**File name: 200227\_1415\_FGD\_4\_OLDER\_FEMALE\_COMMUNITY\_MUTUATI\_**

**Duration: 00:43:37**

**I: So kindly speak up due to the noise caused by the rain. So I have mentioned to you the symptoms. My question now is, has anyone of you ever experienced either of the symptoms? Not all the symptoms but one of the symptoms I just mentioned; difficulty in breathing, chest pains, coughs or producing some sound when breathing.**

R2: In my community, we have someone who coughs a lot but if you tell him to go to the hospital, he prefers private hospitals. And you know most private hospitals don’t have the testing machines. So how can such a person be helped?

**I2: Is that a question?**

R: Yes.

**I: Okay, we’ll discuss it together with any other question we’ll have after this discussion. You’ve said that a person has a problem and they go to a private hospital and do not have testing machines so how can they be helped.**

R2: And if you tell them to go to general, they don’t want to. So how can such a person be helped?

**I: Okay, so number two has asked a question we’ll look into. Number one, have you ever had any of these symptoms? Number three…**

R3: My question is this, there are people coughing like when you have TB but some just cough and they don’t have TB. So my question is, what disease is that?

**I: So those are some of the issues we want to know about because we have said that we know there is TB and it is being looked into; there have been several challenges but there is something being done about it and the community members know what to do when they have it and how to take medication. So we are asking about the others that are not TB, how they are treated. But my question now is, have you ever had such symptoms, for example coughs or having breathing difficulties or you produce some sound when you breathe. So has anyone of you here ever had such symptoms?**

R6: Yes, whenever I have a flu, I sometimes cough as well and if I go to the hospital I am treated and told its just a cold and I was given amoxicillin which I swallowed.

**I: So whenever you have the problem you go to the hospital for medication.**

R6: Yes.

**I: Number five, have you ever experienced any of these?**

R5: No.

**I: Number four; number four is still thinking, number three – number four do you have something to add?**

R4: Sometimes whenever I cough, I feel pain. Is it just a cold?

**I: So that’s what we want to know. But first we want to know whether the symptoms are there.**

R: The symptoms are there and people do cough but they just think it is a cold.

**I: number five.**

R5: They may be there but not very rampant. The mothers…

**I: That’s where I want to come to now number five…**

R5: Sometimes when they breathe they produce some sound like a radio.

**I: So whatever number five has said is where I was headed to that maybe you are not the one but you know someone with one of these symptoms in the community. They could be your relatives, cousins, in-laws or neighbours or even your child or the neighbour’s child but in the community. Have you ever seen such symptoms?**

R: Yes.

**I: Number five has said that when one breathes they produce a sound like tuning the radio, right?**

R: yes.

**I: Number three.**

R3: Yes, they are very many.

**I: You hear about many people with the symptoms?**

R3: Yes.

**I: Number four, have you ever seen such?**

R4: Yes, a brother to my husband has a problem whenever he coughs and you tell him to go to the hospital for checkup, he goes to a private hospital. But whenever he coughs you can hear from a very long distance.

**I: Okay, now I would like to know, when the community members have these symptoms, what steps do they take to feel better? For example the one you mentioned, what steps does he take to get better and solve the problem?**

R5: He does go to the hospital and get asthmatic drugs.

**I: Okay, how long has he been given these?**

R5: Whenever he swallow them he feels better for some time.

**I: So whenever he swallows them he does feel better?**

R5: Yes.

**I: Okay, that one goes to the hospital for asthma drugs; anyone else? What method do they use to solve – they have a challenge in breathing; what do they do to feel better? Number two do you have something to say?**

R2: No.

**I: Number one.**

R1: No.

**I: Okay.**

R: [inaudible 00:07:45] which can help people who do not want to go for testing.

**I: Okay, you know, these are some of the issues that when we write the final report, it will be among the issues we discovered. We’ll say when we went there we found these symptoms but people don’t go to the hospital so that we can look for ways of helping them. But today, we are at the stage of getting to know what the problem is.**

R: So there are respiratory problems, a lot of them.

**I: Okay, and what are you told causes asthma? Number six, from your chats in the community and whatever you’ve heard, what have you heard causes asthma?**

R5: We don’t know.

**I: Number five doesn’t know. Number six – still thinking; number four.**

R4: I think asthma is caused by coldness.

