

Supplementary file 4

Supporting quotes

Theme	Sub-theme level 1	Sub-theme level 2	Interview	Quote	
Illness behavior	Bodily experience of illness	Pain/discomfort	B1	For Thyroid Cancer, I would feel something if I touched my throat. Even when I would talk normally, I would experience some discomfort and feel bound.	
			B2	In the early stages, when I was diagnosed with Rheumatoid Arthritis, my limbs were swollen, like cracks. The fingers were swollen and thick, I couldn't make a fist.	
			BF1	At first I was losing weight, I was coughing, I had a fever, and I had no appetite.	
			G4	When it's happen like that I could not sleep and my body began to shake and having severed pain in my body and headache.	
		Mobility	B1	Everyone is walking at a normal pace. I can't walk at that pace, either. I have to walk at a slower pace. Otherwise, the incidence of pain increases.	
			P1	Physical issues are like I cannot walk properly, I feel lethargic and weakness.	
			P4	I cannot walk when I get up I have palpitation and I fall, and pain in my legs.	
			PE2	I do not have the vitality of before, climbing a ladder as in the bridge, it is very difficult, I get tired, halfway through I have to rest.	
			Chores/heavy work	B2	The limbs start tingling. Doing household chores also becomes difficult. Can't be done.
				N3	Even for household chores I cannot support her.
		Daily necessities/ Take care of oneself		P1	I am unable to pick the weight more than 2 kg. If I pick 2 kg weight I feel shoulder pain.
				P2	My mother prepares breakfast for us and due to her health she can't do anything else.
				B1	I am able to tend to my own needs in order to live a normal life. But even if I can do it myself, these diseases definitely bind me. I mean, I can't do those things normally. I am bound.
				G3	This changes had aggravate my cardiovascular illness and had also increased my HIV viral load which now had put me into serious condition where am unable to eat regularly.
B3	So, I am unable to do anything else in my daily life. And I feel slightly nauseous and cannot eat properly.				
Difficulty in communication		S3	On the days between treatment I have no appetite. I don't tolerate food with spices. I feel bad because my wife tries her very best to prepare a nice meal and then I can not eat it. My body does not tolerate it at that moment.		
		A5	His speaking problem is very chronic because when he wants to say something to someone out of our family, he face challenges because other person did not understand. He needs to communicate first with someone in the family to express what he wants.		
Stress/anxiety/ depression		M2	It is very hard because we don't know if suddenly something is happening to her. For example, if we suddenly see her down, we don't know if it is because she is sleepy, or because something hurts, and sometimes this issue that she can't communicate.		
		A2	I frequently experience depression, anxiety and mood swings.		
		B3	Regarding hypertension, as it is a constant cause of concern, in the future to mitigate the risk of massive strokes as it can occur. This causes undue mental pressure.		
		G4	These conditions or illnesses is very bad to live with, because there so many things you are not permitted to do which at many time make you sad.		
		M5	When I get dizzy at home that means something is wrong, it is when I panic.		
Hopelessness/ insecurity		N2	Everyone says you have been victim of incurable disease so I have no hope that anything can be done now.		
		N3	I don't feel good to live with these conditions. Every aspect of my life has been affected. I feel so lonely and sometimes think it's easier to die than to live with these untreatable conditions.		
		P1	I have fear all the time that anything can happen.		
		S1	Because of my obesity, my knees are worn and thus painful which results in limited options for physical exercise.....at the same time I am aware that exercise is good for my blood pressure and my diabetes. I feel like I'm trapped in a vicious circle.		
Poor health		A4	His sickness and these conditions has badly affected his health.		
		B1	When I was diagnosed with TB, I became considerably weak. My body had low energy.		
		G3	The impact this conditions is that currently am not healthy as I was before having this conditions.		
		PE2	Ah! as I'm telling you, because I no longer have the vitality of before, with that I tell you everything.		
		S2	The rehabilitation process after open-heart surgery is too long and too hard. It's too much for the body to take. You remain weak for the rest of your life.		
Social experience of illness		Financial hardship	P4	Due to economic issues it is difficult to buy the medicines, due to lack of money we take loan for medicines you can understand it.	

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			NG2	I think the drugs are too expensive. What the poor masses cannot buy and they cannot be controlled and again. For the spondylosis, investigations too are so high, investigations are so expensive, if the government too can help.
			N1	Medicines are so expensive that's why I am not taking medicine for HTN and only having medication for DM.
