Not like before. They want to improve it, but they still.. (hør på 18.54) ... And how much do Nepalese women know about their reproductive health? You mentioned contraception they don't know so much, but about hygiene- how is the knowledge? No, now the government is doing a lot to educate through Radio, television, school. General information on basic knowledge. I have seen a case with a women who has 10 children, I asked why she has such a huge number of women. They had no contraceptive facility. Can you then recommend contraceptives for her? I did some investigations because women who have so many children, chances of survival (hør på 20.20) is (not?) very high. With cancer and so on. We find in here, so many cancer cases (på på 20.30) ... Many children at a very young age. How often should women come and check for cancer? Mostly because ... vaccine. Government is not yet providing that. Today, any lady who had one child we tell them to have a checkup frequently. How frequent? At least once, if any suspicion then every 6 month, otherwise one to two years. And then they come back for a new checkup? Now I have two cases where I was suspicious, so (hør på 21.45) ... And do women know about cancer? Yes, I have counselled them... And in general, do Nepalese women know that they should check for cancer? (hør på 22.13) in city areas yes, but not in remote ... How often? Generally after 13-14 years ... but remote parts... uterin prolapse case... every year we are doing about 40-60. They married at a very young age, had many children, just after delivery they have to carry heavy. Is that also in the city, or more in the villages? Outside the city. Does this hospital have any Health Posts outside in rural areas? Yes, we have one in [Parbit?] outside of Kathmandu, and some remote parts of [Tad?]. Are they free, or also semi-private like the hospital. This hospital is on community basis. it is not private. This hospital is what we call money from the public. One man 1000 dollars. So everyone in the community? Yes, who is interested. Now 3 000 people pay 1 000 dollar, so 300 000 dollar maybe [24.25] ... Then we give the responsible some guarantee back from the hospital. Does most women have health insurance when they come here? Yes, usually city women. Our hospital is for medium and poor class people come here. Severe pain, and severe bleeding- husband brings them here. And if they have health insurance, do they pay more? Yes, our government have started an insurance system very recently these days....

APPENDIX 3.B - DR. MEENU, MANMOHAN HOSPITAL

Gynechologist Dr. Meenu

How often does women come for post-partum checkup?

Usually if there is any problem, we call them in after a week, otherwise after six weeks (normal delivery). Ok, and you call? No, we do it in advance (agree on the time they should come back). Ok, so they come in six weeks after? Yes, six weeks after! And do they come in only one time? Yes, and at that time we give them information about contraceptives also. And how many women come back? After six weeks, most of the patients vanish, we don't see them. Because I told you- lack of awareness and education. Education level is very low, that's why it is very difficult. We call them, but they don't come. More than 75%. And also maybe they come from far away, and there is a lack of transportation, socioeconomic problem, and also most of the ladies in Nepal are from joint family, and if they are younger ones, they have to ask the elder ones that doesn't want them to go to the hospital. Do you know why they don't want them to go to the hospital? Usually, they are not aware of the. Previously, our great grandparents time, there was no hospitals, they delivered at home. This time also, they think it is a natural process, the younger ones can do the same. You mentioned socio economic problems, what types of problems would that be? Ah, that is mostly that they are very poor. They cannot come from far away, they cannot afford the transportation. Living outside the city- it is very expensive for them. And usually in those cases, if there are any health problems, they go to the Health Posts in the villages. And do they have enough knowledge in the Health Posts to treat the women? Hopefully, maybe, but in some, remote areas I don't think so. Are there medical staff/doctors at the Health Posts? No, there are health assistants, they come from a health background. They are from ...doctors, and also midwife, nurses. But the resources there are very poor. So what resources are they lacking? It is so many things, no equipment- they can do nothing, just the normal things. If something happens during delivery or before, what happens then? They are from far remote places where they have to travel for 2-3 days to come to the city. And they carry them in a bag. They want to deliver at home. If it is impossible, they try it with the midwifery or some other helpers. If they can they carry their wife in a bag- this is called a doko in Nepali, and they transport from remote area to the city. They carry the women in the bag? Yes, in their bag into the car. It is very difficult due to the geographical situation. Lots of difficulties with maternal health. I think the most important thing is the illiteracy and lack of education. Do you have any idea of how it could be good to reach the women with the knowledge? Nowadays maybe NGOs are working to help with that and they give programs. They are helping, but it is not sufficient. And though they know the problem, they lack the money. In that way there is a funding program, where they deliver you, and they pay them back for the transportation. Free deliveries. Do you know the name of any of the organizations working with literacy and information/knowledge? No, I can search it up. We can do that, thank you! And the women who come here? Usually the women who come here, come from nearby the hospital. Do they often have some education or sometimes no education? Approximately 50-50. If they come from the nearby they are a little educated, but not much. The education is very poor in Nepal. If they are from the village area/remote area- no education. Most of the girls or women who come here for delivery and pregnancy are housewives. More than 50% of them, I think, have education below 10th grade. And those

who have had sexual and/or reproductive education, what have they learned and what have they not learned in school? In school, actually in government school I think it is in grade 9 or 10, they have some education, but it is not sufficient. In other schools, private schools here in Kathmandu, they have the sex/reproductive education. We heard two of the patients say a little bit about family planning/education, that they have some workshops on family planning. Is that normal for Nepalese women to have had such planning- and how to use a condom ect? Yes, yes, yes, it is very important. They don't even know how to use family planning. Many don't know. That's why UNFPA are working on it (family planning). The other doctor said it is often the married women who come after pregnancy for contraception, so if we understood it right, it is not so common to come for contraception before the first pregnancy? Yes, it is like this. If the women are education nowadays, they come here before pregnancy. There are certain groups of people who come that are educated. The majority of the people who come in our hospital they are not much educated, so they don't know much. The first pregnancy and also before planning the pregnancy, they don't know. If they come, then we teach them what to do, how it will be good. What kind of things do you teach them? Usually how many years between the babies are good for them, and all about the contraceptive devices, methods of contraceptives they can use, the pros and cons with them. What is the most common contraceptive method here? Usually it is implantation, they use they prefer injectables once every three months. And then they come back every three months? Yes. Do you sometimes have cases where a woman does not decide at all? Usually they don't decide. But we give them options, all the pros and cons and they choose. So it is their families who decide if they should use contraceptive methods? Yes, and the husband. Do you sometimes have women who do it in secret, who don't tell their husband? No, most of them tell their husband. Here in Nepal, usually they take the opinion of husband. First comes the husbands opinion, then his family before the woman. That's very much different from the western world. I would say it is all due to the lack of education. Women are not educated. And even if the woman has education, but the family does not, it is still the husband or family who decide? Yes, they can convince them. It's up to them. Is the woman usually okay with the husband deciding? They are okay, most of them. So it's not like they want to do something else? Very few who are educated and who know a lot about the maternal decide themselves, and they convince their husband and family, but the majority are okay with the others deciding. Have you been to remote areas out of Kathmandu? No, but we want to go because we've heard that that is where most issues are. Yes, the issues are in the remote areas, because in Kathmandu, more or less, they are having good services. but in the remote areas it is hard, and more complicated. Do you have any places nearby that you would recommend us to go? Anywhere, you can go to Pokhara, and find Health Posts close by. Is there anywhere else, other than Health Posts we should look into? Nowadays there are district hospitals and different kinds of hospitals. You can go there and see the difference between them and the hospitals here in Kathmandu. Vast difference. Have you been to different hospitals and Health Posts? Yes, previously. In many places in Gorka, Pokhara, many places. It is very difficult compared to Kathmandu. How many hospitals have you visited? This is the first with interviews. We will hopefully go to Patan hospital. It is a different story there. And also in the maternity if you go there. I worked there. What are the big differences? Lots of patient flow- all the time, they are so busy. Do you know why it is that big of a difference? Because the government is funding it, free delivery. Sometimes lack of bed in the emergency room. Also, if you go to the district hospital, you'll see the difference. How much does tradition influence

the maternal stages and the decisions and what they do, and in what ways? Very much! Sometimes, usually they don't come to the hospital also, because of their great grandparents delivered at home, they think it's a natural process, they can do the same. And some also maybe religious issues there. What kinds of religious issues? Usually menstruation in remote areas. They are isolated during the period because they are looked upon as unclean. Is that common? Because we read a little bit about it, that it is mostly in the western part of Nepal, but is it more common than it seems/what they write? Actually, in Kathmandu also in more educated people also, due to their religion, for four/five days, they are not allowed to go to the kitchen, due to religion. It is common even in Kathmandu, because they are seen as unclean. And in the western part as you say, they are not supposed to be inside the house. The women has to go to a nearby cowshed or something. They give them food and provide them with everything. After four/five days, they take a bath, and after that often they go inside the house. Is that also happening to women who have given birth? Yes, after giving birth there is a tradition something like that. Mostly in the western part, but also in Kathmandu. But they live inside the house with food and everything, they just don't go to the kitchen or praying room. And is the food they get nutritious enough? Yes, the food is ok, depending on the caste, different people, religions, geographic, they get the food. Not all the nutritious food, but they do get sufficient. Are they seen as untouchables under the menstruation? Yes, during the menstruation and during the few days after delivery. So nobody can touch them? No they can, but they can't go in the kitchen and praying area. And can the family care for them? Yes, its ok for after delivery they care then, but during menstruation, usually they touch but hmm.. If we were to focus more on education and information sharing, what type of information do you think would be important for us to focus on? Regarding maternal health (what type of knowledge would be useful for them?). They have to know more about the physiological process, how it works. And what are the measures- is it ok to touch untouchability, or not? What do you mean by untouchability? Like going to the kitchen during the period and after giving birth, so knowledge on all this- like it doesn't matter. And not only the knowledge to the women, I think. The knowledge to the family members. I think the family members are the most important. So the people around her? Yes, because we have to give the knowledge to them- to let them know they have to take care of the lady. I think that's very important. What kind of family members should be given this knowledge? Usually the parents, and mostly the husbands and inlaws. Because they are in the joint family, and they are the ones deciding. Educate the family of the lady is very important. During the pregnancy- are there things of knowledge that are lacking? They don't know how to take care of themselves. What are the nutritious food, what are the measures they have to take. they don't know. And does the family know? Some health post workers and midwifery give the knowledge of what are the measures they need to do. There are people helping the women in the remote areas too. Is the family usually listening to these advice? They listen, but I don't think they always apply. They are living in the same tradition- it is the most important for them. What do you think it would take to change their tradition? It's very difficult to change tradition, but we have to give the input day-by-day. Little by little. Through what information channels is it important to give this input? Television. Nowadays there are some televisions in remote areas as well, or something like informative films we can show them. Most people cannot read, so we have to show them with posters and the Television is the best, and also the radio (if they don't have the television). We know that the caste system is illegal, but do you see differences/ do different caste come here? It is illegal, but still there in social life. Does women from all caste come to this hospital? Yes, all caste come here. from the remote areas as well, usually they go to the healthpost for the nine months, and at the time for delivery, they come to the hospital. Because the people there convince them to go to the hospital to get the good service and get a healthy baby and mother, they have to go, they share the knowledge. Also the dalits come. Here, everyone comes. In the hospital there is no caste discrimination. There is a lot of social discrimination.

APPENDIX 3.C - NURSE AND MIDWIFE IN CHARGE , MANMOHAN HOSPITAL

11. februar, Manmohan Hospital, Gynea ward.

Notes from interview with nurse/midwife in charge of ward

Process: When a pregnant woman comes in, and is about to give birth they first welcome her and give information about the facilities?

Labour - examine baby?

1-2 patients per day. 20-25 pr month.

If they have complications in pregnancy they come here. E.g vomiting, miscarriage,

1400 rps per day. Depends on what kind of delivery? Vaginal etc. They only do normal delivery? Economical issues, challenges?

Caesarean section if necessary, baby separated from mother 24h. if it is needed.

Normal delivery: cleaning. Tell the mother about the procedures and what it going to happen. Explain pushing and breathing techniques. Check if the cord is around the baby's head or not. **Give the baby to the mother immediately?** I incubator (kuvøse) if needed. IM intramuscular is used. (regner med de mener at man gir smertestillende intramuskulært?)

Cleaning the baby. (not bathing it, just wiping it off). Clean the cord, with chlorhexidine. Give uterus massage, for rest of morkake to come out. Men not allowed in here. They use glows?

Most of the women do not feel very comfortable, they are often shy and nervous. The nurses say that when they explain why they are doing it, and what they are going to do, the women become more calm and relaxed, and then it is okay. For example check the opening.

After delivery, they check the baby, dry-off and stimulate. Then put clothes on it, Nepali clothes, cultural dress. Also provides clothes for the mother? Panties..?

Breastfeeding is usually within one hour. Give advice of the benefits of breastfeeding. Stay at the postnatal ward for 24h before they go home. Sometimes they stay longer if needed. Maximum 1 day.

If the baby is having complications, then it is sent to the nursery ward. Mother are not allowed in there, but she can come for visit. Baby stay for up till 5 days. Mother sleeps in a different place in the hospital, and she can stay for free. Father sometimes allowed to visit, depends on case. Can not stay for free?

Can provide free medicine if needed, if the patients can't afford to buy it themselves.

The women are allowed to scream during delivery, but the are being told to do it quietly so they don't disturb or scare the other patients... Postnatal mother stay with baby, have a little bad for the babies to sleep in. Stay there only for 24h.

APPENDIX 3.D - YOUNG WOMAN WITH MISCARRIAGE, MANMOHAN

11. februar Manmohan Hospital . Gynea ward

Notes from interview

About: First pregnancy. Three months miscarriage. 20 years old. Married for one year. Arranged marriage. Her husband lives and works in Qatar for 1-2 years. She is Muslim. She has +2 level of education. High level of education? Lives with her parents in-law, at their place. But goes once a month to visit her family in her home village. Nurwaku?

Pregnancy: found out that she was pregnant by taking a test. Then she was very happy, but now she is so sad because of the miscarriage. She first told her husband about the pregnancy, and then went to the hospital. She checked first at a healthpost that is 22km away from the hospital. First check-up at the hospital after one month. On the first check-up on the hospital she got an injection. The hospital told her to come back in three months.

Hospital: She is now staying on the hospital until "it's clear". Miscarriage, so have to clean out all the blood. She visited the healthpost and they told her to go to the hospital, and that there was a good one in Kathmandu. Went to this hospital because she heard it was good. Heard it from relatives. It is her first time being in the hospital. She thinks it is quite boring...

She gets medicines to clear the blood that remains, and the process hurts. She has some pains, but overall in good shape. Her mother-in-law sleeps at the hospital, and her father stays there for visit and sleeps at the house of some relatives.

Experiences: Her mother-in-law has been through the same three times. She thinks it is very emotional. Was at first very happy to be pregnant, and then very sad when she found out there will be no baby. She heard that it is quite normal to have miscarriages, and knows that friends have been through the same. It makes her stronger she says. Curod? Name of the process. Clear out the blood, so she have to stay at the hospital until everything is out. Then she can go home again. Looking forward to go home.