**I: Caused by coldness?**

R4: Yes, because a asthmatic person cannot be in the cold.

**I: Where do they go to?**

R: They go to – when they are asthmatic they go to places with hot climates.

**I: They go to hot climates?**

R: Yes.

**I: Have you ever seen people leave here and go to such places?**

R: Yes, they leave here and go to places with hot climates.

**I: How do they decide to do that – how did they make the decision to leave?**

R: They feel it in their bodies.

**I: Number one.**

R1: They move to hot climates because they feel sick and it doesn’t rain often in hot climates.

**I: Okay, so they feel better when they move to such climates?**

R: Yes.

**I: Okay, number three; I saw you wanted to say something but there were a lot of things going on so you decided to wait for us to finish up; do you have something to add?**

R3: No.

**I: Okay, thank you. So the next question I would like to ask is, you’ve said there are asthmatic people or people with breathing problems in the community, how do the community members view them?**

R: As we told you, they do go to the hospital and are told it’s a cold. So most people just know it’s a cold. That’s why we are requesting you to help us out on that.

**I: Okay, but my question is; if one is asthmatic, how do the other members of the community view them? For example if a neighbor is asthmatic, how do the other people view them?**

R: They have to take them to the hospital.

**I: Something else?**

R: They also try to avoid whatever makes their suffering severe.

**I: Thank you; anything else? We have heard from some places that if one is suffering from asthma, the community members sometimes isolate or fear them. Have you seen such things in your community?**

R: Some people think they have TB.

**I: They think they have TB.**

R: Most people cannot differentiate between asthma and TB.

**I: Okay, so they think they have TB.**

R: some even refuse to share things with them.

**I: Things like?**

R: Like plates and cups. And some even think it’s a curse. They say that if this person has the disease then the grand parents had it or one of the forefathers had the diseases. So they think it is inherited. That’s what some think.

**I: So they feel it’s a curse.**

R: Yes.

**I: Okay; have you ever had anyone in the community educate you about these diseases; maybe at the baraza or at the church – anywhere…**

R: Some years back.

**I: How long ago?**

R: It is almost four to five years now.

**I: Okay, now I would like to know about services provision at the hospital; maybe someone is sick from the symptoms we talked about like maybe breathing difficulties; maybe they are coughing or producing some sound when breathing; when they come to the hospital like I heard that sometimes they are brought to the hospital. I would like to know, when they come to the hospital, what do you know about how they are treated? It could be a neighbor or a relative with those symptoms; what do they say about how they are treated when they come to the hospital? Let’s start with drugs; what is your opinion about respiratory diseases’ drugs?**

R: when you come to the hospital with such diseases, you can be told that there are no drugs. Sometimes you are given the drugs and sometimes you hear them saying that I went to the hospital and was given a prescription but I was told the drugs were not there and I should go and buy them. Sometimes they come and get some drugs but others are not available.

**I: So you don’t get all the drugs?**

R: Yes.

**I: Okay, she has talked about drugs; anyone with anything to add about drugs?**

R4: When a patient comes to the hospital they are given drugs; however some refuse to swallow them as directed. And some even refuse to go for the drugs.

**I: Okay, they come to the hospitals but don’t use the drugs.**

R4: Yes, they are given the drugs but they don’t swallow them.

**I: Okay, someone else; number six – number five.**

R6: This year things are different from last year. Whenever one goes to the hospital with a coughing problem nowadays, especially here in Lare, you cannot be given any drugs without a test. But before tests were not done.

**I: When did they start doing the tests?**

R: Around last year – I am not very sure.

**I: Okay, so on the tests, what can you say impresses you most about how the tests are done at the hospital?**

R: Kindly repeat the question.

**I: You have said that previously patients were given drugs without being tested but nowadays they are tested; so what has impressed you most about the testing that takes place at the hospital?**

R: I am impressed with that because for example if one was coughing, you think that since they have been coughing for two or three days, they have TB; but when they go and get tested, you find that its not TB. So you get to know what you are suffering from.

**I: Okay, so you help you know one doesn’t have TB…**

R: Yes.

**I: Okay, and what challenges do you hear people face when they go for tests at the hospital?**

R: Challenges?

**I: Yes.**

R: Some do say that testing costs more than the cost of drugs. So testing is much more expensive.