			N1	I don't have money to admit him for higher education, other remaining 3 children stays home as well. I am not sending them school as I don't have money for their study. Also, children of poor people faces discrimination in school. They don't allow our children for studying. My brothers can't also help me as they are also not economically strong to support me. My family is facing bigger economic crisis.
			P1	Main problems are due to financial issues. If a person take loan and couldn't return with the passing time the problems get worst. If a person financially self-sufficient he can do work and enhance his own work as well.
			A3	My family is already in financial crisis and my disease management added into problem.
			G1	But when it comes to my immediate family thus the nuclear family in this case there are so many burdens on them financial. For instance when am to go for kidney dialysis, cholesterol and viral load test, it's very expensive and it has brought hardship on my children finances.
		Loss of productivity	N2	It has impacted every aspects of life. I have family problems. It's hard to maintain farming. I can't afford people for farming as well.
			BF5	The major impact is on his work. He can no longer work well and also there is the cost of the treatment too.
			A1	My father was a schoolteacher, he had good relationship with people in the society, since the time of sickness, he is unable to go to schools and continue teaching. He could not attend school protocols like assemblies and classroom teaching and social gathering. He could not go the parties and sightseeing so he is suffering more.
			N4	Everything has been impacted. Health, house, family, work etc. have been impacted. We don't have more earning and my treatment is expensive. I become panic thinking that how my family will cover my treatment expenses. Our only source of income is farming and we have difficulty in sustaining our family.
			P3	When he was diagnosed with diabetes, he quit his business and ended up his financial support. He revoked his visa and came back to Pakistan. He is not yet fifty years old but he has lost all his teeth and has severe knee pain.
			BF3	For asthma I have to avoid dust and some other things. For the other illness, I was advised to avoid stimulants, drugs, overwork in class. As an impact, I will no longer be able to do the army as I wanted because of my asthma.
			S4	After her burn out she stopped working. She was declared incapacitated for work. She does not mind. She gave it her all during the 20 years of being a teacher.
			S5	Maybe, if my health was fine, I would still be able to perform my job as a carpenter. It's impossible now because the job is too hard and it would be dangerous for me because I can get dizzy.
		Impact on social life	A4	His sickness and these conditions has badly affected his health because he prefer to live alone and mostly deny going in public. His social interaction is limited. We are very concerned because he did not to meet his family. All these challenges made him and our family suffering a lot.
			B1	In fact, it is difficult for everyone to live with the condition of physical illness. One can find it discomforting to function by themselves, functioning properly with the family members, not too mention it being socially inconvenient. For every aspect.
			S2	My illnesses have created problems with my wife so much so that we are divorced now.
			A1	He could not attend school protocols like assemblies and classroom teaching and social gathering. He could not go the parties and sightseeing so he is suffering more.
			P3	The second thing is that when he is sick, he does not get up, he stay in the room, but when he is well, he wakes up all family to offer prayer and worship Allah, but when he is sick then he stays in the room in silence, but when he is well he also offers his prayer and socializes.
			PE3	It has changed a lot then, because as I said there is not so much fun anymore, there is not so much to dissipate life, that has changed enough already, I practically do not go out
		Stigma from family/community	G1	These illnesses had brought untold hardship unto the family, and some of my family members together with some community members try to ostracize me from the house and the community at large.
			N3	My daughter-in-law says that HNT is a genetic disease so she don't allow my grandchildren to come close and stay with me.
			B4	I was definitely going to be promoted [...]. During that time, heart problems came up. Since this heart problem arose before my promotion, I was told to consult the board. At our board meeting with the board, they called me there and said, "See how you'll be the [...]...we'll promote you, you have heart disease," They intentionally did this, I was the senior out of five; four of them were given promotions and I wasn't. Above us, there is a board of the company, the Chairman [...] [industry sector redacted], but I have been stopped at various places so that I wasn't promoted due to my heart attack.
			G3	Due to stigmatization and discrimination from my community people. The aforementioned problem had made me to relocate to my current place of abode.
			M5	These people told me –what happens is because of your age—
Experience and expectations of healthcare	Healthcare services	Multiple providers	A5	He has been treated at different locations mainly in his village by local and traditional healer, in a corner clinic near his house, in provincial hospital and hospital XXXX, but did not recovered.
			B1	Well, for my back pain and then for TB, at two district level hospitals, district level doctors, in this regard. Oh, I came at [specialized hospital for rehabilitation] here for back pain, as well. And, for Asthma I visited [tertiary level specialized hospital for Asthma] which is in XXX. First, I showed it at the district level, then I came here (a specialised hospital in XXX). Papillary Carcinoma - I showed this directly at the Institute in XXX [a tertiary level hospital] and at the nose-ear-throat institute...