Information: She usually works as a shopkeeper. When she became pregnant she did not lift as heavy as before, and unvoided lifting in general. Her mother-in-law gives most of the information, and she also talks to friends and family. She knows things like, to not lift heavy things, eat fruit, drink water, egg, meat. NOT honey or papaya. The family members bring food to the hospital for her to eat.

She has some information from school, learned the most there? Learn how it works, how to get pregnant, how to take care of the baby, and what could happen e.g miscarriage. They also have workshops and some arrangements on school, and she participates a lot. They also have books that they read about pregnancy etc, and different kind of training programs. How to make a baby plan, how to take care of the baby after birth etc.

Medicines: Nurses tell what medicine they need, and then the family buys/gets it at the pharmacy.

Family planning: "The plan was unsuccessful. I hope it will be successful later..." Tried the plan, she and her husband wanted to get a baby. She got pregnant, and then her husband went to Qatar for work. He will probably come back in one year, and hopefully they will try again to have a baby.

Healthpost: Usually people deliver at the healthpost, this is governmental, and therefore everything is free. Also good facilities. At the hospital it is not free, it is expensive she says. But her family wanted her to go there, and they think it is worth it.

Social life: She talks to her friends about pregnancy and sex. They give each other advice. Tell each other stories. Do talk to her friends about everything but not her family. Friends from her original place, village. Meet them once a month, and if not they talk on social media/internet. Facebook, messenger, e-mail.

Feelings: Feels like she is being taken care of. Feels safe. She says that right now: "I feel to much good", referring to having this conversation with us. Before it was all boring, not much happened. She feels happy by talking to us. Before she came to the hospital she felt fear, was afraid of losing the baby. She was only hoping for the baby to be saved. She says that she went to the healthpost, and they were also not sure - just a little blood could be dangerous, so they sent her to the hospital to be sure.

Healthpost vs Hospital Also likes the healthpost, hospital is bigger.

APPENDIX 3.E - YOUNG WOMAN, 9 WEEKS PREGNANT, MANMOHAN

11.februar Manmohan Hospital, Gynea ward

Notes from interview

About: 23 y/o. +2 level education. First pregnancy, pregnant in the 9th week. Married for 4 and ½ years. She lives with her husband, only the two of them. Lives nearby the hospital in Kathmandu. Met her husband in facebook, he is from Chitwan. They skyped and chatted, and met after 1 and ½ year. Then they married, only the two of them knowing. Told the parents after, and got accepted.

She heard from her brother that this was a good hospital, and therefore she choose to come here.

Pregnancy: She took a test, and found out that she was pregnant. Did not have any symptoms before she found out that she was pregnant? She went to a healthpost, another place near where she lives. There she got folic acid for the baby to grow. She began vomiting a lot after some weeks. 1-6th week was good, and then she started vomiting. Kept on vomiting, and sometimes even blood came up. Then she went to the hospital to check. Had 2 check-ups before she came to the hospital. She felt that the check-ups were good. She has been vomiting a lot, and eating almost nothing. Because of this she gets nutrition? and medicine intravenous. And also acetone

She is working, in a office? And when she found out about the pregnancy, she stopped working. After some time she did not feel really well so she stayed home. Needed to rest, not feeling well.

Information: She says she knew something from before, mostly by reading books. Had some education at school, sexual education, reproductive health etc. Found that very useful. She is learning a little every day that goes by. Learning new things she did not know before.

Family planning: she is not using any contraception. Used her cycle to plan for not getting pregnant, and when to get pregnant. Uses cycle as "contraception". Even though she has been married for over four years, this is her first pregnancy. She did not want to get pregnant too young, eg at the age of 18. They waited until now, and planned for having a baby.

Education: She stopped school when she got married. That was her husband's decision. She wanted to continue school, but he did not let her. She listens to what he says, and he decides.

What she knows about pregnancy/motherhood: Knows that she has to take care, rest a lot. Not stress, and also eat. Especially since she is vomiting a lot, it is important to give the body food she says. Not to drink alcohol, not eat papaya, pomegranate, Learned a lot of reading books.

Social life: Does not talk with her friends. She does not talk to them about private stuff. Not her family either. She is also the first of her friends to get pregnant, so might be a reason for

why they are not sharing these kinds of experiences. Seems like she is not talking to many people about private things, and that this is something she keeps to herself.

Feelings: She is feeling nervous. Do not know too much of what will come. She does not know what will happen to the body, and what will happen after delivery. She want to deliver at the hospital. Might be nervous because she does not know too much, and that this stresses her.

Finding information: She search for information on internet, and this way finds out of what will happen. Says she wants to look up clips on youtube to get the proper knowledge and learn more. Knows that breastfeeding is important, it is important for the baby, but does not know anything more.

Challenge: working a lot. It is not easy to work so much... This makes her scared for having a miscarriage. Usually she does housework for long days. There is no days off. She is doing everything at home.

She feels that the information at the hospital is okay. They tell her what to do, and she does that. (Seems like she does not know too much of what they are "doing to her", she only follows?), but feels like she is being taken care of. Sometimes she is able to do what the doctor advised her to do, e.g rest, not lifting heavy, but mostly she finds this a bit difficult as she has to take care of the home. She is also often home alone, as her husband spends a lot of time working. Says that the husband is caring, he sometimes helps with housework, and takes care of here.

APPENDIX 3.F - KAMLA BISHT, NORWEGIAN EMBASSY

Kamla Bisht

Senior Advisor, Political and Social Development

Who you can contact in other organizations, I can give you the phone number and all the contact details, and I have already talked to one person and asked her if she is available and she was asking me for when you all are here. Because she is going away next week will be back only on Friday. So then she said if they are here till that time, I can meet them, and if not I will tell one of my colleagues from Save the Children. Because Save the Children does have a big program on health. And the other organization I thought of was UNFPA, because they are specifically focusing on health issues, especially reproductive health as well as maternity mortality, so that will be interesting to meet. I was thinking of safe motherhood, but I'm not able to contact the person (came yesterday from field visit, today pile of work at office, not able to contact the relevant person), but Save the Children she has told me that if you all can wait till next Friday, then she can meet you. With UNFPA I just sent a message and waiting for the reply. **And safe motherhood, is that an NGO or a governmental program? It's a network of organizations working on health issues.** Right now I received a phone call, and the person working there, I'll see if I can get that person also. UNFPA is right next to here. Save the Children is very far away from here (trying to get in contact with a person from Save the Children who is working on health issues). I think 11 on Friday will be good. And I'll just call Chitra if she is there, she is a doctor and knows a lot of health issues, so it should be interesting to meet her. UNFPA will be very good to get information from, it is a multilateral, Save the Children is a NGO, and if you also talk to someone from Safe Motherhood, then you'll get an overall view. I think Dr. Chitra was involved in safe motherhood network.

Regarding the embassy, let me tell you- we work in three sectors.

- One is the energy in which we have programs with ATB? especially for the transmission lines, as well as some program on alternative energy promotion. For example biogas and improved cooking stove, which has already come to an end, but our focus is on transmission lines as well as also the global climate warming which we have programs, this is not in my portfolio, another team is working on it.
- The other one is the good governance one. In which we have a big governance program with the government of Nepal, with one of the ministries called federal offence and local government, and then it is working with the UN agencies on anti corruption and those kinds of things.
- The portfolio I'm working on is the education sector. So we are supporting the government's program related to education especially up till high school. For example till grade 12. And it's not only us, we are 9 donors who are into it. Of course the Government puts in the major money 85-86%, and then the donors come up with their own money like 14-15%. So that's the way we work. It is the government's program, and then we support the government (give the money to the Government) and the Government implements the program. So we are monitoring the programs and see if everything is going according to program document. If we are meeting the results we are supposed to achieve, and we also have certain areas we are focusing on and if they achieve the results, then World Bank ATB?/UN will give more money. Then

we also work very closely with the Asian Development Bank, especially that we give money to Asian Development Bank to provide technical assistance to the government of Nepal, especially on the finance party to have a robust and good financial system in the Government. Especially in the educational sector. We also work with one small organization, in the southern part of the country, especially focusing in only 50 schools, trying to see how we can with certain interventions improve the quality of learning.

- Then we have the women's rights and gender equality portfolio, where we are working with a number of CSOs (civil society organization) and NGOs, especially on sexual and gender based violence and we are also working very closely with the UNFPA also on sexual and gender based violence, especially rape. If they are raped, you provide them with a safe house or shelter where they can come and stay for some time and then we are blinketed? with some kind of economic opportunities like physical training or some kind of skills so that later, when they go out of the shelter, they can survive or they can earn a livelihood. We also work very closely with the youth leaders, especially with the younger generation, like political youth leaders, leaders who are working in the media, social service, working as entrepreneurs and then build their capacity, especially the leadership quality that they need in order to reach a certain level. So we work with different groups, we also work with politicians to see how we can implement issues related to gender perspective/ women's rights perspective as we got a new constitution.
- We used to work with Bodha? and LGBT rights, but now we are closing that project because we got instructions from Oslo that we had to bring the 29 projects down to 28. Trying to close some projects so we have minimum amount of projects so we can follow them properly. We work very closely with the UN agencies, UNICEF, the multilaterals like World Bank ATB? as well as NGOs and the ... society organizations especially in the educational sector, as well as in the government sector. Although health is a priority in Norway, this office doesn't work on health issues at all. But that doesn't mean they don't get money from Norway. They do get directly from Norway, for example I think they get money from global funds that the government gets and they use that money for health related issues, especially the family planning association. Norwegian Red Cross partner with Nepali Red Cross to see how they can work on certain issues, especially the humanitarian side- that is a lot about sexual and gender based violence as well as health related issues. But we don't have any programs on health because we are only allowed to focus in three sectors.

Save the Children does get funds from Oslo, I don't know if they are getting it from the health sector, but from other sectors I am sure they get, so it will be good for you to talk to them. They can give you a lot of information on safe motherhood and reproductive health issues.

UNFPA also get a lot of money from Oslo on health issues (UN in New York- core fund that comes), so I am sure they also will tell you how they operate on these issues. They've come up with lots of pamphlets, booklets, dignity kits, all those kinds of things. During humanitarian aid also you'll be managing time also, they are very active, and reproductive health is their core program, so they have a lot of information on that.

Any questions? gives Dr. Chatras number to us. meet her 11.30 the 20th (wednesday), in cafe chino. The other person from save the children 11.00 on friday (near the airport). UNFPA is very near- not so far, if she picks up the phone..

You said you focus on education, do you focus on all types of education, or some specific categories? It's a formal education program so it is what you all have in school, the teachers teach according to curriculum. If you focus on the health curriculum, then of course the reproductive health, they also talk about the LGBT, sexual identity, gender roles, sex education. All that they are supposed to teach in the school in addition to all the normal subjects. Every class has about 40-45 minutes, and then the teachers go and teach their subjects.

Is this in general for all schools? Yes, for all the public schools have a uniform curriculum. And then each local municipality is allowed to come up with only one local curriculum they can teach (they add), but the general subjects are the same throughout the country.

In what grade does children have education on reproductive health? From grade 6 they start with a chapter on various body parts so that way they know about the body. Then it is more detailed the higher they go.

Would it be possible to look at the curriculum from those areas? Yes, it is in english (I have a goddaughter in grade six, that's why that grade came to my mind). I can make a scan of it when I go home on saturday and send it to you. And in one chapter, I think it is in grade 7 or 8, they teach about sexual identity, like you have male and female, but they are different people also based on their choice.

Here in Kathmandu valley, does most students follow school up to grade ten? The thing is that the school education system is divided from 1-8 then 9-12, before it was 1-5, 5-8, 9-10, but now with the reform this changed, but this is a new reform, so not all schools don't have till grade 12, but they are trying to see if they can do it till grade 12. For grade 12 you'll need extra teachers and classrooms, that they haven't been able to do, but this should be the system. And before that, the children also go to ECD (early childhood development centers), children around 3,5-4/5 years go here, and from there they go to grade one.

From what we have understood, it varies a lot for how long time the kids are in the school in Nepal because of religion, region etc. Do you know how long kids do stay in school in different regions? The children are coming to school. If you look at the different groups from the different communities, they are coming to school. 96-97% of all children are coming to school. Public school is free and compulsory. But the thing is that once they come to school, do they stay in school? So the retention is a question mark. There are some children that drop out. There are various aspects of children dropping out: maybe their parents are moving, or they are too poor so they look for opportunities in other places, or some parents might be gypsy and take their children with them. And what also happens is that maternal family might be in another place, so for some months kids are sent to their family (mothers maternal house). So that is one of the biggest challenges we are facing and we are trying to see how we can contain the children in school. The other thing is finishing school til grade 8

or grade 12. The higher you go, you have lower rates of completion of school. So that is another problem. And where are those problems more common? Mostly in the southern part of the country. Do you know the reason for this? The southern (province nr 2) is where you have the maximum dropouts and where students are not finishing school. Various reasons like early childhood marriage, migration and parents go overseas for employment, and children also see that and they raise their age (get a certificate they are over 16), so they drop out of school because it is better for them to earn money and come back. Sometimes children are not sent to school because their parents don't see the importance of it. Now they do realize, but when they send them to school, you do need a little money to buy their copies, to know if they are doing their homework or not, so that kind of capacity the parents might not have because they are not educated. The children also start losing interest.

Do most of the children who finish school have use for their education? We have technical education also. After 8, the children can decide if they want to go for formal education or technical. So if children feel that formal education is not working for them, they have an option. Can be health assistant, lab technician, carpentry, plumbing etc (full course). All over Nepal, but the education training institutes are good standards.

Do you have any numbers of how many students drop out of school during the later years? Basic education has a completion rate of 55-60% (till grade 8). Sometimes 70% also. So that means that 20-30%, when they reach the top level, then that is the dropout. And then after 8th grade? That is 9, 10, 11, 12. So the thing is that the higher you go, the dropout is more. They try to finish at least grade 5, but after that the dropout increases. But this is also decreasing now.

You mentioned you work with sexual and gender based violence, various reports have different numbers. Do you have any idea of how big the "hidden numbers" are, that is not presented in formal reports? Regarding these numbers we don't have the exact figures. Some organizations comes up with various figures, so we cannot say the exact number. Also, this is such a hidden phenomena, the women don't even talk about it, so the exact figures we cannot say, but we are having interventions in four districts in the far western parts of the county through UNFPA and we found out that there is a huge reporting of cases now. The women go to the hospital and say they have a stomach- or headache, but they will not say they have been beaten up by their husband or have been violated or raped. So then the hospital have a crisis management center with a counsellor who has been trained in counseling for 6 months. So this counsellor tries to bring out information from them woman and slowly the information comes out. When you come to know what violence this woman has suffered, then she is referred to the safe house within the district. They are allowed to stay there for 30-35- two months and get counseling support. They also try to see if linkages can be made to the police if it is a legal matter, go to the lawyer. But if it comes to the worst scenario, and the case cannot be solved within one month, then they are sent to the center where they can stay for 6 months and gives them training and then they can go back to their life. Exactly numbers... you might get it from UNFPA, but I don't have it at the moment. Do you assume there is a large hidden number? Yes, they say 1/3 women are violated in this country. How are they violated? Either the husband beats them up, or they are raped or sexually violated. Young girls are violated in the school. It is all coming out now

by their teachers touching them in places they are not supposed to touch, putting their hand inside, all those kinds of things are coming up now. I think it's because of the metoo movement that is catching up. In some of the schools, the last two weeks, in a very prominent school, many children are coming out now discussing these things. Then you have the fights between the mother and daughter in law, not giving them enough food, making them work like anything, emotional violence not allowing them to visit their maternal home or not allowing them to see their brothers. They are accused of practicing witchcraft (in some places). Dowry - You have not brought enough money. Polygamy- man getting married many times, child marriages.