**I: someone else with something to add?**

R: I support whatever number six has said.

**I: And have you ever seen a patient go to the hospital and they are asked to bring their coughs for testing?**

R: Yes.

**I: What challenges have you seen people face whenever they take their coughs to be tested?**

R: The biggest challenge is transport. Let’s say I used fare to come to the hospital and I am told to come back tomorrow and I don’t have the fare back. You see I may not get to come back to the hospital again.

**I: Okay.**

R: You may even be told to bring it today, the following day and the day after.

**I: Okay.**

R: And in the midst of all that you fail to get the fare to come back.

**I: Okay, so you are asked to bring the coughs for testing today, the following day and the day after?**

R: Yes.

**I: So you get to a point you are defeated.**

R: Yes. Or maybe if you come you don’t find the doctor who asked for your test on duty. So since you don’t know the roster of the doctors, you will get confused. And if you could get the same doctor and he served you on the very day, you leave happy knowing that you have been treated well.

**I: What is the biggest challenge for patients whenever they find a different doctor?**

R: Some do think that if they don’t get the same doctor, they will have to restart the process again. So you find some say that I will have to start the process afresh. So people fail to understand.

**I: Okay, so they think they have to start from step one again.**

R5: Yes.

**I: Okay, thank you. Number five; challenges when testing. When one comes to the hospital and they are told to bring their coughs for testing.**

R5: To add on to what number six has said, you may bring the cough for testing and find a different doctor and the doctor will tell you to wait for the one who asked you for the test.

**I: So the doctor tells you to wait for the one who asked you to take the test?**

R5: He tells you to wait for the one who asked you to take the test.

**I: Okay, number four; a patient comes and the doctor sees him and tells him, take this container and bring some cough for testing; what challenges do they face in the process?**

R4: When you come and the doctor tells you to bring some cough for testing, if you fail to get some cough to be tested, what will you do? So he will tell you to come the following day and you come from far and use fare. So you may not be able to come back and instead just say, God will help me out.

**I: Okay, number three.**

R3: I support whatever number six said.

**I: Number two.**

R2: I also support whatever number six said.

**I: Number one you are so quiet; do you have something to add?**

R1: As the others have said, someone may be asked to go and bring some coughs to be tested and when they come back they are asked to wait for the doctor who asked for the test to be done. You may then not be able to come back to the hospital.

**I: Thank you.**

R6: Another challenge is lack of knowledge. If you are asked to bring some cough, you don’t understand what that means. So the patient should first be told that we are asking for your coughs due to this and this. But if you just tell a patient, go and bring some coughs and you don’t tell them why you are bringing it; they will wonder and feel like they are stupid.

**I: Okay.**

R: So someone should be direct them and tell them the reason why that coughs are needed. For example if the CHVs were many, some would help explain to them why they need to bring the coughs and why they should do as they are asked by the doctor. So the patient will not feel it’s a burden to them.

**I: So number two and number six are trying to say that when you go to the doctor they don’t tell you why they want the coughs, they just ask you to bring it.**

R: Yes.

**I: So you feel that if they would tell them why they need the coughs it would be better?**

R: Yes, you even have the morale to bring the cough knowing that you are going to be tested for this and this disease. But if you just ask someone to bring their cough, you will either bring the following or come for the result the following day; one even wonders why was I told to leave some of the coughs. So you just end up not caring as you feel it’s useless.

**I: Okay, have anyone of you ever been asked to go for an x-ray?**

R6: Most of us. Most of us are always asked to go for a respiratory tract x-ray; especially those who do think any respiratory disease is acid. So you find that one thinks they have acid this year and the following year as well. So since they have gone to different hospitals, they get different explanations. So say they have gone to private for years, when they come here, they are told they have to go for an x-ray. So they have suffered for a long time.

**I: So what are the challenges they face whenever they go for x-rays?**

R6: They are costly.

**I: Explain more.**

R6: It is expensive. X-ray costs a lot more.

**I: For example how much does it cost?**

R6: I am not very sure but most of the x-rays are five thousand or eight thousand shillings.

**I: Okay, so what is the challenge with the cost?**

R6: Most people don’t have the money to go for an x-ray.

**I: Okay.**

R6: And then some also, according to beliefs, some think that x-ray reduces one’s life expectancy.