			B4	Then I went to XXX [places and timeframe redacted]. I had been diagnosed with pyelonephritis in the right kidney and with stricture urethra. I had followed up with them twice and had received relevant medication and advice. I received treatment at the [tertiary level hospital] in [places and timeframe redacted]. Later I received treatment in XXX from the tertiary level private hospital from [year redacted] and from another private hospital from year redacted; seven years after the previous treatment], respectively. Additionally, I have continued to follow up with these 2 hospitals since I have been receiving treatment. I have received treatment for my heart disease from district level hospital located in XXX(city name) from [year redacted; same as last year mentioned]. Upon suffering a massive cardiac arrest, I was rushed to the clinic immediately. After thrombolysed, I was admitted to CCU. I was released after 5 days in order to receive a higher standard of treatment from XXX(city name). For my heart disease I underwent surgery at the tertiary level private hospital in [year redacted], I have been following up with every 6-12 months ever since then.

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			N1	I was taking treatment at [anonymised hospital], [anonymised place] for 3 years then came back to [anonymised place], [anonymised hospital] is a government hospital but every time going [anonymised hospital] for treatment is more expensive. Since then, I am taking medicine at local hospital. At local government health-post there is no proper facilities so shifted to private local hospital. However, private hospitals are expensive and is not affordable.
		Uncoordinated treatment/trials & errors	A2	I am sick of using medicines and living under hit and trial method.
			G1	Treatment should not look like try and error type, but should focus more on permanent cure, so in future others can benefit from it.
			G3	I went to another cardiologist, analysis are done again, tests are done again and (he) changes the treatment and there is a total improvement.
			NG1	They only changed it, there was one I was taking, they just changed it. They now gave me this and one other one that's not here. It was yesterday that they now gave me this one. The doctor said that this one is good.
			PE1	They sent me to take one out [x-ray], now lastly, when my husband took me, they did not want to treat me at the medical post, so he took me to [private subsystem health services], then there the ENT saw me and told me that they were going to take a X-ray from me, he wanted me to take a CT scan.
			M5	They pass us to the residents, the R3 or the R2. And one day one sees me, and the other day another one, and one tells me to take 1 ½ pill and the other only one, and the other 1 ¼, and one says --When are you going to send me to the specialist?-- ... I took all my tests, I keep my tests since 2008, they have written there what my problems are.
			M2	I believe that few people really have a comprehensive care, several specialists, I believe this is what is missing, how can you integrate different medical specialties to see a patient as a whole.
		Care not personalized	B1	Sometimes, it seems to me that I have gone to the doctor about one thing, he has given treatment for something else. But it is irrelevant to me.
			M3	...with the treatment that I had at the [institution name] they gave me the same pill for 10 years, they gave me a lot of little boxes so that I didn't return in 6 months, but there was never a formal follow-up from the doctor, there were never tests like those in the [tertiary institution], then, well, I got used to the high (blood) pressure, to the cough, to those headaches, as if they were part of my every day, and I was like that for 10 years, then, when I get a more specialized care with two areas of medicine focused in this problem, that are cardiology and endocrinology, well everything changed completely.
			M3	...and when it was my turn to be part of the gigantic number of patients with this disease, well obviously everybody took the same, some in higher amounts. I have uncles, my father, my grandmother, that we took exactly the same pill in the same amount for years, it was not possible that no tests were done to any of us, so, I believe that it was until I moved, that they all started moving because, well it was not possible that an 80-y old person, a 50-y old, one 30 years and me that had 26, took the same pill, then, everyone living in different parts of the country, then, I believe it goes that way, the lack of interest.
			PE2	Treatment no, you know how insurance is, no?, health insurance gives a generic treatment, no, there are so many people that are not very specialized. People get unstable [ill], they[practitioners] stabilize it, and that's it...
			PE2	No, to ask for one more thing is impossible, one has to conform as scientifically doctors can do...
			S4	I feel that every patient gets the same medication ("mass medication"). But I believe that every person is different with a different set of health problems. I think that every patient needs his or her own customized treatment.
		Limited availability of medical resources and personnels	A2	Living with more than one chronic health conditions is not an easy life style especially in a country like Afghanistan where patent and non-patent drugs are almost unavailable.
			PE2	No, for the problem that I have, the truth is that in this country I do not think I could, perhaps in another country as Dr. XXXX said, in other countries there are other drugs that of course are very expensive here, but they do solve problems, but that would be in other countries, in Europe perhaps, in the first world, but as we are in the third world...