In the reports we have read they say it is getting better, but they are a bit older (2015), so it is hard for us to know if this is still a problem today- is it still? Witchcraft and Dowry (giving gifts to the boys family when getting married) is illegal in the country, but it is still being practiced. Just recently (two weeks ago), this young girl, 22 years old she had a son (3-4 years), she was so much traumatized by the husband and his family because of the Dowry, so she killed her son and committed suicide. So yes, there is a lot of violation in this country. Especially against women. And that also leads to- if you don't get a son or can't get children, then the husband can get another wife. Is this normal attitude among young people as well? Young people, slowly the mindset is changing, but we have a patriarchal culture, so because of that, because of social reasons, they protect the son and he is given more importance in the family. When the son is given too much importance in the house then they think they are the most important person and they act the same when they are grown up. Do you see this in all the castes? It's mostly in the Brahman chatri? community and the lead community that this is practiced. Not so much in Gangati community (the women are more empowered in Gangati community)

We are trying to understand all the caste systems? Nevari is an ethnic community. So we have four castes. Brahmin (supposed to be the lalit people), Chetri? (the warrior class), Waishia? (business people), Shutra? (the ones who do sweeping, cleaning the bathrooms etc). So these are the four caste groups. Now amongst all these we also have the ethnic communities. Then we have the modesis? otherwise they are living in the southern areas. They have a different language and a culture of their own. Then we have the gengatis? who are mostly in the top hills and the mountains, they have their own culture and tradition. (women are more empowered). Nevar is a type of gengati ethnic community. Even within the nevari you have the brahmin, chetri, waishia and shutra. The four casts goes within most of the ethnic communities. Even in the modesis? group you have the caste system. And dalits, are they a different group? Dalit come in the Shutra? category (the bottom in the system). They are a caste group. So even amongst the dalit, you have dalit in the modesis? community, and the nevar community, and other communities also you have dalits. So the dalits are the lowest in all the ethnic groups? Yes. Are they still seen as untouchables? Yes, it is still practiced even though it is a crime. Most of the people we meet say it is better in the Kathmandu valley, does it still happen a lot in Kathmandu valley? Not so much, its more in the remote areas that it is practiced. They also practice that when the women have their period, they are put in huts, so that is in the far western part of the country. And the same with gender based violence, is it less in Kathmandu valley? No, I wouldn't say that, Gender based violence is across all castes, all communities and all class groups. It is crosscutting

all. Even rich and educated people. Is it the same with seeing the son as the most important? Yes, it is even in Kathmandu, cause we heard from Krista, a microbiologist that this is going down (valuing the son more than a daughter)? Not so much. Lets not say they are valuing their daughter more, what is happening is because of the fast life, parents are opting for one child, even if it is - because if you look at Kathmandu - you don't have people to take care of the children, both of you have to work in order to earn a living, so if you have too many children, who is going to look after them? So nowadays they go for one child. If it is a daughter or a son, they don't care, they just have one child and then they stop, because it is so difficult to bring them up. Because the safety net is less and less now than before, because before they were living in a joint family, where the inlaws were there or the grandparents were there, so you would leave the children there and then come to office. But nowadays that is not as common, as well as you don't get as much help as you did before/ domestic help that can look after the children. And we don't have a pre school like you have, people are hesitant to put their children in preschool. Why are they hesitant? It is not as good as it should be. If I had a child I would think twice about sending my child to a pre school, or its too expensive. So what does parents do if they are working and are having a child, does the woman usually stay home with the child? If they have a very supporting mother/family inlaw, they leave the child with them and they try to get a helper so at least it is under the supervision of the elderlies. Our receptionist has a 6 months old child, so now she has left it with her mother in law, but she has a helper there, so the mother in law is not exhausted. But that is also very tricky nowadays because you don't get very good helpers or they are too expensive. Were the helpers usually lower castes before? No, again its from our groups. Even before it used to be from all groups. It's not just the dalits that are poor, even the brahmin? and chetri? are poor, so that is from all groups.

You said the parents are only going for one child, Not all! The educated with good jobs, they tend to only have one child. Does it happen at all in Nepal that girl babies are killed? No. It's not like India- they check the fetus, and when they see it is a girl, they abort the baby. Not so much in Nepal. When abortion was legalised some abortions on girls went up, but it is still low- and illegal.

Do you work with any of the minority groups? Yes, we work with the LGBT community for six years (but closing the program), Then we have a program with an organization that works with 11 womens groups so there we have the dalits, gengati? disabled womens group, madaisi? and single womens group, displaced womens group. It is focusing specifically on the specific groups. And how is the access for minority women for like education and health system- cause supposedly you are not allowed to discriminate? If you look at parliament, all these groups are represented in the election system that we have. we are insured that we have based on the population- that is divided into numbers and they get that number in the parliament. So you have dalit representation, gengati?, madeisi? you have women in the parliament. Not only in the federal and provision parliament, as well as the local parliament. So that is uniform all over. As well as access to services, they will not discriminate due just because you are a gengati? You are not allowed to do it, but in some cases they might do it. But you are not allowed to not give admission to the children in school because the child is a dalit- that is a criminal offence.

But how is the discrimination based on social norms? It used to be there before, but it is changing now. I am not saying that it is completely not there, but it is changing.

You mentioned the women's groups- later on we would like to have some co-creative workshops to figure out something that can be of value- is it possible to get access to some of those groups? Yes, Norway is the sole funder, so I can link you with them! No problem. I can give you the number and you can contact them. Their office is just here across the street. It would be good to talk to them as well to figure out what are their problems, and what can we look more into as well.

You mention the ways you spread information from the embassy- using the different programs about education etc. We don't do it, it's through our partners. Not us, our role is to look at the program document and then support them, and they do it. We monitor them. I just came back from UNFPA and the local government yesterday to see how they are doing it. With the media as well. We also investigated one of the recent rape cases.

Do people usually use the media/ how does the media reach the people? We have a very good community radio system in the country. I think it is the best in south asia. The outreach is very good and everyone listens. Even in the rural areas they have it, so it is working very well. And you have local FM stations so that they get all the information. Then social media- many people in Nepal own a mobile (i think more than 80% own a mobile). What are the main social media platforms used in Nepal? Facebook. Twitter is a little bit difficult, but on facebook you can write in Nepali. So if we would like to reach more rural areas, then radio would be good? Yes, radio is the best. community radio. They have many channels- Local FM stations So how do they know what is on the different channels, do they just turn it on? They just turn it on and they listen to it, switch to another channel and so on. If our solution were to be anything with radio, do you have any idea of how to find a way to reach out with radio? There is this federation of all community radios. ... is partnering with them, and our partner organizations are also partners with them to spread the message. Because it is a federation of all community radios the best thing is to contact them, and they give it to their members. Does it happen that governments or organisations use the radio to spread information? Yes, yes! Education, human rights, maternal mortality. As soon as a child is born, they get certain amount of money from the government and the child gets warm clothing, so all this is spread by radio. Radio is very popular in Nepal. Violence against women, where they can go, why you should not use alcohol and drugs- spread through radio. So do you see a change in Nepal? Yes, for example family planning devices is very openly talked about in the radio, they talk about condoms and everything on the radio and LGBT rights.

How is actually LGBT in Nepal? We have the best in south asia. It is this recognition of LGBT community. So is it accepted? Especially the transgender are accepted, they participate normally, speak up and are vocal. Gays are accepted, but not to the level as transgender. Lesbians a little less than the gays, intersex, there you also don't know the sex of the person, so we do know that these people exist, but it is hard for people to understand what exactly intersex means. So that way we have a high tolerance for LGBT community- we have it in the constitution. When you are born as a boy and want to be a female- when you

are born a boy, you get a specific card but if you want to change the identity, that is also allowed. How is it for them in their social/family situation? Some family have accepted their children as they are, some not- so they have formed a group where they try to help each other. This Boudha society that's what we worked with, so they have created jobs (and work- and provide some income for their own community.

And for women- often parents choose their husbands? Yes, but that is also decreasing, nowadays young people choose their own husbands. Not everyone does it, but it is slowly changing. All caste groups, and intercaste marriages are becoming more accepted. We are chetries, and my nephew got married to a nevari, but we have accepted that.

And how is it for lesbian women to say it to the family? That's a difficult task. It is definitely a challenge that is very difficult for the parents to accept. Transgender is easy to accept, but not lesbian. So how come it is more accepted for transgender? Because in the history as well as in our religious scripts it was accepted. The kings and gods were transgender and gods changed their sex and became a woman. that has led to the tolerance. What about the sexual orientation- because if it is a boy who wants to be a girl, is it then allowed for them to choose someone to be with? Its allowed. They have partners. I know many male transgenders who have male partners. that is not seen as gay. The thing is that same sex marriage is not allowed in our country. We are in the process of making it legal, but if it is a man who wants to be a woman (changed through hormones and transplants). Only one person has changed the body parts in Nepal and that was with the support of the family (afforded the expensive operation). The ones that I work with here are male, have breast transplants, but not removed their parts and have male partners. They tell openly that they are partners. They cannot marry, but they are living together and the society doesn't see them as gay. Transgender you take them as a woman- you don't look at them as a boy if they think of themselves as a woman. (use ladies restroom, have long hair etc).

APPENDIX 3.G - LALITPUR SOCIAL WELFARE DIVISION

Meeting at Social welfare division with administration for all wards in LMC. Lalitpur Metropolitan City. 14th February.

Many women are facing the problem of having to work too much, early pregnancy, too many children. They have to ask their family members for the family planning. So the family of the husband decides the family planning, not the woman themselves? Yes. And if they find out that it is a daughter and not a son? Most of them consult for abortion if they find out. we don't do it here, but refer to the hospital And do you council them that it is not allowed? It is mainly the husband who decides if she should take an abortion. So if they find out they are having a daughter, the husband can say that they should abort the baby. How many cases do you have here? 4-6 people each month. They have almost 40-45 patients each day. Does women know what happens to their bodies when they have an abortion? Many mothers doesn't know. We counsel on every pregnancy consequences, changes etc. What do they know and what do they usually don't know? Like scars and stretch marks they don't know, swelling, they don't know how to take care of themselves and the new born. What are the main things about caring for the newborn that they don't know? First of all they don't know about breastfeeding, how many times to feed their baby, cleaning. Someone doesn't know about ... Do they struggle with breastfeeding here? We have to teach them how to breastfeed, they come here to get practical help and we explain things. Do they have enough milk? Yes, that's not a problem, nepali culture, we drink a lot of soups. that helps to produce the milk. Most people don't think the first milk is good, but we are counselling them, this is good for everything, then they will give it. Do they give other things than milk? Up to six months advised to exclusively breastfeed, then after six months, additional food. Working mothers can often not breastfeed, then they use bottlefeeding (animal milks) it is a problem. that the working mothers fill their warm milk in bottle and after that they feed the baby. All women go to hospital to deliver the baby.

Nutrition chart: for general but focus on under 2 year old children and mothers.

Shows a board of contraceptive methods- Many women have heard of contraceptives from family and friends. If they don't know, they come here and get counseling. Then they talk to the husband and choose.

1. Introduce ourselves:
 - a. Names, our project
 - b. Who we are interested in meeting
 - c. What we want to find out
2. Can you tell us a little about your background?

Administration staff, not working out in the clinics. Not medical staff, just working there in the office.
3. Can you tell us a little about your work?

a. 18 mcs clinic, we have mobile team for the clinic. The staff is one week at one place, and then they go to another ward? They go to the clinic at 10-13 and then they come back. Everyday they go to new clinic. Same program everyday.

b. MCH, under 5 year check up, ANC, PNC, family planning. BP check up. All the services are free, provided by the government. Urban Health Clinic, six days a week. General check up, medicine, for everyone. Adult, child, women, men. We have 6 health posts in this LMC area.

Health post are also free. All services are free. 568 volunteers working. Get basic training, about diseases, what to look for, and to raise of awareness. Also give advice to the people that come to the clinic, on what to do.

Health posts, take care of all kinds of health problems. General checkups. Nurse, medical assistant, more equipment, and more staff.

Ward Health Institution Committee. Work for health promoting activities? Health days, health programs, nutrition day, breast feeding day.

4. What types of women do you work with?
5. Who come to the clinic?
 - a. Everyone, all ages.
 - b. MCH up to five years. Nurse, midwives
 - c. 20-30 day come to the MCH clinic a day. Open three hours a day.
 - d. ANC, PNC, family planning are the things they come for. Average 20 ++. Oldest 40-45. Mostly married person.
6. Are you aware of any problems women are facing?
 - a. They are not so aware of health related problems, they do not have that much knowledge. Maybe they not talk to much about it, because they don't know what is "normal?"
 - b. Menstruation. It is not regular. Regular.. May be they do not know their cycle?
 - c. Unwanted pregnancy.
 - d. Forced pregnancy, family and husband force the girls to get pregnant. Family mostly want boy. One child, boy. Couples are in need?
 - e. Do not give abortion pill on MCH clinic, they only do counseling, and then they go to the hospital.
7. Challenges
 - a. Do not have proper places, we just use small places, not like our building here, it is not so good. They do not have so much space.
8. Would it be possible for us to talk to some of the women?

Did not understand the question.. But we are more than welcome to come back if we want.

APPENDIX 3.H - DR. KHEM KARKI, SOLID NEPAL

Meeting with Dr. Khem Karki, SOLID Nepal

SOLID = Society for Local Integrated Development Nepal

1. Introduce ourselves:
 - a. a. Names, our project
 - b. b. Who we are interested in meeting
 - c. c. What we want to find out
2. Please tell us a little about your background
 - a. It is his organisation. Working at the university? Medicine institute?
3. Please tell us a little about your work
The process does not work properly. They work better together. Work on three issues.
 - a. reproductive health. Big umbrella. Menstrual hygiene, girls are not getting proper places to change their pants f.ex.
 - b. Strengthen the health system, nowadays we are working on how can strengthen the hospital. Maternal healthcare is highly prioritized. 258 pr 100.000 live births. Maternal mortality.

Three delays:

Regular check-ups. Most women, don't decide themselves, they are not in power, **delay in decisions**. We can change this part. Because, this is something we can work on improving. Implement in a community?

Delay in transportation system. The infrastructure is bad, geographical difficulties.

Not a good urban plain. This is quite difficult for us to do something about.

If they come to the hospital. **Delay in services**. There are not enough staff, not enough nurses, things take time.

Intervention → maybe we can select some communities? Early marriage → early pregnancy → home delivery.