**I: X-ray?**

R6: Yes, most people say so. If I have one, two, three x-rays, my life expectancy reduces. So people don’t have the right information.

**I: Okay.**

R: So if you are asked to go for an x-ray and you had had some x-ray some time back, one always say that no, I will not go for it because it reduces my life expectancy.

**I: So if one was to live for seventy years it reduces to maybe five years left?**

R: Yes.

**I: Okay.**

R: So people fear going for x-rays.

**I: Okay, so even if the doctor asks them to go for an x-ray they feel…**

R: They don’t go.

**I: Okay, that’s something I didn’t know about.**

R6: You didn’t know?

**I: It’s the first time I am hearing about it. As I told you, whatever you tell us is important; there are – yeah, and it is very important because if you hear something out there, it could affect how certain services are given because the doctor may ask a patient for it but the patient will think that it will reduce their life expectancy and the doctor doesn’t know about it.**

R: Some also say that – an old man went for x-ray and died of other complications; so they think that if I also take my child for x-ray they will also face the same fate, death. So some have such beliefs.

**I: Okay.**

R: So if there was someone to educate them – so there should be people to explain to them the reason why an x-ray is important so that they cannot feel it is not important to them. They should know the importance of taking them. So there should be people to explain to people the importance of x-ray.

**I: Okay.**

R: And then another problem is that people do not know how to differentiate between x-ray and scanning. So that is also a confusion people face.

**I: What challenge does the confusion between x-ray and scanning lead to?**

R: People don’t understand.

**I: Okay.**

R: And they should be told that it doesn’t reduce the life expectancy. Because if people believe their life expectancy is shortened, they don’t go for x-ray.

**I: Okay, do you have anything to add?**

R: No.

**I: Okay, thank you; so on x-ray I have heard two big issues, there is the cost – some people cannot afford the cost of x-ray and also there is belief that when one goes for a x-ray it reduces the life expectancy. Apart from those two, do you have anything else about x-ray you’ve heard people talk about – you’ve also said that they have a challenge differentiating between scanning and x-ray. What other things do people say about scanning?**

R: The only challenge is the belief that it reduces life expectancy.

**I: Okay, thank you. So now I would like to hear your opinion about health service providers; the doctors, nurses – all the health service providers in the hospital. When patients come to the hospital with respiratory infections – I want us to focus on that; there could be nurses who only attend to mothers and children; we are not focusing on that, we are trying to focus on the diseases I have mentioned to you; the health services from the health service providers. What do you hear or what have you seen with regards to the kind of health services?**

R: When people are attended to; but in hospitals like this one, there is a doctor who specifically deals with TB patients. Maybe if you are told to use the drugs and you don’t, there is a doctor who does follow up to ensure that you use the drugs. And if you don’t use the drugs they will refer you to somewhere else.

**I: So that’s on TB; what about the other diseases? What have you heard people say about doctors and the services they provide?**

R: The CHVs also help the doctors do follow-ups to the patients – the TB patients.

**I: Okay, number six do you have something to say – number five; the doctors – number four; are you okay?**

R6: Doctors generally are doing a good work.

**I: Okay. Now I would like to know, has anyone ever come to your home to talk to you about these respiratory diseases? You are just at home doing your chores and someone comes to talk to you about these respiratory diseases.**

R: That’s just some years back.

**I: Years back?**

R: Yes, there was a time CHVs were working – then, they were many and there were NGOs supporting the CHVs. So because of that support and training, they reached many people in the community. They would go to women groups and educate them about the diseases and what causes them. But since the support has waned, the CHVs have since reduced in number.

**I: Okay, so you are talking about support; what do you mean by support?**

R: Support, let’s say when the CHVs were meeting NGOs, those who were appointed by then; they would teach them and then the knowledge they would gain, they would take to the communities. So the attendance was high.

**I: Okay.**

R: When the NGOs were there, the CHVs were given some stipend so they were motivated to work in the community. But if they don’t have any stipends, one cannot be motivated. So since the NGOs left, we don’t have anyone to educate us about it.

**I: So as I have heard from you, the NGOs were giving them some stipend?**

R: Yes.

**I: How much was it?**

R: I cannot be sure.