			N1	At local government health-post there is no proper facilities so shifted to private local hospital.
			BF5	For the treatment, I will say to make possible the kidney transplant in Burkina Faso to relieve us.
			A2	In my country, there are also limited health care providers who can rightly diagnose and treat these conditions.
			A1	Due to unavailability of proper treatment system, we initially used informal cure (homemade remedies).
		Expensive care	B1	Running to different places for testing, and, there is also a cost, it's very difficult to bear.
			G4	It's also important to note that the herbal medicine or treatment is also expensive, which I would need lots of financial support to embark on it.
			N1	Medicines are so expensive that's why I am not taking medicine for HTN and only having medication for DM.
			N2	It feels like I am only wasting my money, the treatment is so expensive. I am not feeling much better though of after these treatments as well.
			N3	The treatment is so expensive and she does not want to spend on me. My son sends money from abroad to daughter-in-law but she doesn't want to spend those on my treatment rather she says she will invest those money in herself and children.
			N4	We don't have more earning and my treatment is expensive. I become panic thinking that how my family will cover my treatment expenses.
			NG2	I think the drugs are too expensive. What the poor masses cannot buy and they cannot be controlled and again. For the spondylosis, investigations too are so high, investigations are so expensive, if the government too can help.
			P5	Whenever we go to private hospital, the doctor charges three to four thousands rupees, then they start treatment. we don't even know whether the treatment will work properly or not .they will do urine, liver test every month, which costs lot of money every month and every month they prescribe medicines also.

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			PE1	But the CT scan was one hundred [soles] and so many, and the other was almost 300 soles [RMN], so at that time I did not have to, and already from there until now I have not taken out as I have been like that, and I did not take the test the doctor sent me...
		Negative attitudes from health providers	B1	They inform me that they are unavailable at this time. It'll be scheduled for another day. So, it's a little difficult since we're employees. We work. I am only a patient to them, nothing else. They don't think that I have a life.
			M1	I think that the attitude of the doctor towards a disease such as mine is crucial. ...the nutritionist... is a person that goes beyond the professional service.
			M2	The doctors sometimes they don't have the time to explain.
			M5	-- And you are not going to give me an appointment in 6 months? -- --No because it is not cancer -- --"hey doctor, the [med doctor name redacted] in this test in 2009 says that I have a cyst, and maybe it grew and that is why the kidney is bothering me"-- -----and he says 'who knows more?' ---- and I say 'Well, I do because I am the one feeling the pain.'
			P1	Don't treat them like police investigation. Like go here and there, sit here and there, stand here and there.
			P2	Our doctors, stationed in [placename redacted] do not understand the patients' situation. They always speak bitter and are in anger always with patient. They don't give chance to complete the conversation.
			P5	We came to this hospital. We have told the boy at the counter where slips are made to give us cardiology token number. He issued us general medical token, and then when we went to the cardiology unit, they sent us back for cardiology token. We have been starving here for over an hour. We want the facilities to be improved.
	Expectations of the system	Integrated/people-centered care	B1	And, for medical purposes, which require running to different places for testing, and, there is also a cost, it's very difficult to bear. It is also beneficial for those who give treatment if it is centric in one place. As a patient, it would also be an advantage for me. It is a mutual matter for patients and the ones who provide treatment. It's not an individualistic matter. Just as patients have to step forward when they are sick, the doctor or the medical staff will have to ensure that the patient is being treated properly.
			M2	... I believe that few people really have a comprehensive care, several specialists, then I believe this is what is missing, how can you integrate different medical specialties to see a patient as a whole, not a heart, then you are only cardiologist, one brain, then you are only a neurologist. See it as whole, and I believe that is missing a little from the medical part, create multidisciplinary groups, including the emotional part, the nutritional part, to really have a complete approach of the person, so that this person does better. I believe that those that receive a multidisciplinary approach, they do better.
			S1	Integrated and multidisciplinary approach of treatment, evidence based treatment practices, effective patient communication tailored to the specific needs of the individual patient.
			M5	Well nobody told me 'you have to go see that specialist' so that he can see you and tell you what you can take for your calcium. First of all, that the patient or me we should be with the right specialist, and I believe, that the confidence increases by saying, well I am being cared for by a neurologist, and in an emergency I run straight to neurology, and know what I am taking and they are going to take good care of me, no?
			P5	We came to this hospital. We have told the boy at the counter where slips are made to give us cardiology token number. He issued us general medical token, and then when we went to the cardiology unit, they sent us back for cardiology token. We have been starving here for over an hour. We want the facilities to be improved.