Have a list of 15 questions, what we are wondering about? And then we go to the communities, visit randomly household, and find information. Then we can see where we want to focus?

Let's say most people are not aware of their health behaviour, health facilities. Make an app? Info meeting, happenings? Implement, try out in a little community. And then go back for the same survey. And then we can compare, the results.

Focus on the overall, why are they not using healthcare

Pre and post-design. Is the result good? Does it work? Is there any improvements? If yes, design is good. If not, then design is not good.

Funding for this? Transportation, a cup of tea, biscuits, small things. They are already helping other students, that is their motto. They are doing it for free.

Bring the letter for make the process official. Ask Sangeeta about this letter.

Another person comes in. From a college? He is the manager here.

College area? We can choose a little community from there?

Check out: Annual Report - Department of Health 14/15.

Tomorrow around 10.00? 15th February. At the office, small questionnaire. Maybe go to the community on Saturday? Analysis, Discuss tonight.

4. Where do you/SOLID conduct your work?
5. What types of women do you work with?
 - a. What are their ages?
 - b. Where do they come from?
6. How do you reach out to the women? They will help us with small communities, slums in Patan.
7. What are the challenges the women are facing?
8. What knowledge do the women have?
 - a. on their reproductive health?
 - b. about family planning?
 - c. about the pregnancy? and ANC?
 - d. about the delivery?
 - e. about PNC?
9. Would it be possible for us to talk to some of the women? YES.
- 10.

APPENDIX 3.I - GROUP DISCUSSION IN SLUM

Group discussion with 6 different women living in the slum.
Saturday 16th feb.
Translator and facilitator: Ajit SOLID

About the settlement: The women have been living in this slum for 14 years? The settlement has existed for 14 years? 6 years ago, the government ruined it all? They did not allow them to live there, so they took it all down? Before they used to have a school system up to 5th grade, but after the government was there, they no longer have this. No they have problems to manage education, and children have to go to nearby schools. They receive electricity from government. Nothing more. Unit costs?

Normal day: Around 50 people - young women - do labour work? Construction work etc. around 30 women do domestic work. 10 women have formal jobs. Office work, hospital etc. They earn about 10.000 rps a month (750-780 nok). Low income. Men often have semi-skilled jobs like plumbing, carpentry, services etc.

School system: Enroll their children at around 2,5 years old. Pre-primary school. Child care center + early learning center. Those who can afford, transfer their children to governmental/public schools. 5 years. Go to school for 10-12 years. Most of the boys drop out. Boys do not respect their parents. "peer-pressure". If he drops out, then I also want to drop out. Often they drop out around 5-6th grade. Girls are more pliktoppyllende, so not so many girls drop out. Also girls get support/funding from other organisations.

Early marriage: 2 years ago, more early marriage. Only two couples of early marriage in the settlement now? Very few cases. Before: The parents pushed/forced their children to earn money and work instead of going to school. This is changing as the parents now value the school more, and want their kids to go to school.

Vice pres. of the women's group?: About empowering of women; She was very shy in the beginning, did not want to make herself "seen or heard". But this program makes her feel good about herself. She feels motivated and encouraged as a result of this group.
Women's group: Monthly payment? 500 rps. Every member of the group has to support the group by funding, now they have about 400000(?) rps total in the group. Many of the members have started their own business. Chicken, goat, vegetables? For selling.

They say that many things have been changing the last two years. And that they only have had 4-5 teenage pregnancy. More common before. Now they usually go to the hospital for delivery. Have one case now, 14 years, married and have a baby.

Vice president shares her story: Had a sexual relationship with a family member -in-law. She got pregnant? Were not allowed in the settlement, so there was raised a case against them? Had to go to another org.? Then they went to a rehab center. Pregnant 4 months. Then she got married while being pregnant with her initial sex partner. Not allowed to be pregnant without being married. Only way out is to marry?

Break the ice? We tell them about average age for sexual debut ++ how it is in Norway. → all the women smiling and laughing. A good way to create engagement. However; they find it strange (our story) for how things are in Norway. How is this possible. (Sex without marriage, having kids before marriage etc.). They prefer to arrange the wedding for their children. Their children maybe stay together with their families after marrying, they live together.

Maternal health: When she got married her mother-in-law had 7 kids. Learned from her, got stories told by her and her experiences. Got permission to sterilization? Rituals. He or she not eligible? She did not do the sterilization?

32 y/o: 2 deliveries, both institutional, at the maternity hospital. Says she has learned during her childhood. Went to hospital for delivery because she was told that this was good?

46 y/o. 7 pregnancies, now 4 left. Premature delivery, at hospital, but it did not survive.

42 y/o. Remote area: 5 pregnancies. During her 2nd she felt very much labour pain. When she felt this she hid. She hid outside her home. Around 7am she went out to hide. And someone found her around 4pm... a lady helped her. But otherwise she did not get any help.. Did not get support from anyone. The baby died due to this. 4 others are fine. Also gave birth in the jungle. Learned from others family members. Other's stories and experiences. Did not feel to visit health post or seek healthcare.

The youngest 20 y/o: Institutional delivery, maternity hospital nearby. ANC- check-ups. Finished 6th grade.

All women were 15-17 for the first delivery. All at home for their first delivery?

Teaching: common to share their stories. Learning by doing? Learn from mother-in-law. Are not having any problems? They think it is normal, women have been giving birth for many many years.. No problems.

APPENDIX 3.J - YOUNG WOMEN IN SLUM

Saturday

Interview with young girl in the slum.

16th feb. Ajit as translator

24 y/o. Not married, no children. Studying education, bachelor, want to be a teacher. Went to public school nearby. Started here in 8th grade, before another part of the city. Many friends that are married, most at 19-20y. Someone at the age of 15-16. Why? Mostly because of love, love relationship. If a girl "makes love" with a boy, or falls in love with a boy then they have to marry. If not she is not truthful to God? In Nepal it is not common to share previous relationships with the husband, therefore they marry with the first ?

Usually do not talk about marriage, sexual health with her friends. Sexual abuse, talk about this, in groups, of what public places? How to "prepare" and to protect one self. Talk about it in girls groups. Ex. in the streets, what can happen. Touching in public places, public transport. Warnings about what is bad behaviour. Worst case go to the police?

Within the girls group they learn about contraception. Some education at school as well. She feel at least she has sufficient knowledge. Sometimes talk with her friends. Discuss within her girls group. 16-17 years old when they start to discuss this? Start to teach them about family planning.

Peering-issues: Girls are concerned about their own health as a mother, and also the baby. Want healthy mother and healthy baby. Her friends even have children at school age. Very few of her friends share their stories? Do not talk much about it. (Assumption; Is this because of other major issues or daily challenges? How to get enough food, earn money, "day-by-day" living?)

Young girls learn about about how to take care of babies and themselves from families, sister, brother, family-in-law.

Mass-media: Radio, tv, newspapers. Youtube. Most popular way to learn things? Wants to learn about movement of the heart? BP.

Normally they do not share what type of contraception they are using with each other. And it is not so common to go for check-ups, unless it is severe. Tell their family, mother etc, and then it is no need for going to the hospital?

Young girls, at least the girls in the girls group can go for check-up themselves, in secret. But there are financial issues. This settlement, rule is to support everyone for healthcare. If someone can not afford it, they support each other. Should not suffer from not having money?

Some of her married friends go to school.

Sunday

Young girl. 19 y/o

17.02.19

About her: Lives with her parents. She has been living in the slum for 12-13 years.

Normal day? She wakes up, breakfast, go to the college in the morning. Patan College.

Then when she comes home she does nothing. She is studying humanities, in 11th grade now. She is not married.

What is good about living her? She does not have to pay rent, also they have access to water. She can also walk to college, and she likes that. *Not so good?* When it rains it is not so cool.. The river also smells and stinks, especially in the summer, so she is not so happy with that. *Can you tell us a little of what you do here?* A normal day is kind of boring.. She does not have a job, but she bought 7 chicken, so she takes care of them, and later she will sell them. *What do people at your age do around here?* Some have a job, some people go to work, some go to college, and some both work and go to college. *Do you meet your friends often?* She usually meet her friends at college, she also has one friend from this settlement. But she does not see them too much. Once in a while, but they don't hang out too often. She says that she also have friends that got married, and after this things changed a lot!

Do you feel like an adult? Yes she sees herself as an adult, when she grew up and became older her friends got married, and because of this she is also feeling like an adult. *When was this?* She says that when she got her first menstruation she felt like an adult, at 14 y/o.

Do you ask for permission to do things? Yes, she usually ask her dad or her older brother for permission to do things. If she doesn't say what she is going to, or ask for permission to do it, they will shout at her, scold her.

What is a bad boy in your eyes? Younger boys teasing girls, they just hang around, asks questions, and are curious without even knowing the girls. *Good boys?* They go to work, come back without teasing. *Good girls?* They're all kind of busy, college, work, so they do not have time to do bad things. *What is bad things?* Go somewhere and not coming home at time. Or "ditching" school. She says that she does not do bad things, so she could just imagine, and do not know why they do this.. But maybe they want to go to a party, and then they are cheating on their parents and say they go somewhere else. *Is it normal to go to party here?* She doesn't know, doesn't go to parties.

What do you want to be in the future? She wants to be a journalist. So many incidents happen here in Nepal. She wants to cover cases, put light on things that are happening in Nepal. *What do you have to do to achieve this?* She says she has to work very hard. Study hard. *Is there something that can stop you from achieving this?* Nothing that can stop her, she says there is also organisations that supports girls who are taking education.

Who do you trust the most in this settlement? Trust her parents the most. And she says she trust her mother and father equally. *What about outside the village?* She trusts her best friend the most, they go to the same college. She has known her for 7 months, and they met in college. *Who do you trust the least?* She would tell everything to the persons she trusts, otherwise she does not share.

For decisions, who do you ask for advice? She asks her dad. She has to get permission from him on decisions, if not he will shout at her. And if she asks her mom, she will then ask her dad, so he is the one to decide. Can you tell us about last time you asked for advice? In the 11th grade she was thinking about stopping school, then she asked her dad for advice, and he said that she should continue studying, so she did.

What do you think is a good age to get married? 25. Do you want to get married? No, or at least not now, too young. Maybe later. But right now she does not have a boyfriend. Have you ever had any boyfriend? Yes, she had one before. It was her sisters friends brother. They met on facebook. Is it normal to meet on FB? Yes, it is kind of normal to meet on FB, this goes for all over Nepal. Can you tell us a little about when you met him, and how it was? They met each other twice IRL while they were together. The first time was at some family happening with a lot of relatives. They had known each other for about 2 years. He was studying here, and then he went to Qatar for work. They chatted, while he was in Qatar. Then she lost her phone, so they did not talk for a while. Some time later he got married.

How did you feel about this, did he hurt you? Yes, she says that she got heartbroken and that she loved him. Did you tell your parents about this? No she did not tell her parents, she says that in this community she is seen as a good girl. No one would believe if she says that she had a boyfriend. And is it a bad thing to have a boyfriend? In some ways bad, in some ways good. Some boys are using the girls. Is that common? Yes, quite a few guys use the girls, and it is normal for them to use the girls for sex/kissing etc.. Do you have sex the first time you meet, or do you wait for longer? They often wait for 2-3 months after they meet. Did you have sex with your boyfriend? No no, they only met twice, and all the relatives were there.. Do you talk about this with your friends? They talk about normal things, but she does not share these kinds of things with her friends, that is not so common. But she says that she shares everything with her best friend. She asks her about advice, and share her story. How do you know what to do? (?) They just know what to do, and not to do.. She only uses the internet for watching movies.

Sunday

Young girl. 14 y/o. 6th grade
17.02.19

About her: Lives with her mom. Her father is in Gundu, 1-2h away. Lives with her aunt? (And mother or just aunt?) She sees her aunt as her mom? Lived with her since little.

Normal day: She goes to school. But yesterday she washed her uniform, and since it is still not dry, she could not go to school today. She is not allowed to go without the uniform. The school is 5-10 min from where she lives, so that is not far. What is good about living here? She thinks it is quite okay staying here. Her aunt goes to work and then she brings her food, so that is nice.

She has lived in the slum since she was 1-2 years.

Not so good about living here? Her uniform was to short once, and then her aunt had to sew it. Also it can get quite dirty living here.. Once in a week, or every other week people gather to clean up the area. She says she knows almost everyone in this settlement.

What to people at your age usually do? They go to school, come back at around 4 pm. Then they do their homework, and watch TV. Do you have any siblings? Yes, she has an older

brother, older sister, but they live with her father. She usually meet with her friends after school.

Do you consider yourself an adult? No, still feels like a child, maybe feel like an adult around 18-19.

Permission: She asks her aunt for permission, she feels like she is her mom. Lived with her since the beginning. She asks for permission if she is going places, or do things that are far away from the settlement.

At school she has English, Nepali, maths, science, health, social and computer. What do you learn in health class? They learn about eating healthy food, what kind of food to eat.

Different diseases, medicines. Do you learn about the body, and the body parts? She does not know much about the body, does not learn much about it? But they learn about menstruation. Have you got your first menstruation yet? Yes, she got it when she was 12.

Where do you learn about these kinds of things? Sometimes organisations come to the settlement to talk and teach about these things. They got some pads from the organisations, and they learn that it is important to wash their hands before and after. They learned this information from organisations, some at school..

When you have your menstruation, is anything different? No, nothing different, everything is normal. She usually goes to school even though she has her period. Last time she stayed at home, because of serious pain.

Do you have a boyfriend? No, do not have a boyfriend, but many of her friends have. Some at the same age, some younger. Most of them are from the same community. And where do they usually meet? She says she doesn't know, since she does not have a boyfriend, but she can imagine that they meet in the jungle? When is a good age to get married? 19-20.

Sexual relationships? Do not know if someone has started, do not think so. Have heard different rumors, that one girl went to have sex with a boy. She does not talk to her friends about sex etc.. But she does talk to her friends about changes in the body, like the breasts getting bigger. She talks to her sister, and also some of her friends.

Sunday

Young girl. 9th grade. 18 y/o.
17.02.19

About her: Lives with her mom, 1 brother , 2 sisters, she is the youngest. Good things about living here? She has a lot of friends to play with, and share her life in this settlement with.

What is not so good about living here? She does not like so much if she fights with her friends. Everyone knows everyone, so if they fight they can tell secrets about each other..

Normal day: Waking up, she goes to school, does some housework, cooking. She likes to cook, especially meat. Chicken with rice.

Do you consider yourself an adult? No she does not. She will become an adult when finishing 11th grade. What will change then? Especially the routines will change, she will get more responsibility when she starts college.