**I: Okay, but they were earning something?**

R: Yes. And they were also gaining knowledge. So one says that I will not have the knowledge to myself and you decide to pass it to others. So the CHVs we currently have within are just volunteers but they don’t get any support from anywhere. But if they can get some support, they cannot do a lot of work in the community.

**I: Okay so from what I’ve heard from you, number six, you said that they were many in number previously but nowadays they are few. Number five, what is your opinion about the CHVs?**

R: I also support number six because when the NGO support stopped,, that’s when most of them stopped working. So the few remaining cannot reach everyone and educate them.

**I: They cannot reach them in the community.**

R: Yes, so they need to be supported so that they can increase in number.

**I: Okay, number four, CHVs.**

R: The CHVs should be supported by the NGOs so that they can be motivated in their work.

**I: Yes, number two.**

R2: If there was any other means the CHVs can get some support, they can gain from it.

**I: Okay.**

R: And the health facilities within the area don’t have drugs as well. Because you can go to a nearest health facility and you find that there are no drugs, the health service providers are few, there are rooms to be used by the community but they are closed due to lack of manpower. And the rooms don’t even have most of the facilities.

**I: Okay, so the doctors are few, the drugs are also a challenge in the hospitals…**

R: And they also don’t have some facilities.

**I: Facilities such as?**

R: Like machines. You may also find that there is no electricity in a health center. So getting a test in such a facility is not easy. So when you go there all you are given is drugs. They don’t conduct any tests.

**I: So since there is no electricity, the machines cannot work there.**

R: Yes, you can’t even know whether there are machines or not.

**I: Okay, I have seen there is an issue come out of that. Thank you. And have you seen any community organizations come to offer health talks about diseases such as asthma? It could be a community organization or a women group, church group or a school club – you know just some groups in the community which may want to educate the community members about these diseases.**

R: No.

**I: Number four.**

R4: No.

**I: Now we have talked about a lot of things; we have talked about why people don’t go to public hospitals instead they go to private hospitals; we have talked about respiratory diseases such as asthma which you know in the community and the community view of them; we have talked about certain tests that people get at the hospital, the challenges such as doctors, drugs and such. So I would like to know, according to you, how can the health services be improved? Remember I said that the government is already doing something about TB; so I would now just like to know about diseases such as asthma and other respiratory diseases. If the government wanted to improve the services, what should they do?**

R: They should ensure there are drugs.

**I: Drugs be available.**

R: The drugs should be taken to the health centers in the communities.

**I: Okay, for how long have the health centers not had drugs?**

R: Sometimes they even take a whole week without drugs.

**I: Okay.**

R: But you may not understand that. Like let’s say you come to the hospital today, you hear that so and so got drugs; if a different person comes the following day, they are told that the drugs are not available. So it’s not easy to understand that.

**I: So a patient gets the drugs and when the next one comes, they don’t get the drugs.**

R: Yes, because it could be a different case.

**I: You may find that one came with a malaria case and got the malaria drugs and when another comes with a respiratory case, they don’t get the drugs.**

R: Yes.

**I: Okay, so some drugs are available while others are not. That’s why one sometimes misses while the other gets. Number five.**

R5: The government should take the same urgency they take with TB for the other diseases. They should make follow-ups to patients with other diseases like they do to patients with TB.

**I: Okay. So you’ve said that the government concentrates on TB cases but they should also concentrate on other diseases as well?**

R: Yes.

**I: Okay number four, have we heard from you – you talked about drugs; number three.**

R3: I support whatever number six said because people go to the public hospitals and they are told that there are no drugs, some are told the drugs are available. But they do go for the drugs.

**I: Okay, number two.**

R2: Just like number five has said, the government should also treat other diseases like it treats TB [inaudible 00:42:27]

**I: Number one.**

R1: Whenever drugs are brought to the dispensaries at home, they are given to patients today, and tomorrow, the following day they say that there are no drugs and yet they take them to their private clinics and sell them there.

**I: Okay, so drugs are brought and you are told there are no drugs and yet they are taken to a private hospital belonging to the doctor.**

R: Yes.

**I: So what do you recommend the government should do?**

R: The doctors should ensure we readily get the drugs.

**I: Okay, so I would like to thank you very much for coming and all the contributions you have had on your experiences here. As I also told you, we have also learned about some things and generally we will compile all this information and since we received…**

[End of audio]