			M1	...I mean, the doctor in this case, in my particular case, nephrologist, nutritionist and internal medicine, well they give orientation in the medical aspect, but I believe that this theme in this disease, go beyond the syringe, the injection, the pill, I believe that is also from here (him), true? We have to prepare the people, guide the people, motivate the people, motivate to and make them feel clearly the value of each thing, the how and why of each thing. That is my opinion.
		Health system change/more medical research	PE5	I would like an advance of science, see the solution, because infiltrations [injections in joints] as I say, in my mother did not have an effect, they infiltrated her but nothing.
			N3	Treatment studies on effective methods of treatment should be considered.
			G4	The efficacy of the drugs should be studied more, and geared toward permanent cure than mere pain relief.
			BF5	For the treatment, I will say to make possible the kidney transplant in Burkina Faso to relieve us.
			S3	Developing coping mechanisms for people with disabilities due to illness.
			A2	I want future studies to look into social, cultural, financial and aging factors and suggest how we can develop coping mechanisms for any co-morbid and chronic conditions.
			B4	In my opinion, future studies could look at the facilitation of regular health check-ups, where patients can book consultation appointments with doctors when required and without delay.
			S5	Research into ways for patients to live without daily medication because too much medication is bad for the body, especially the kidneys.
		Better medicine	BF3	I hope science can find some medicine to permanently treat my asthma because now I am better but I am not yet cured.
			S4	Invent 'one pill' that treats all conditions, invent medications that work for longer periods, develop more tailored medication.
			N5	The study on long term medication should be done. The study on method of treating comorbidities should be taken care in such studies. These studies should have outcome on treatment and availability of medicine for treating such conditions.
			N2	It would be better if medicines can be developed for these kinds of diseases. Else once you suffered you are sufferer forever.
			N1	Treatment/medicines for such chronic diseases should be developed. Study on developing medicines for treating chronic conditions would help many people. And after being affected with such disease, their family wouldn't face such crisis and problems as a result of these chronic conditions.
			N3	All the treatment for chronic diseases should be discovered.

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			S5	Finding a cure for DM and High blood pressure.
	Affordable medicine		G5	Recommend better and cheaper treatment for it to save lots of people, because without enough financial resources one will lose his/her life. Cost of medication and treatment should be made very affordable to all people suffering.
			A1	We want such studies to explore real cause of sickness and discover cheap and easily available inexpensive treatment options to all regardless of their poverty status.
	Financial support system		A3	And good quality medicines should be provided and used before, during and after treatment for both rich and poor without any discrimination.
			A4	Start any program or project to provide technical skills to patients so that they can earn to support their disease and family.
			G1	For now the family needs to help me, but I think government need to also support patients on dialysis by subsidizing the cost.
			G3	Making treatment better for others in the future, is to engage involvement of Government to subsidize cost during treatment, because when it comes to cardiovascular and tuberculosis conditions: governments do not support cost of laboratory testing.
			G4	It's also important to note that the herbal medicine or treatment is also expensive, which I would need lots of financial support to embark on it.
			N1	Because of poverty, there is lack of treatment so the provision of either free treatment or at least affordable treatment should be managed from the government level. In order to suggest affordable treatment for such diseases for poor people, the study on success of such scheme in treatment of chronic diseases can be helpful.
			N5	Also, government should take responsibility of their people and treatment for chronic disease should be free of cost for poor people.
			NG2	For the spondylosis, investigations too are so high, investigations are so expensive, if the government too can help.
			A2	People of Afghanistan want to have free access to all available diagnosis, treatment, care and support to all chronic conditions to help patients get well soon.
			A5	We want to have a professional hospital in our country with freely available or best quality low cost treatment so that our patient can get best and timely treat without any problems in our country.
	More caring doctors		P1	What can I suggest it is social work every one comes here for treatment not for enjoyment people come with their caretakers some come with their parents so doctors should take care of them and give them medicines don't treat them like police investigation. They should try to make things easier for them. I took slip I went to the doctor's room due to my own will and they wrote insulin and medicines. In the [place redacted] they have made card for me in which they mentioned time for coming. It doesn't waste the time. Otherwise whole day is wasted as I am diabetic patient as well as heart patient so try to make the things easier.
			P4	When patient enters in the doctor's room they should treat the patients with love and care that how to use the medicines. They should prescribe all the test required for diagnosis of diseases that may lead to less visiting hospitals for tests such as ultrasound etc.