Permission? She asks her mom for permission, e.g when going to places, somewhere a bit far away. Do you meet your friends? Yes, she meets her friends, mostly at school. What to you want to be in the future? She wants to be a staff nurse, her mom wants her to be a staff nurse, and she also wants it herself. What do you have to do to achieve this? She has to

study hard for three years. *Do you learn anything about the woman body?* They learn how to tackle with menstruation, hygiene. She feels she has learn sufficient, but she wants to learn more about diseases and what to do. She thinks it is good what they learn in school, she also learn from her friends, and she talks with her mom. *Do you talk with your friends about this?* Yes, she talks with her close friends. *Where do you get pads do you buy it yourself?* If it comes suddenly she has to go to get it.. (skjønnte ikke helt dette..). She gets pads at the clinic. She asks her mother for money, and she can go buy it herself. *Information?* She gets information through TV, newspaper. Does not have a phone, she says it is normal to get a phone around 10th grade. *Do you have a bf?* She does not have a boyfriend, but her best friend has, she met him in school. She talks to her friends about boyfriends and things like this.

Sunday
Woman 28 y/o. 2 children.
17.02.19

About her: She has two daughters, the oldest is 10 years, and the youngest is 8 months. She lives with her husband and her children. She says that her husband drinks alcohol, and sleeps all day. So he is sleeping right now while we are having this interview. She takes care of everything in the home. He never go to work, so she doesn't know how he gets money for alcohol.

How long have you been married? For 11 years. It was not like this before.. started after their house collapsed. When the government six years ago demolished everything.. They lost their house and everything, and after this her husband became addicted to alcohol. *How long have you known each other?* Know each other for a really long time now since early years? She was 17 when she got married.

Normal day: She wakes up, makes breakfast, goes to someone's home, and clean there. Works as a cleaning lady. After this she comes home and brings her daughter to school. Then stay at home, does some housework, and go out again in the evening to clean homes. *Who takes care of your youngest daughter when you work?* Her oldest daughter takes care of her. *Permission?* She does everything at home, her husband doesnt bother, she can ask him, but he would just answer that she can do whatever she wants.

Trust? She has one friend (the one holding her baby), she trusts her, and they are best friends.

What changed after she got married? Before when she was living with her parents, they took responsibility. Now she has to do everything.. housework, take care of the two children, earn money..

Family planning? She felt that one child was enough, but her husband insisted of having a boy. So he convinced her to have one more child. She tried to say no, that one was enough, but he forced her. So they got another baby, and also this time it was a girl. After this they decided to not have any more children.. *Do you use any kind of FP at the moment?* She uses pills and injections, and likes to use this. *Where did you get this?* She went to the hospital after her 2nd delivery, so the doctor showed her the different methods of family planning. *Do you know how it works?* No, does not know much about how it works, but she experience that her menstruation is more stable because of this. Now she uses the injections every third month, and that is quite okay.

Pregnancy? Did not know much about what was going on, she remember that is was really hard.. but nothing more. The first time it was a little harder than the 2nd. *She also had to work, she stayed in the village. She delivered both babies at home. Did you have anyone to help you?* Yes, her husband's sister, and mother-in-law. She stayed in the house of her parents-in-law. *Did you go for any check-ups?* Did go for check-ups at the health post, and she stopped taking the injection for getting pregnant. She went 6-7 times for check-ups. *Why did you deliver at home?* When she felt the labour pain they called the doctor, and he said they should come to the hospital, but she did not feel it was necessary to go for the delivery. *PNC?* She did not go for any PNC, had not heard that this was necessary. *Did you have any problems while giving birth, or after?* No, she didn't have any problems, she says that it was not so hard to give birth. *How was the time after delivery?* She did sleep for a long time after delivery. Her family-in-law took care of her. She rested for 15 days, and then she went straight back to work. Her mother-in-law took care of the baby while she was at work. *Tradition after birth?* Nothing special, no traditions? *Cord?* Her mother-in-law took care of it, so she dont remember much of it. *Breastfeeding?* She gave milk after birth, and now she feeds her baby when it cries and seems hungry.

Sunday
Young girl
19 y/o. One child - 1 year
17.02.19

About her: She lives with her husband and mother-in-law. And some more in-laws.. 8 people? She takes care of the shop (the one she is sitting in). *She married when she was 14 years old. Did you wait before you decide to have children?* Her husband fell down, construction work and got injured. So they waited until he was fully recovered before they decided to have a baby. She does not use any kind of FP, did not need this as her husband was injured? *Delivery?* She delivered her child at the hospital right beside the slum, also went there for check-ups during the pregnancy. *She felt uncomfortable going to the hospital, because the doctors would scream and shout at her. They would even hit her if she is in pain? She says they did not tell her anything about PNC at the hospital, so she did not know about this. Where did you learn from, get information?* She learned from her mother-in-law, she feels that she has more experience and knows better than the doctors. *Breastfeeding?* The nurse told her to breastfeed the baby after birth, she has not had any problems with this. Her mother-in-law helped her with everything after birth?

APPENDIX 3.K - DR. RAMCHANDRA, GREEN TARA NEPAL

Friday 15. February

Meeting with Ram Chandra Silwal, Country Director in Green Tara Nepal

1. Introduce ourselves:

- a. Names, our project
- b. Who we are interested in meeting
- c. What we want to find out

Tell him about our plan for tomorrow, the slum area. That we are collaborating with SOLID (Ajit).

FCHV. Female community health volunteer. They can show us around in the village.

Complex things; personal issues. Do not trust what they say when the husband and family are there. Can be difficult to talk to the women alone.

3. Can you tell us a little about your work?

Maternal health. 70% of Nepalese living in other areas than Kathmandu valley. Geographical issues. Everest area: people use 2-3h to reach the health facilities. Different terrains in Nepal make it very difficult.

Can link us to an area. Are supporting 10 boarding centers that support maternal health. Lumini, birth place of Buddha. We can visit there if we want to. They can arrange

• Where do you/Green Tara conduct your work?

- 2007 founded. Mostly in research. Child, maternity health. We understood this complexity. Started with health promotion approach. Educate both women and family members. First go to the women, and then to the family that is supposed to support her. Educate them on what they should do. Discuss with them in a group.
- Enable women to go to healthcare facilities. Women's groups, over 100. Demand creation
- Demand creation activities, another is a lot of things we have to explain and teach the women.
- Health workers are not too friendly to the women. Opening hours also problem. Socio-economic issues. Depends on the situation of the women, maybe not satisfied with her job.
- Design of the room, clinics. Women feel very shy to talk and open up for the health worker. Not privacy in the clinic.
- 10 years time it has been a lots of improvements.
- Mortality - still high.
- They try to bridge the gap between community and health facilities, as this is often an issue.
- Green Tara funded by germany, green tara trust.

5. Are you aware of any problems women are facing within maternal health (especially early marriage and early pregnancy)?

- Transport, geographical, decisions. Women are dominated, or daughter-in-law are dominated. Every decision is made by her family. Women mostly can not decide herself. Husband is not aware of the status of the health of the woman, does not send her to health facilities.
- culture, transport, socio-economics.
- Ex: pregnant women should not eat pumpkin. Or post-partum green vegetables eaten by mother; gives baby green diarrhea.
- Education, nepali women are not educated. Can hardly read and write.
- Women in the community; iron tablet; oh my baby gets big if I take these. Or after taking iron tablets, and the avføring gets black. Because of this they do not want to take it. Things that are written, they can not read it. Belive in rumors.. = do not have the understanding of why medicines are good for them and their possible sideaffects
- Have to understand the local problems.
- Many think that "If we establish a health post, people will come". But no, that is not how it works. This is a challenge overall, but it is more in rural areas. They do not come because of different reasons.
- If the women go to hospital then they have to pay. Lack of income, better to go to work and keep the income instead of the hospital "spending"
- Absent of health workers. Bad government, influenced by parties.. Ex. nurse has signed for going to a rural area for a month, will be payed, but they do not go. The service is really bad. so then there is absent of health workers. 20-40% of absence?
- In Nepal mostly opening 10-16. And often they come at 11-14. They are not working full time.
- Services only available in the day-time.
- Delivery in night-time? Birth attendants? Family-in-law helping the women. Home delivery?
- Health post only emergency basic equipment. Women are waiting too long for going to health facilities.
- 60%, delivery in hospital? Mostly because of urban population, rural area not that many?
- Uterus prolapse. Uterus is loose, due to heavy work, lifting heavy. Or giving birth frequently.

6. What knowledge do the women have?

- a. on their reproductive health?
- b. about family planning?
- c. about the pregnancy? and ANC?
- d. about the delivery?
- e. about PNC?

Some education is started, and they know some things. But in rural areas they often do not have a choice.

7. Would it be possible for us to talk to some of the women?

Plan: made a plan to go to Tasarphu and get in contact with women through Sushila.

APPENDIX 3.L - INTERVIEWS IN TASARPU

#1 interview - On the volleyball field. 22 y/o. Married at 18. 18.02.19

young woman, 22 y/o. Married at 18 y/o. Lives with husband and child. Child 2-3 y/o.

What does she like about being here in the village? She has work here, so that is why she stays here in the village.

What does she not like so much about village? There are quite a few people that are alcoholics or drug addicts, they make unnecessary noise and trouble. Many people also brew their own alcohol, tradition in the village, so many get addicted and drink a lot. Not the young ones, mostly from 30-40 years..

Normal day: Prepares breakfast. Goes to the office. Works as a health worker at the healthpost? Home for preparing lunch. Then back to office. And home again for doing some housework etc. She regularly meets with her friends, they live in the village so they meet quite often.

Feels like an adult? She did not feel adult enough when she got married, she felt she was too young and wanted to wait for some more time.. But she could not say "I want another man, or I want to wait longer" to her parents, because they were the ones arranging the marriage for her. She was scared before marriage, felt so young. She was scared of what was going to happen. She felt some kind of danger. *What kind of danger?* She was scared to move in with her family-in-law, afraid of how the family would be like. Or afraid to be beaten up or yield at. Scolded. *Beaten up, is that common in this village?* She says that it does not happen too often, but it might happen sometimes.

What changed after marriage? She is not so free anymore, has to do what her husband tells her. Is not allowed to go where she wants. She feels that she always has to set her husband's wishes before her own.

Best about marriage? Her husband is there to support her, want nothing to change, she says she is happy about it. And that he also takes care of her. *Do you see your husband and you as equals in the marriage?* She sees them both as equal in terms of housework, and even in making decisions. They discuss before making decisions. *Family planning?* She and her husband discuss family planning. They discuss what kind of, and when to use it. *Where did you learn about it?* She learned about it in school, TV, mobile and also learned a lot after working at the healthpost. (Maybe even the most there). *Talking with friends about this?* She talks with her friends about family planning, and they share their stories. She also talks with people at the healthpost, and advice them with her knowledge. And in her work she does counseling. *Do you use any family planning at the moment?* Yes, she is using implants now, that gives her a 5 years birth control. She likes this type, because it is an operation you can do from outside, it is in the hand, so they only need to go through the skin. Nothing to put in the vaginal area. She got this done in Kathmandu.

How was your first pregnancy? She did not know much, no knowledge of how it will go. She felt scared, dizziness, bad things. She lived in the village while she was pregnant. She was

scared about how the responsibility was going to change when they went from being 2-3. *How did you find out that you were pregnant?* She had not had her regular menstruation, so she took a pregnancy test that she got in Kathmandu. Checked it after 35 days of delay in menstruation. *Do you know what changes happen in your body when pregnant?* During pregnancy she did not eat much. After delivery she felt a lot lighter. She felt her body got fat, were not able to work for so long. Had seen other in the village, so she knew what would happen. *Where did you deliver your baby?* Hospital in Kathmandu. And also got information on what to do the first time, and how to take care of baby and her own health the time after. It was a normal birth. *How was the delivery and the time after?* She felt so tired, and were not "conscious" so she does not remember too much. She had 4 ANC's. And also did the PNC the third day after delivery. She stayed at the hospital for the first 4-5 days? Then she went back home to village. *Since it was too long distance she did not go for PNC the 7th day.* *First day after delivery?* Felt sleepy, took some medicine. Stayed in KTM hospital, she had her husband and mother there to help her. Felt tired and do not remember much of what happened the first days. Remember that she had to feed her baby, breastfeeding after 15-20 min after delivery. Chest to chest to keep the baby warm. *Changes after becoming mom?* A lot of responsibility, but she says that she and her husband takes equally care of the child. *Traditions after birth?* Naming ceremony on the 11th day. After 6 months, there is a rice feeding ceremony. This is the baby's first meal of rice. *Father involved in taking care of the baby?* She says that the father, her husband, took care of the baby from the beginning, and helped with what he could support her in. *Oil massage?* She does the oil massage, once a day for the baby, started the oil massage when she was back in the village after 4-5 days after birth. *What kind of information should the father know?* She says that her husband knows the most.. (maybe because she is a health worker?).

How does she keep updated with the latest news? She has a phone, that she uses for calling, facebook and music. They have internet access, and if not she uses mobile data. Mostly keeps updated through FB.

#2 interview - On the volleyball field (moved during interviews because of privacy..) 20 y/o. Married at 19. 8 months baby 18.02.19

Can you tell us a little about your life, who you live with etc? She is living with 6 other family members. Husband, sister-in-law, herself and her daughter and parents-in-law. She is usually a teacher in school, she's been doing this for two years, and teaches at nursery level. *How is your family?* Everyone is fine she says.

Best thing about this village? The people and the community. *Bad things?* Does not feel any bad aspects about living here. She is borned and raised in this village/community and lived here all her life.

Normal day: She gets up for teaching at the nursery school. Then she prepares lunch and eat at home, and goes back to work. She often brings her child to work. *Do you meet your*

friends during the day? She mostly meet her friends at happenings like different ceremonies, and at school. She likes spending time with her friends at school.

Do you feel like an adult? After giving birth she felt more responsibility. Do you ask for permission to do things? She does most things without asking for permission. But if she f.ex needs to go somewhere that is a bit far, she ask her parents-in-law for permission.

Who do you trust the most and the least in this community? She trusts her mother the most in this community, She talks to her about everything. And there is no one she trusts the least.. *Last time you asked for advice?* Has not travelled that much since she got married, so she has not asked much for permission? *If you need advice, who do you go to?* She seeks advice from her family, husband and in-laws.

The best time to get married? After turning 20. She married at 19. Her marriage is going fine, she thinks it is okay, but the responsibility became much bigger. There is a lot more to do now. When she was not married she also went to school, and she will finish 12th grade? *How has life changed after marriage?* It is quite much the same, she was used to do some housework before as well, and says that it is quite much the same now.

In your marriage, do you see you and your husband as equals? Yes, she sees her husband and herself as equals. When her husband is at home they do the same kind of work? *Best thing about marriage?* Have not changed that much..She does not have to do too much housework, so that is good. She got pregnant at 19 y/o. *How did you find out about your pregnancy?* She did not have her menstruation for 2 months. She went to the healthpost to check. Went for 6-7 ANC here at the healthpost. Delivered at healthpost in village as well. Her mother in-law was with her to support her.

How was the delivery? She felt scared, and was afraid of the health of the baby, and her own health. She felt both scared and happy at the same time.

Do you talk about these things with your friends? No, she does not talk to her friends about these kinds of things. *Where did you get information?* Got all the information at the healthpost. She can go there and ask, and then they will tell her. She also learned from GreenTara and their programs.