			P5	Treatment should be good, medicines should be good. doctors should treat patients politely. When doctors do this half of the patient disease is gone and when doctors talk to patients rudely, patient becomes more anxious and upset.
			A4	Psychological treatment, behaviour of staff and the way doctors consult and pay attention to me for my morale boost and uplift is very important. It is the best tonic which is very rare in my family.
				(By patient) – Please, take care of patient with empathy and offer counselling and emotional support. (By family) – Doctors and paramedics should behave professionally and assist our patients timely and encourage him emotionally to live a happy and healthy life.
	Health education support		M2	You also need to understand what is happening to your family member. Information easy to understand, that they tell you what to expect, what to do, something of the sort. And, I don't know if it could even be a part of, it would be good to have a telephone support line, --I was told this, but I didn't understand anything—because I agree with the doctors that sometimes they don't have the time to explain or teach a whole class to someone so that they can feel more at ease, but a phone line or something in internet, something that may work so that the people, if they have any questions, they can feel more at ease, no? I believe that there has to be much more information readily available to the patient, to the patient and many times to the families of the patients.
			M4	...that they inform us more, that we know more about the diseases, how do they develop, why, and that they give us safe treatments that we trust, both the doctor and the treatment.
			B4	Basic knowledge regarding such illnesses could be circulated and gathered from printed and electronic media, focusing on physical and mental health care, as well as from other sources.
			BF1	For treatment research and prevention, I would say educate people, tell them about diseases, how you get them and how to know when you have caught these diseases.
			G3	Having been part of these associations had made me to understand the illness and its management and prevention, had made me to understand the conditions better due to the association of people living with cardiovascular disorder and association of persons living with HIV/AIDS.
			G4	At the community initially understanding wasn't there, but with regular education by a local community group who have taken it upon themselves to educate them on how to live and support the persons have diabetics, hypertension and kidney diseases.
			M1	I feel that the key of these diseases is to have an adequate orientation so that the patients have the information and we learn to take measures and the care that is needed. That would be my vision, give orientation, training, or I don't know how to call it, prepare the patients to deal with the diseases the best possible way.
			M3	...the thing that affected me the most was that the lack of knowledge of the disease, or the ailment, and if not the lack of knowledge, the little importance doctors give to this disease.
			PE5	Perhaps that they teach to all of humanity, how to take care of us.
	Mental health support		A1	The Psychological services as well as the health services should be increased in our country so that everyone could live a healthy life.
			A3	I feel comfortable when doctors, nurses and my family members counsel and encourage me.
			A4	Psychological treatment, behaviour of staff and the way doctors consult and pay attention to me for my morale boost and uplift is very important. It is the best tonic which is very rare in my family.

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				(By patient) – Please, take care of patient with empathy and offer counselling and emotional support. (By family) – Doctors and paramedics should behave professionally and assist our patients timely and encourage him emotionally to live a happy and healthy life.
			P1	Doctors should check the patients properly, they should listen properly and see their mental condition that what is the mental condition of patient in which situation the patient is.
				An individual is suffering from financial issues. An individual had engaged in different types of domestic matters, doctors should listen to them talk about the mental health condition.
		Public health awareness/ prevention	BF2	Food laboratories should avoid producing foods that are too concentrated in carbohydrates. Also, screening for diabetes and hypertension should be made systematic at routine consultations.
			BF3	My wish is that there are many more doctors to advise and monitor young people in school to prevent them from overworking and taking drugs which will lead them to mental disorders.
			N1	Also, in every rural areas, there should be provision of accessibility of check-up in every household for screening such disease. The provision of mass screening campaigns for chronic diseases would also be helpful. There should be research on such effectiveness of such methods in preventing and treating chronic diseases.
				I suggest study related to life style modifications for such diseases could be helpful for awareness raising for upcoming generations.
			N3	I would say if these disease are genetic then way of prevention from these should be studied first.
			G1	I will like future studies should dive into family and personal life style in terms of eaten habits. Where families could be educated enough to understand that hypertension some times are hereditary so therefore late eaten need to be forbidden.
			G3	Champion prevention advocacy at community level for people to understand how to prevent it. In fact, treatment will become a secondary issue or matter if prevention is well looked at.
			A1	We don't have more earning and my treatment is expensive. I become panic thinking that how my family will cover my treatment expenses.
Agency	Take initiative in seeking care/answers		B3	If regular checkups can be done, after every few days or, how to do it, such as having a facility or, such a person, raising the concern in everyone so that if it happens, what kind action could be taken immediately.
			B4	But due to kidney problems, I cannot intake much protein. It doesn't suit me, but is beneficial for the heart. It's a contradiction, for instance, coconut water has potassium, it's good for the heart, bad for the kidneys.
				That's why, when I go to someone's house, I let them know that avoiding salt, as it will not work for me.
				Timely intake of medication and maintaining a balanced diet are crucial to one's recovery. It is necessary to avoid salty and spicy food items, along with avoiding items that are restricted, such as alcohol and tobacco products. The patient must engage in ample amounts of exercise, meditation and try to maintain an active lifestyle to alleviate their ailments. Socialising with their friends, peers and family members will assist the patient to think positively which will be beneficial overall. These factors will facilitate a patient's recovery process greatly.
			G1	Again, I envisage that many people ought to know their HIV/AIDS status and also go for cardio test to also know whether they have hypertension or any heart condition as multimorbidity.
			M1	...I even developed a computer program, to see all my controls, I check my levels 3 times per day, glucose, pressure, temperature, the famous oximeter, and all this I have registered. And that information has helped me a lot, because when I have an appointment with my nephrologist, I take all the data, and the doctor makes decisions, not precisely based on the data, but it is a reference for him. In the case of nephrology, that app that I made, I share with my nutritionist online, and then she, when she notices something different, something out of level, calls me immediately, and tells me, hey, change this increase that, or take out sugars, increase vegetables, or increase meat, or whatever.
				This is the page where is the diet, here I have all the food that I take, with the diet that my nutritionist gives me, and here the only thing that I do is select what food I want, and the options that are available, for example, here in meats, I click in meats, and it gives me a list of options of meats that I can have, and so on, all foods. Then these combinations of foods have helped me to handle things better.
				We don't even make an appointment, what we agreed on, she and I is, --you know what, let's work out a monthly fee of such—and that is the way we stay in touch, in internet we exchange the information, you answer me and I take the actions that you tell me, and that is the way we are working and everything is going perfectly, I don't have to make an appointment, I don't need to wait for there to be an opportunity.
			M2	The doctors suddenly give a diagnosis or ask for a study, and then people don't know what to think, why did they made a certain study or why given a certain medicine or what does a certain diagnosis mean.
			M3	I have uncles, my father, my grandmother, that we took exactly the same pill in the same amount for years, it was not possible that no tests were done to any of us, so, I believe that it was until I moved, that they all started moving because, well it was not possible that an 80-y old person, a 50-y old, one 30 years and me that had 26, took the same pill, then, everyone living in different parts of the country.
			M4	I learned to ask, what consequences this medicine would (inaudible), because we agree that it helps me with one thing, but affects in others."
			M5	I said no, this is not normal. And I went during the pandemic, and they said that I could go only if it was an emergency. And I said yes, that it was an emergency because I was worried and because it hurts, and I could go under my responsibility.
				--'hey doctor, the [med doctor name redacted] in this test in 2009 says that I have a cyst, and maybe it grew and that is why the kidney is bothering me'-- ----and he says 'who knows more?' ---- and I say 'Well, I do because I am the one feeling the pain.'
				I am scared, because I have a high percentage of genetic to get cancer. ...that is why I take care of myself. My sister tells me --'hey you are always at the doctor'—and I tell her -- 'you think it is nice to always be with the doctor? But if something hurts I have to go, and I don't want to go when it is too late, yes?'—then she says 'They are doing a lot of tests on you' --- and I say --'Yes, but it is good, now I know what I have, no?'—If a doctor attend to me, well, I tell him about the previous tests that they did in my rectum, and show him previous results. Why? to help him save the time, to get treatment on time that will allow me to have at least 10 more years of life.
			N1	Doctors have told me that DM might affects kidney and kidney problems can arise due to DM. I have also read in the newspaper regarding the same. I got eye problems due to DM.
			N3	Every time I have any problem I come to hospital and I am treated for my symptoms.
			NG1	So he changed my drugs and then I complained that the thing became severe. I asked is it because this man changed my drugs or what?
			S1	I am very much aware of the fact that I have to lose weight, and I want to lose weight. I know all the rules and guidelines, but I find it very difficult. I need help to support me in this process.
				I self-monitor my blood pressure and blood sugar. I have bought high quality devices to measure my blood pressure and blood sugar at home. I keep track of my measurements and show them to my doctor.

Theme	Sub-theme level 1	Sub-theme level 2	Interview	Quote
				I would like to know which types of physical exercise (sports) are suitable for me. For example, I know that running is very effective, but that is impossible for me because of my bad knees. So which type of exercise is most effective in my situation?