#3 interview - Pregnant women. (Where all the children came, and her mother-in-law was there)

**21 y/o. Married at 20.
18.02.19**

Tell us a little about your life? She is 21 y/o. Pregnant. Got married at 20. Works at home as a housewife. Lives with her husband and mother-in-law. Environment is really nice here. It is not so polluted, not so much noise, quiet and calm.

Normal day? She wakes up, prepares breakfast and eats breakfast. Then she prepares for lunch. She also helps with housework and everyday things.. *How far have you come in the pregnancy?* She is in her 9th month. *Did you go for any ANC?* Yes, went 4 times for ANC. She did her ANCs both here and in Kathmandu. She is planning to deliver her child in the healthpost if it is possible. Or else they might go to Kathmandu. *Have you and your husband been talking about or planning the time after birth?* They have been preparing and got some

clothes for the baby. And they talk about things for after the birth that they have to get. Also there will be naming ceremony the 3. 7. and 11. day. They have this for three times, and give the same name to the child for three times. *Other traditions for the time after delivery?* Mother have to take a bath after coming home. She has to get clean and pure. Even the child also needs to take a bath. Until the 12th day the mother is seen as unclean? She can not touch anything in the kitchen, so someone else has to cook for her. On the 12th day she takes a bath and then she is pure. *Do you talk about pregnancy and delivery etc with someone?* Yes she talks to her mother-in-law, and gets advice from her. (Gets really shy...so we start to ask the mother-in-law). She tells us about that the mother should breastfeed the baby, and that the family supports the mother with food and take care of her the first days. They try their best to do what they can to make it easier for the mother, but then there is nothing more they can do..

Has your life changed since you got pregnant? Yes, in the way that she feels very heavy, her breasts are getting bigger and so on. *Have you learned anything about how your body changes during pregnancy?* Yes, she learned all this in school. But she does not know much about what will happen. She doesn't want to know more. *Where did you get the information from?* Learned it at English(?) School and healthpost. She has also watched videos on youtube and learns a lot from watching these. *Do you have a phone?* Yes, she has a phone, and she can use it to look for information and watch videos online. She feels equal about getting/looking up information IRL or online. However if she gets advice from a person she knows, she can also get real experiences from them. She feels like her everyday life is getting more difficult after she got pregnant, she has some pains and often feels very tired. She does less heavy lifting, but still works. She can not stop working, but she does not work the same way as before.

Education? She finished grade 10, and now she is a housewife. *Do you see your friends often?* Do not see much of her friends, but her family-in-law was in some way her friends, she knew them from before. *So how did you feel moving in with your family-in-law then?* She was happy to move in with them, but also quite scared. She did not know how it was going to be, and what she would have to do, what they expected from her. So she felt a bit scared.

In what way, or what do you use to stay updated on what is going on? She reads newspapers and watch TV to stay updated.

After delivery? After delivery she will go to her parents-in-law and stay there the first time. They will take care of her. Then after 1-2 months she will then go to her family.

If you are going for any kind of check-up, who do you bring? Her husband (25/26 y/o) will come with her if it is in the village. If it is in Kathmandu, then she mostly go by her own. But her husband will try to support her when he can. She also wants to go with her husband, and finds him supportive. She likes that her husband can easily get her things if there is anything she needs/wants? She says that it is love marriage, not arranged? So they have a good relationship. *Do you and your husband talk about changes in your body and things that happen?* Yes, they talk about those kinds of things. She tell her husband if she is not feeling well, and things that is changing in her body. Also tell if she wants to go for check-up or need

anything. They have also been discussing family planning. They have been discussing that one child is enough, and she says that to her husband.

Do you use any family planning at the time? Do not use any FP at the time, but if she were to use it she will discuss this with her husband. *Says that both of them discuss and decide on what to do.* But in Nepal it is also quite hard.. the women are mostly quiet and silent. *If man says yes, then it is okay.* (So he decides then?). They have been planning to use permanent family planning in the future. *Where did you get information about this?* School, healthpost. She does not look up online. But she has seen things on TV, advertisements, programs on FP. And she finds this helpful. *Do you talk with friends about this?* No, does not talk with friends about these things. *Have you heard about uterine prolapse?* Yes, she knows about it, and have heard about it. She should not lift heavy, and not lift straight after birth. She learned this at the healthpost. *Have you heard of the mothers/womens group? Are you a part of it?* Yes, she says that she needs to be a part of this group, and she wants to be a part of it. That it is very helpful. *Are you going to have any PNC?* She says she knows about it, and guessing she will do it, but not how many times. She will ask about things like this at the healthpost.

**#4 interview - Father-in-law. (In the evening, the room where we sat on the floor, semi-group). Married
18.02.19**

Can you tell us a little about your life? He lives here, in the house that we are sitting. They are 8 people living together. Husband & wife. Their 2 sons, 2 daughter-in-laws, and 3 grandchildren. His sons are 32 and 27 yo. They do not know exactly how old their daughters in law are, the youngest about 19-20? His oldest son got married around 15-16 years back, and the youngest just got married. *What is the best things about this village?* That he owns this house, he got his own room and own property? He likes that. *Negative things?* Not so much negative things, things are much more developed now than before. They now have transport, and road access as well as schools and education in the village. *Can you describe a normal day?* He looks after the kettles (goats and buffalo), and working in the field. Talking with friends, Often meet his friends during the day. *What do you and your friends talk about?* He talks with his friends about developing the community. About the transportation, schools, fieldwork. How they can make the community a better place. *What is a good adolescent and a bad adolescent in your eyes?* He says that the young ones have changed their interests, before it was more about agriculture and now.. *land is burned?* *What is a good guy in your eyes?* *Good guys take an education,* they know that is important, and that is also important to get a good job, for that you need education. He does not like young ones who are drinking alcohol or do gambling.. Does not like the ones who are not contributing to the community. *Good girls?* Education and have a good job. *Bad girls?* The bad girls are those who drop out of school. *Good daughter-in-law?* She is good if she can handle the house, do the housework, can cook, help the family-in-law with what they need. Take care of everything at home, and a girl who does not leave them for the city.. She takes care of them. *What kind of things does the daughter-in-law have to ask for permission?* She ask for what she needs to do at home, housework. Also for what she should cook, and what to do out in the field etc. *What should the son in the house do, what kind of role does he have?* He should earn

money. Have a job and earn money to the family. *How many kids should a your son and daughter in law have?* Enough to have one son and one daughter, one of each.

Did something change after he got married? Before: When they had many children they use to think that was easier? To have many children so they could work at home maybe? Now it is different, should rather care about quality? *Have you heard about FP?* He has heard of it, but does not talk about this with his children. He is also okay with his sons only having two daughters, not that important with a son? Both is fine. More important to give quality care for the children they have, than have many children just because they try to get a son. *Who has the most responsibility for the children, father or mother?* Both of them have equal responsibility, but the mother should cook, and the father should earn money? But he sees them as equals. And the one who have time should take care of the child. *If baby is okay and fine with the father taking care of the baby, then this is okay too.* *How do you take care of the daughter-in-law after birth?* She has to rest a lot, and not lift heavy. Other family members have to take her job, and share the responsibility. They give her nutritious food. They also prepare for the delivery by saving up money, and that she has to go for check-up. *It is better if she deliver at the healthpost, this is related to economic issues.* But they go to Kathmandu is there is any complications. *Do you want to know information about the changes that the women go through?* Does not want to know anything about this.. *Do not know much about it, and do not feel interested in learning more.* *If he was to get more information about this he would get distracted, and want to do other things..* *Do you have any traditions after birth?* Naming ceremony on the 3. 7. and 12. day. On the 12. day the mother has to take a bath. Also the whole home and the mother are "purified". They are also taking care of the mother and child. Letting them rest, Not lift heavy things etc.. *Do you participate in the delivery/hospital visit?* Not so much..Or it is mostly about waiting at the health facilities. *Can the family see the baby after birth?* Yes, they get to see the baby one-two minutes after birth? Says that mother is weak, so they help with keeping the baby warm and hold it. Family members, can touch the baby and mother, but other's can not touch mother until the 7th day. *Do you give any advice to your son?* Should take care of wife and child after birth. *If he does not help her wife, and listen not listens to her wants and need, things can get worse later.* Education is also important, *advices to live "the good life".* Nutritious food, take care... *Do you have any ideas of how to improving women's health in general in the community?* Compared to old times, there has been a lot of improvement. Mothers group, has been and is really helpful for education of women's health. The women's group tells them that they should go to the healthpost f.ex. Education is the key. *Do you see any specific challenges (women's maternal health)?* Swollen legs, heavy bleeding.. *When does the mother go back to work?* After 2-3 months she goes back to normal work, but does not lift as heavy as before. *And how does this information best reach out to others?* Through awareness, good education, proper programs. School, health posts. *It is also very useful when people come from outside to provide information and educate.*

#5 Group interview - Old woman with uterine prolapse 74/76. Turned into group discussion with women. All mothers 19.02.19

Uterine prolapse. Explains a little about her case: She has uterine prolapse, and she explains that when she is sleeping or laying down the uterus will go inside. When she is standing, it comes out, so that way her case is a little different. She could not do a surgery because of this. She is also disabled as her right leg is.. something weird with her foot..?

Can you tell us a little about your life? She is living with 5 people. Herself, two daughters and their husbands? Her daughter is 38. She has had the prolapse for 10 years. *When you first noticed it, did you know what it was?* She did not know what was happening, but she started noticing it when she was walking, and she began to feel difficulties when walking. *When did you do something about it?* She went to seek help after 2-3 years after she discovered the problem, she visited the health camps and other health programs. Told them about her issue. *the problem was when she laid down the uterus would go inside again so they could not do anything about it? They could not do a surgery because of this? She even went to the hospital for two days in KTM. She did not tell anyone at first, but when starting to bleed, she told her daughter.*

What were your thoughts when it first started? She did not know what it was, nothing big, so she would not tell anyone, not an illness or disease so we're guessing that it all would be better after some time.. so she did not tell anyone.

When did you know what it was? When she decided to start telling it to people she knew what it was, told her daughter. *Can you do anything about it, how and what?* Can not do much about it.. She can not do surgery, so she has just learned how to tolerate the pain and live with it. *Did you feel ashamed when it all started, or when you found out what it was?* Yes, she felt shame, but after talking to her daughter she convinced her to seek help. It was good to tell someone, and to share her experience.

Asking the daughter that is also present in the room; What did you think/do when your mother told you? After her mother telling her, she started to convince her to seek help, but even at health post they can not do much. Also got her medicine for her to take, to compensate for the pain, and other stuff.

Did you know what it was when your mother told you? She did not know much about it, but she had heard about it, and knew that she had to seek help. She knew that it had to be uterine prolapse when her mother told her.

To the old lady: were you okay talking about it? Yes, she felt okay talking about it to health workers, she felt pain so she had to tell them about it, had no other options, needed a solution. But this is also a very closed village, so when she went to the health post, everyone asked and knew what was going on. But she felt okay with others knowing it.

Does she know anyone with the same problem as her? Yes, she knows about 2-3 women with uterine prolapse, but not in this community. Those were the ones she met at the hospital, so she talks with them about their problems. They share their problems and struggles and that it hurts... But the others are having degree 1 and she has degree 3 (of 4).

Do you know that this is quite a common problem in the village? No, did not know that this is such a common problem.. *Do you have any ideas of how to prevent UP?* If she had known about it earlier.., the symptoms, what to do, what to do to prevent it.. Get more information in advance. She would also advise young people to for check-ups at the hospital. She says that her time has come, so she does not bother doing anything about it.. But she would advise the young women to do.

Did your husband know, when he was still alive? Did you talk about it? No he did not know about her conditions, her husband had two wives, he got married once more with a younger woman. So they did not talk about her problems.. But she says that her son-in-law knows, because her daughter talks with him about it, and it is okay to talk about it with them. *Do you know what caused the UP?* She says she doesn't know what caused it.. But she knows that she knows that not to lift heavy and to seek help are important things.

Asking her daughter again; do you have any idea how to inform and prevent UP? It is really important to create awareness, inform and tell people that it is important to go for check-ups. *Who do you think it is important to inform?* Most of all the young girls, and women at all ages, rather than the men and husbands. Because people do not know what it is (UP) and what to do. It would be good, and helpful if someone from outside the village can come and tell them about it, and to educate the village. "The uterus is not protected by the "vertebra". This might be God's weakness".

How do you think it is most useful to give the information? In what way? They would rather prefer group meetings and group discussions than one-to-one and family advising. They say that they think women and men should be in separated groups.

Do you think the women and/or men would be interested in something like this? Yes, they think so, and also the female volunteer has contacts around the village, and in different communities so she can arrange meetings and get people to join in. They say that this has been successful before when the female volunteer arranges meetings, female volunteers that comes from outside the village to teach them about health etc.. *Do you have any kind of groups now?* We have heard about a mothers group or women's group. Yes, they have a mother's group where they talk to each other and give each other advice. They mostly talk about problems with the uterus. *The leader/female volunteer of the women's group shares her story.* When she gave birth her child left her with scratch marks in the vagina/uterus(?) during delivery, so she got wounded. She needed to stay in hospital. (Assuming this caused severe infections?), so she had to remove the uterus. She tells that she is now a female volunteer health worker, so when she noticed her problem she went to the health post and then to hospital. *Do you know what caused this problems?* Her husband got married for the 2nd time. Then she had to take care of everything.. heavy work and a lot of responsibility. *How old were you when you noticed?* 30-35.

Is there something you do not talk about in WG? No, there is nothing they do not talk about. They ask each other on how they are doing. And everyone has to share. Say that they encourage everyone to share their thoughts and problems, and that if they don't do it now, it can get even worse and dangerous. So it is important to not hide. *Does everyone participate in these meetings?* Yes, everyone is participating, and if not she will call or go to their homes. *What age?* It varies from 10-15 years when they first join, once the girl gets her menstruation she is invited to the group. Even in the women's group they sometimes call them men to join together with the women.

**#6 Interview - 25 y/o. 2 children - 6 years and 2 months.
19.02.19**

Can you tell us a little about your life? She lives with her parents-in-law. And her husband and two children. *Normal day?* Wakes up, prepares and eats breakfast. Prepares lunch.. and now a days she is spending a lot of time with her two months old child.

Has anything changed since you got children? Yes, she feels like she has more responsibility, and more work to do. *Do you go for any check-ups?* Yes, if she is feeling any complications she goes for check ups at the health post. *Do you do anything special now after birth?* It is a tradition to feed the mother with local chicken. Also her husband is more caring. She usually works at school, but her husband has taken over her job, so he does her work at school now. *Are you married, if so, when?* Yes, she is married, got married at 18 y/o.

Do you use any kind of FP at the moment? No, because her husband has been abroad for work, so there were no point it using it. *Where did you deliver your baby? (2nd).* She delivered her baby at home in the house. There were no one at home, and no one at work at the health post. She was all alone, so she gave birth all by herself. The birth was immediate, so she did not see any other options. *How did you know what to do?* This was her second birth, so she had been through once before. She also went to mothers group where they have been given information, and prepared for a possible home delivery. *How was the delivery?* She was first all alone, so she had to do everything herself. Then her parents-in-law came, and they cut the cord with a new blade. They knew about the risks for infections. They helped her, and straight after they went to the healthpost for check-up. She delivered the first child at the health post. The 2nd was easier, because she knew what to do. And also it was good to go to the healthpost for check up, so she could make sure that everything was okay. *Did you go for any ANC?* Yes, 4 times check-up and also ultrasound at the healthpost. *PNC?* She went straight after delivery, for PNC, but did not have any complications so she did not go more times. *Did you know about possible complications after birth?* She knows about complications, but she didn't suffer much from the delivery. "The delivery was not so bad". *Have you heard about UP?* Yes, she knows about it, not to lift heavy, do exercises and for example not sit in this position. (crossed legs). *Where did you learn this?* She learned it at the healthpost, school, GreenTara (Sushila). *Do you talk about FP with your husband, and do you use any FP now?* Yes, she and her husband talks about this, but she is not using anything right now. She says that her milk will dry up if she uses any kind of FP while breastfeeding. *Any traditions with the cord?* Before they use to pour boiling water over the cord(stump), but now they have learned to use chlorhexidine.

#7 Interview - Husband of the previous interviewee. 31 y/o. 2 children - 6 years and 2

Awareness around pregnancy? He knows a little bit. That she will gain weight. Not supposed to lift heavy, has to eat nutritious food. *Where did you learn this?* Mostly at the healthpost. *Have you ever participated in the mother's/women's group?* He has heard about it, but did not participate. *Where did you get information about pregnancy etc. ?* Mostly in books, but also some at school. He also learned when he joined her wife for check-ups at the health post. *Were you present at the first birth?* Yes, he was at the healthpost while his wife gave birth, but he was not allowed to go inside the delivery room. *Did you want to go inside?* No, he did not want to go inside. He did not want to see his wife in such pain. And also in Nepal it is no tradition of the husband accompanying his wife.. The wife does not want her husband to see everything. *Would you like to learn more about women's maternal health in general?* Yes, he would like to learn more. Especially if the wife is struggling, or in pain. Then he wants to know more about how he can help her, or make things easier for her. *How would you like to get this information?* It would be helpful to get the information through programs, mother programs, and in this way be able to help. *Do you talk with your friends about this?* Yes, he talks with his friends. They give each other advice, learning and share their experiences. *Do you have any ideas for how the information can be better?* He suggests that people from outside the village can come to teach, and also that men and women should be kept together in groups, so that they can all discuss and learn together. Married, unmarried, young, old. The young also have to learn the older, and educate and convince them. It is changing times now.

**#8 Interview - Father to be (husband of pregnant woman 9 months). 32 y/o.
19.02.19**

How do you feel about soon becoming a father? Happy, also a little nervous, but mostly happy. *Change in life?* More responsibility, not so much freedom anymore. Can not do what he wants all the time.

Normal day? Normally he stays in KTM because of work. But since his wife is soon to give birth, he is staying here in the village until the delivery. He travels, so he usually goes back and forth. If the workload is heavy he stays in KTM. He works as a driver. *What has changed after married?* He is the oldest son in his family, and since his father past away he has had a lot of responsibility for a long time. He takes care of his mother and all his family. It has been like this since he was 20. So in this way not so much has changed.. *Do you know what happens to the women during pregnancy/delivery, changes in the body?* Knows that women go through physical and mental changes. They can not work as before, even though they should not stop with their duty, but not work as hard as before. *Do you talk to your wife about this?* Yes, they talk to each other about this and the changes. This is normal because they are husband and wife, and then they talk about things like this. *Where do you get information from?* Gets information through different sources, and he feels he gets sufficient information. *Does not feel it is necessary to seek more information, because he thinks he knows what is worth knowing.* Learned some things at school, and through health workers at the HP. *How do you take care of your wife in this period?* He is taking her, and goes with her for check-ups, listens to her, and asks what she needs. If any complications they will seek advice? They will try to deliver at the healthpost, but if there are any complications they go to KTM. *Does your wife go alone for check-ups?* If it is here at the HP then she goes alone, if in KTM then he will join and they go together.

Do you talk to your friends about these things? Usually parents-in-law and his mother are giving advice. So he talks with them. *Where do you look for information?* He uses youtube a lot, facebook for sharing and getting info. He search for things like how the child is born, how the process is, delivery etc. Mostly uses his mobile phone, and also sometimes computer, if in KTM? *Do you search alone, or together with your wife? Or both?* Both alone and with wife, they both have their own phone, so it is natural to search alone as well.

Have you talked about the delivery? Yes, they have talked about it. They are planning to do the delivery here at the HP, and if any complications they will go to KTM. *Do you want to join your wife in the delivery room?* He says that usually men are not allowed in the delivery room, so he is not sure if he can come with her or not. Also it is quite difficult for him, as one of the health workers is his relative. So he is not quite sure.. *Do you know how the time after delivery will be?* He says since it is his first time he does not know too much about the time after, and how things will be. He knows about the oil massage for the baby and the mother. Also the naming ceremony, and to feed the mother with local chicken. He gots his mother along with him, and she knows what to do. They will take care of mother and child. Cooking etc. *What kind of changes in the woman's body are you aware of after giving birth?* After delivery the whole body changes a lot, maybe also more work for the woman. Body changes a lot.

Have you heard of UP? Yes, he has heard of it, but does not know much or what to do with it. He also says that it is really difficult to do something about it if the woman does not tell what is going on in her body, and what kind of trouble she has. It is difficult to know if they don't tell, because they can not see the problems. *Do you have any ideas on how information about things like this could be given/improved?* Health camps and programs. *Would you participate in this?* Difficult for him to participate, since he is working in daytime. He says that not many men have time during the day, because most of them go to work outside the village. Not many of them have time to participate. *Do you have any idea on how to get men to participate in groups?* Mostly men talk with each other about things like this, and then again spread the information. It is also good to have such groups, but again there are issues on the time.. Has to be a fixed time. He suggests Saturdays or holidays. Festivals, when they are here in the village. *What to you see as the mens role in this? (maternity care).* They would not know if the wife does not share with them. The wife has to share symptoms accordingly so that they can help more. *Do you think you know more/less than average in this village about these things?* Not quite possible to say if he is more informed or not compared to others.. Everyone has access to search or find the information that they need. He just does what he has to do.. Everyone says they care for their wife, even that they are the best, but again everyone cares for their wife..

Expert interview with man in charge of HP

Age: 34 years

Your thoughts around men's involvement in women's health. Before it used to be like the women should handle the inside work and the men should handle the outside/financial work. Even today in the new generation, this is still prevalent. Men should not do the household work (it is a part of what women do). the women should focus more on agriculture and taking care of children and looking after their home.

So what is your job here at the Health Post? So he is currently in charge of the Health post, he is a health worker, but if the health assistants come, they will handle the health post duties, but currently he has to look over all the health posts works, all the needs of the customers, facilitate outreach clinics and vaccination with the rural municipality of this place, so he handles the overall works of the health post. It is a lot of work (not right now) What is your educational background? My education is +2 and have worked as a community medical assistant for 10 years. Have worked at this health post for 2 years.

Do you live in this community? I live 20 km away and travel here everyday

Do you know a lot of people living in this community, mainly through work or privately as well? Yes, of course. As he is a health worker, he knows a lot of the people visiting the health post. This health post covers 9 wards, and this is the only HP in the overall area, so people know him as the person in charge, know him through work. More than 5500.

When people come to the health post, do the women come alone, or together with their husbands? It is rare that the both of them are coming. The one feeling sick comes to attend the checkup.

What are the main things the women come to the health post for? Most come for normal cases, and pregnancy tests, checkups and in time of the delivery.

Is it a problem that the women are shy around their personal health? No. Due to the culture around here, the women feel shy to talk to the male health workers, but if they talk to the female health workers, they are quite open.

So what are other things we can do to make them less shy about their health, any ideas? It would be effective to have more counseling is provided to the females as well as males, as of now the quality of education has changed the behaviour. After good counseling they have started to open up about these things.

What are the challenges the women face the most around the maternal health in general- before, during and after delivery? Before there used to be many cases of uterine prolapses, that now have gone a little less. But talking in terms of delivery, it will be post-partum hemorrhoids (hemorrhage), talking about reproductive organs, uterine discharge (utflod), vaginal discharge?

Is that something the women can talk about, or are they very shy? Some people talk to the nursing staff. The girls are usually comfortable talking to the female health workers, the women who visit the HP for the first time do not like to talk to the male workers, but the second visit, they might be a bit more comfortable.

Are men aware of the problems that the women have? The husbands and wives might communicate about the health problems, but the men/husbands does not come here and tell that my wife has got this problem.. and do not seek recommendation or advice for their wives.

Do you think that is something they should do? It would be best if the husbands could come and talk with the male health workers as well because it will be easy to treat the wife, and even the wife will feel comfortable talking to the male health workers as well.

How do you think that awareness can be spread among the men? Education is the most important way to increase the awareness, but there is also this drawback as the males do not stay here quite often- they will be out working all day, but different awareness programs can be arranged like awareness campaigns.

So how do you think would be the best way to reach the men- when and how? The morning and evening time will be ideal to reach to the men in this community. Is that because they go out for work, and come back late? Yes, in the evening time, they come back to their house What do you think it would take to change the cultural views on that women has to do all work in the house- what would it take to change this? The main influencing factor is the culture, because not just in this community, but all over Nepal, we have a patriarchal society where the men thinks that once he marries a woman, it is the man's responsibility to take care of the woman. The first influencing factor is the culture, and the only thing that can change is the education and awareness which will take a long time from today.

We've heard that many men drop out of school very early, so what kind of education and programs would be useful to educate them? The first thing would be poverty. Because of poverty they drop out of school to work and try to help to make the situation in the family better. The other condition is that even the parents don't take much care of the children, even when the students don't attend school for a week or so, the teachers, not the parents are concerned about it. They don't pass the information to each other, once the child stops attending school for a week or more, then it becomes a form of habit, and they do not want to study.

Do you know the reason why the parents doesn't push them to go to school? Because the parents lack the education themselves and the women in the village is involved in their own work like farming etc. so they do not have time to focus on if their children have been studying properly.

What are the ways of communication/informing them? would it be social media, groups or joint groups of boys and girls/ older boys or videos.. How do you think is a good way to educate them? Mainly, that they should be given information/education in group discussions. Videos can be used to make them understand. The video will keep their interest and give them the knowledge.

APPENDIX 3.M - DR. CHHATRA

Meeting with Dr. Chhatra Amatya

Background: Was in the government for 35 years. Was in the policy planning and spoke person of minister of health in the planning division. And also the National Health Education Information and Communication Center NHEICC <https://nheicc.gov.np/>. That takes care of communication materials and promotional materials. While being there, we were able to ban the advertisement of tobacco and alcohol from electronic media in 1999 and added the tobacco fee.

Educational background: MBA from .. medical science then I did medical training in psychiatry in Edinburgh. When studying medicine, my main aim was to come back to Nepal and serve, so I took six months of medicine and six months of obstetric ... preparing myself to be in the rural areas. So I have served mostly in the rural areas and have conducted 10 000 deliveries with my own hands. At that time the fertility rate was really high. Even while I was in the government I was in the preventing and promotional.. after that I got involved in NGO's. Sankalpa is the women's alliance for peace, justice and democracy. All women organizations come together for women's issues, campaigning for the rights of the women. E.g. disabled women's association, organizations working with adolescents etc come together in Sankalpa. So I am chair person of Nagari Kaawaz and represent them in Sankalpa. In the start it came into being because of the Maoist insurgency caused a lot of people to be displaced from their homes and traumatized, so we tried to help them with some holistic approach, women's support, giving them a platform to ventilate their feelings. They were affected by the state/military as well as the maos, and the women were affected most. So now a days we have been able to bring the women and youth together by giving them platforms and establishing peace centers in the community. And those youths who really wanted to take revenge, now they are the peace investors- that is nagarikaawaz. Sankalpa also hosted a woman's conference (Easier to host in Nepal as India and Pakistan don't like each other), so Sri Lanka, Maldives, Bhutan, Bangladesh, Pakistan and India were present, where the main aim was to identify the common issues (seems like all countries have similar issues). And there is an entity known as SAARC Agricultural Center (SAC). SAARC means The South Asian Association for Regional Cooperation. but that has not been functioning for a couple of years because of India and Pakistan as everyone needs to be present in the meeting. There were 14 declarations of SAARC so far, so one of our colleague from Sankalpa (medical doctor) presented the general perspective of what is lacking and what are the gaps.

Kamla said that you have worked in the government and with NGOs, so it would be very beneficial for us to meet with you. I also worked for an american NGO called CEDPA (Center for development and population activities) and immediately after I retired from the government then I was offered here as an advisor and country director for the first and last person that was not an american expert. And there also they are focusing on adolescents (more girls, but boys also) giving them holistic sort of idea how to choose their future, what are the health components and how to get.. from trafficking to be aware of all that. Then I went to a terai area. So I have been working with women and health since I graduated. I wanted to be in the district rather than the center (everyone wanted to be in Kathmandu), but

I wanted to be outside kathmandu in the villages. At that time there was no electricity/ telephone in the area I worked. So I was conducting deliveries in the lanterns. At that time, I also did the administration and postmortem (find reason for death in suspicious areas) also (3 doctors were there, but two was absent), so I had to do everything. We didn't have facilities of distillized labs, just to listen to the patients for 30 minutes. And then do a thorough examination.

Listening to people is very important. So people now a days are really busy, they come to you and want to express what is really bothering them. People are very knowledgeable and all, but they do not have time. What patients needs is time to talk. And if you really listen to them, 50% of the problem is gone. If you listen it is your benefit also because you are able to guess what is wrong and then you can go in the proper direction. **It is quite similar to what we are doing. We are working with human centered design, so we base a lot of the work on listening to people and what their needs are.** Yes, listening is an art too. People know very much because of google etc. and want to show what they know without realizing what the other person is asking. That also is missing in today's world- everybody is in a rush, and say that "if I give my time, what is in it for me". Time is very important, but so are humans feelings and emotions also. "I haven't earned much, but I have earned a place in human heart"

That is also why we are doing this master thesis, because we want to understand and be useful and create something of value for people. It might be a small thing, but if it makes a difference to that person's life. And another thing a like is that "If I can put a smile on one person's face" **The project is a success if we can create a difference for one person's life** That's quite a lot! That person who is content and happy can spread happiness around, and can be useful to so many people.

Explain the purpose of the project. Focus in information and awareness on maternal health. Both for women and men. That is for a long time, we have focused on women only, then focus on child. Then we realized the men are the ones taking the decisions. The men takes the women to the service areas. So the decision makers need to be aware of where to take her and all that. In Nepal, the thing is that (except some urban areas) the majority of women are taught to give least importance to themselves. "I am not important. Others like the men and in-laws are more important". It has changed quite a lot, but still not to a satisfactory level. Now what is happening is that when we invite women in rural areas, the husband takes care of the child while the woman are attending the meeting or educational programs. So that is a change. But we still have to go a long way! My message to women is to "first give importance to yourself. Your body is like a temple that someone else has created for you, so you have to take care of it, and if you are healthy, then you can serve to others!" That is not being selfish, you will be able to take better care of the people around you. And second is then to understand (we have been fighting for equality), but more than equality is equity. Those who are deprived need more focus, orientation and support. And then when you can make them run together.

We are also under the impression that the family/in-laws have a lot to say. Yes, very much so! So now in those cases, we also used a holistic approach where we give more education to the family (husband, in-laws, brother and sister in-laws) and the community. If the

community is aware, then all will come and help. It has to start with the individual person, partner, family and then community. That way you can make a difference. When you design- keep in mind who are the beneficial and who needs help with what.

Learned alot about how common it is with uterine prolaps. Causes can be many- young marriage, young pregnancies, several pregnancies and the workload of the woman- also rooted in the culture, expected from the woman. All these social expectations of the women. The household work is not considered work, it is just chores they have to do. If she is not satisfactory to the men, he can just marry someone else. YES. Even the household is not given importance. You can ask a man what he does, and he will say this and that.. and what does your wife do- she does nothing, she is at home. In fact she is the one who will be working for more than 18 hours a day, she is the one who goes to sleep last, the one who gets up early. During the whole day they need to take care of so much. In the western areas, when they started monetizing the woman's work. Slowly the literacy is getting slightly higher than before. The number of women going to the birthing centers has increased, mortality rate has increased. When I was a fresh young doctor, the fertility rate used to be 6,1, now it 2,1? International focus and safe motherhood programs has worked. Nepal used to be the only country where women die earlier than men, now it is almost equal. Women have more resilience- even from birth. Given the workload, the poor status, still women can survive. Both premature boys and girls with similar condition, the girl child will survive.

For our solution, we think we know more or less that targeting the men is important, and you confirming that is good. But, we are trying to figure out how we should tackle it, and how we should figure out the solution. What ways can we reach the users. Would it be just one village, or could it be further out? And how do we actually connect with them? What are the NGOs who have actually worked and have gotten through to make a change, and how can we manage to create that change? First you have to study all the studies that have been done so far, (I was working for 35 years in the ministry). Find out what worked and what didn't work, you can analyse from that. And pick up from that what is doable for you, and pict up one village- don't be ambitious. Because once you can establish this in one village, you can replicate it. First focus on what is doable. Go to a reasonable place- suggest you can look at the mortality and morbidity study from 2008/2009 by USID. A study was done in 1998, and based on that study they wanted to find out and replicate the study and what has happened. In that you will find a lot of structural, causes, barriers, policies, what have worked and all that. It is very famous because in 1998 study- what came out was that the suicidal rate was high in the most remote areas, and more so below 20 years. It was very alarming. 1/10 committed suicide. Was again looked at in 2008/2009, found out that it still was still high. There are a lot of references as well.

.. går for å hente boka til oss, stopper taleoptak

How will we be able to connect with them. Have there been any successful projects? Yes, SSMB(P?) project was previously under the government- family health division. Nepal has got lots of organisations working with maternal health, everybody came together- integrated into one department of health. You see that everybody are pulling together their resources. If you have time, go to family health division, there is two safe motherhood units. Used to be NFHP (Nepal family health project) American.

When you come in april what are you going to do?

We hope we will have been able to create a solution that we can come back and test, get feedback so we know that its actually useable. It would be amazing if we get so far that we can start thinking about implementation, but we will see. Don't know if implementation will be handing it over to an NGO, don't have time to do it ourselves. You really have to find a reliable NGO who is willing to take over what you do. Kamla is also quite knowledgable, just tell her beforehand. She could ask someone. We are in touch with Green Tara and Solid Nepal. SOLID Nepal is good, Greet Tara i dont know. Dr. Khem Before you go- would you write your names and contact information? Writing it down

Do you know what the status is, in Norway the mental health of the maternal woman is quite in focus, do you know how that is here? Quite alot. In fact it was not recognized, because it was just like you delivered and it was normal. In that study 8% of the women are suffering from mental illness. The latest number I don't know. They don't know it is a physiological process. When I came as a young doctor, the toxi.. pregnancy (swollen feet, high blood pressure) is common. Now with the visit to antenatal clinic that also have improved now. Access to information was limited before, but now it is getting more widespread, because now we have the FM radios in the villages as well- more efficient because they can do the household work while listening to the radio. The mobile phones (provided FCHVs with mobiles, and a small amount for messages).

Check if we can keep the same Nepali number when we come back.

In relations to solutions that have worked, how are they visualized or worded? How do you reach the level of the users? Cause the level of illiteracy is quite high, so how can we express the information so it reaches their level? First of all, they should feel that it is for their good- their benefit. If it is a useable thing, they will be able to take advantage of that. You have to choose an area where they speak Nepali language. Let them know that if they use it, they will be strong, be able to take better care of the household, they would be more interested. So we need that the carrot. Yes.

In terms of what has been helpful from your point of view. in terms of radio, video, group talks, or campaigns, what would you suggest for us to try to aim for? Campaigning aslo can be done through radio and also through mobile text messages. Physical campaigning might not be possible for you to organize. What has worked a lot is group discussion, mothers groups, get them together so they can discuss. So we can tell them a thousand times good advice, but if their own people tell them (it worked for family planning)- they will trust each other. Group discussions have worked very well, and it is also doable. So do we need to find a key person in that community that is more liberal Yes, first you need to identify that person, get recognition- if there are more people- bring them together and observe how they organize it. In the beginning you can just observe. Find a leader. Usually focus on FCHVs they are already trained, and are very much respected among the community. In fact FCHV is something they have also started using in Cambodia and other countries. (Invented by dr. ramcester?). He go to different places. FCHV is the key person.

Since this is just a student project, so in the village they came and asked us if we could provide them with equipment and stuff. They see us as these white people who can give them things, but that is not how our project works. How can we be able to reach that? First of all you verify that this is not a big project, it is just a student project from your own pockets, nobody is funding you for this. For the meeting you will have to give some amount for tea and biscuits, and if you are using a FCHV, you should give something for them to use their mobile to text and all that (500 NRP/4\$ a month). Just a little bit of incentives.

After we go home, do you think that NGOs would be interested in helping out, or do we need to find some way of funding it after we leave as well. You have to just talk to the NGOs themselves, and if they buy your idea, they should be able to add on this thing as well. Things are being done already, but you might do it a little different.

Would it be beneficial to just target one NGO? You wouldn't have the time to talk to too many NGOs, so first SOLID Nepal should be good if they are willing to take the project.

If not, we should maybe contact Kamla? Yes, she can help out.

Do you know any specific problems we should focus on within maternal health, or should we keep exploring? The main thing is that you find within that community. Find the education level of the girls and women. Been done incentives where we give the family/household oil if they send their girls to school. Use that has already been taken place. E.g. in the school, there is no separate toilets for girls, so when they have menstruation, they rather skip school. We campaign for this by improving the facilities and have come up with menstrual pads. One is education, another is access to the health facility. Even the knowledge about the programs, what is available for them, that it is free- that information is also not always out there. You might find that you'd like to send them that message. Nutrition is the biggest thing. People don't know the value of nutrition, they will throw out the vegetables because it is the poor people who eat it. Even the information why the nutrition is important. Out of all that, you should focus on one area.

So in the nutrition way, we have read that the men gets more nutrition, and the rest is left with the woman. Yes, in the rural areas still happens. Cause you read all these things, but you think it has changed. In Kathmandu, it has started to change, given education. But in the villages I think it is still prevalent. To that extent that they will be hungry. It is so absurd that you cannot believe it is true, and so rooted in the culture. It is, but now the media is very active.

So what are the main things to focus on to be able to create behavioural/attitudinal change? What I suggest is you find out what has worked and apply/intensify that. We have been working here for 14-15 years trying to make behaviour change with an holistic approach. In one community we provided free education for the children, but the parents didn't send them because they had to take care of the younger children while they were working. So you have to find out what are the local barriers. You cannot do everything at once, just do one particular thing. Find something that others are doing and intensify that. And then you can check the progress before and after. Your main aim should be to find out the current scenario of Nepal and what can be done with the time. We don't even know if we

will be able to see a change because of the short time. These things can take ages and ages. All these NGOs working together, and when the change comes, everybody wants to take credit for that. All together- it is a collaboration, and the credit goes to all, not one responsible. It is all about being a part of the larger picture. We are only three students from Norway. What you are doing is you are putting a magnifying glass, and you are just giving the view of that for the moment. You cannot do more than that. And that will help for others. And that might just be like lighting the match into a bigger fire- that creates the change. Put an aim on what is doable, through that, one step at a time. You realise it is a men's dominated world here in Nepal to extents that we can't even imagine. It is such a patriarchal society that is so rooted in tradition. It is beginning to come into the light. There are good men trying to help the women.

This was like a blind date. Yes, we were wondering if you would show up! Yesterday, I just called her to confirm this meeting.

If you want to do something for someone, your energy will come. Maybe that could be something for our project as well. Use the fact that women seek to serve others. If you are well yourself, you can take better care of your family and relatives etc. If you focus on them, they will feel selfish. They are brought up to think that they need to take care of others. If you are alright, you can take better care of others. Another thing I say to women here is that you should learn to say NO. Even though they are not well and all that, they still say, OK. You cannot say no. Sometimes they also need to be able to say no.

What do you see as the greatest empowerment of women in Nepal? They are not afraid of saying their voices. They believe in women's solidarity. And how about from the men's views, how they view women's empowerment. Those who are really educated and wise, are proud of it, but those who are not secure themselves get this psychological reaction. So maybe trick them to think that they get empowered by women being empowered? Yes, right! And does that go for only the rural areas, or all over Nepal? It is only the degree. In Kathmandu you will find it in a less degree.

Powerful men are not afraid of empowered women. They might think they will take over. Like a chariot where one side is men and one side is women. Both the wheels need to be in strong condition if this thing can go ahead in a balanced way. Your partner if she is dragging, the more burden will be more on you, dragging you behind. It is better if she comes along helping with business etc. Use the resources you have. That's what you are teaching kids for what makes a good team. That is what you can apply that is more realistic.

APPENDIX 3.N - DR. NEETA, UNFPA

UNFPA. What they do:

- Sexual reproductive health services, reaching out to adolescents, screenings of different diseases? Like cervical cancer
- FP2020, Nepal has also committed to this. All the reproductive health... Supports the government to education guide. Safe motherhood roadmap.
- Do implement different programs, information on reproductive health.
- Female volunteer program.
- Training, SBA training. Training packages.
- Quality improvement of healthcare services.
- Core funding, and also donor funds

Challenges, lot of demand issues, lack of human resources, low on skills. Child marriage, arranged marriages, and also the pressure from the society of give birth and have a child. The girls are very often not ready physically. Also health seeking behaviour.

Successful project?

- FP, through this project we are working both in the demand side, and also strengthening the services etc. Various coordinations. Female Community volunteers health workers.
- They are not using FP methods, "it is God's will". Muslims. Engaging different religious leader, local and in provinces. FP should be used by women. Contraception is really low in this group.
- Information, in health facilities so they give training and information. Additional service providers.
- Linking people from the community, creating awareness
- Including men? Religious leaders, including men. Here in Nepal, including the husband, and also the mother-in-law. It is really important that we orient them, and also make them aware of this.

Any thoughts on how we can include and reach the men?

- Media is a good source of including the men, radio. Many listen to the radio here in Nepal.
- The orientation can not last for too long, it should be a time that is appropriate for them. They have a lot of work to be done, so it should be a fixed time.
- Microfinancing group within the community. It is important to look outside only health related groups, maybe men seek other, an engage in other group.

Family structure?

- This is definitely something to look into. Definitely a trend that there are more and more nuclear family.
- More in urban, yes, this trend is stronger here. Still in Kathmandu there are mostly the joint families, the culture is so strong.

The solution and implementation, how to reach their level of perception?

- package of education. Social transformation package, 52 weeks long, once a week. Developed in Nepali, oriented to family, teenage girls are trained in this package. So the package tries to reach the right level.
- The family is oriented, this and this is included in the package. Based on group discussion. 16 different models, different topics.
 - one day they will be talking about nutrition, next day the life-cycle.
 - the attendance is quite good. It is run by the community, need to have good contact.
 - Boys? They are now trying to engage. They are the ones who really need to change as well..
 - Important to include the boys. Youth network, provide trainings. Application, reproductive health. KHULDULI
 - Social media, most young people have their own phones. FB is very people. Youtube is a popular channel, we have been using it to share information. Some rural areas you need to walk two days to reach. Youtube.
 - Also TV and radios

Barriers:

- Approval from the government, include them, ask them what they want to see from new project. Engage at all levels, kath - local - province. Used to be top-down approach, but now that has changed.
- Lot of supply and demands barriers, feks, we come up with a project, but it might require supply.. and human resources. Just giving training is not enough.
- Quality monitoring of services.
- Social cultural aspect, social norms, culture. → create a concept, share it with others?
- Follow the rules and policies, a lot of them in Nepal. But the challenges are for implementation, important to stick to the guidelines. Introducing something new, pilot, test, see how this can be in the long run.

One way of doing it would be to look at the national center, behaviour change, cultural change. Engage with this department of health service, could help with implementing our concept. Local, provincial leaders included. Especially now in the changing times. (How the country is run?). Ward, lowest unit in the district. Local leaders in the ward, and also through the province. Ministry of social development, kind of huge, engage with provincial leaders.

Really interesting to go through the existing groups, mobilise the community gate keeper?

Young boys, create awareness. If we have both boys and girls might not open up if they are together. They do not talk open about FP/methods, in order to help women to share their experiences, we felt that we should separate them out because of the dominance for men.

Keeping the interest or get them interested? In programs and groups we are mobilizing the youth themselves, and make them spreading the information.

Even if you do not engage with national level, it is really to engage with the local community level. Engagement of the government, or you can have engagement from NGO and then they can get engaged with government. At least at local level, even at a small scale.

Providing information, reach out. Community, social media, the app mentioned earlier. Education materials. Working on integrating sexual education. Need several contacts with this groups, practices and attitudes. Brochures, pamphlets, messages.

Online, booklets on different topics. She will send us some material.

What they learn in school, sexuality education.

Scalable, cost-factors, sustainable, government able to bear the costs. Think about strategies, and how the government can be able to scale it up from the pilot level. Make strategies for the long run, how will it look in the future? How the government will be able to take over the project?

How to make the government bite on? Make value, health system strengthening. Existing capacity. Can have additional people when developing, but think of how should it be taken further. Costs and benefits. Have different activities included in the program..

How can we be able to reach the government? Even for a pilot and test? Through NGO, they have different stakeholders, coordination with them. Need an approval.

Ethical issues...

NGO, share our concept with them. Develop a concept, NGO also need something to be able to decide on what to do or not to do.

Cost implications, I guess they will also be depended on some funding.

Maybe we can directly contact someone? Discuss if they would be willing to implement our concept. NGO most time will need some funding. Academy institution? Public health foundation? - she will try to find some contacts for us. Institute of medicine -