			S4	She has also used and still uses alternative medicine on her own initiative : yoga, different herbal therapies (what she learned from her parents), Art of Living course in breathing techniques, Ayurveda medicine and daily meditation.
	Acceptance/endurance		A5	He has been trying to live and manage his life like a normal person.
			B1	That's what I hope. But I can see here that in the case of back pain, it doesn't recover completely. I have to cope with it.
				So, we also try to abide by not participating in it in any way. Nevertheless, sometimes you have to do those activities either by mistake or for need. It becomes an automated process when living life.
			B2	Yes, I will be physically healthy. Everything will continue as usual. These are the things I want. But now it is seen that they do not happen. The fact that I will be well after taking medicine cannot be expected.
			B4	Coconut water has potassium, it's good for the heart, bad for the kidneys. I feel very upset about the contrast in food. I used to be annoyed, now I've slowly adjusted.
			M2	And on the other hand, because we see that she is still working hard, this is her personality, no? Not given up, she is still working, no? She still answers, like a good morning, always within the limits of her communication, she is still working on communication.
				Yes, because we know there will be no improvement, for example, she will not walk again, but at least she can be as she is, and with stable emotional issues. I think that is what is important.
			N2	It is what it is now its' hard to get better. Doctor have also told that it wouldn't be treated but can only be controlled.
				Even if I do treatment now, I am not going to be cured. I cannot be fit now. The only thing I can do is engaging myself in some light works.
				I think I don't need to do my treatment anymore anyhow I am not going to be cured. My family is the most what matters for me.
			N3	I don't have any hope from the treatment. I am just surviving and I know I am not going to be treated.
			N5	It's been 5 years now. I am habitual of living with these conditions. Previously I had problem in breathing and doing hard work. Now, I feel better after treatment though not completely well as I was before getting this disease. Because of COPD I had to leave my job back to [placename redacted]. Now, I stay at home and do light work. I used to feel bad about my job but now I am habitual and feel much better.
				I know I can't be as healthy as before. I just hope get these conditions under control. My sugar level should be in control so that I can work at least. I just hope that my health won't deteriorate now. I will be happy with these conditions not bothering me and being in my control.
			P1	Too much difficulties but life is going on...
			PE3	No, I would like this disease to be cured no, but unfortunately there is no cure for this no, one has to live all life with that disease, if there was a cure it would be good, but unfortunately I think there is not.
				I would hope the best not, to be able to live normal, to be able to make normal life, because due that there is no definitive cure, unfortunately one has to live together with the disease, until one ceases to exist, with this disease.
			S3	A lot of people are very unsatisfied with their disabilities and I think that's sad. It does not help your recovery process if you express a negative attitude. I did not want that for myself. The first thing my physical therapist taught me was to accept my disabilities. It was hard because I realized that my life would never be the same. The physical therapist helped me in the process.
			S5	I know there is no cure. I would like my health to remain stable, under control.
	Self-esteem		A2	I also want to take the advantage of this study and promote this message that Afghan people are also human being and they deserve life free of any mental or physical torture.
			A5	We want only one thing – our patient should be diagnosed and treated well on humanitarian grounds so that he can play his role in the society.
			B1	It is a matter of commuting to work quickly and integrating with everyone, like a regular, normal person.
				My self respect (is violated)... I was forbidden from going outdoors.
				Good. Now, the appointments for ten consecutive days are unavailable. They don't want to schedule any appointments. I mean, there may not be a schedule available. Great. Again, there's maybe an available schedule, okay. But that time, at an exact time, every day whether it's two or five, I will go. They inform me that they are unavailable at this time. It'll be scheduled for another day. So, it's a little difficult since we're employees. We work. I am only a patient to them, nothing else. They don't think that I have a life.
			B4	At our board meeting with the board, they called me there and said, "See how you'll be the [...]...we'll promote you, you have heart disease," They intentionally did this, I was the senior out of five; four of them were given promotions and I wasn't. Above us, there is a board of the company, the Chairman [...] [industry sector redacted], but I have been stopped at various places so that I wasn't promoted due to my heart attack.
			M1	My attitude has always been to develop, to create because of the type of work that I have, I had, I have always been active doing things and it got to a point that I was there as an object.
			M5	I work and like to be active, I like to be well, maybe it is because of that, I don't fall in bed, because simply working I am a very happy woman... And yes, in fact I took care of myself for three months because my friend would tell me – maybe in a year you will not be able to work—and I said –no way, doctor—and three months I did take care of myself to go out and be able to have my normal life.
				—It's your age—that is not nice that 'because of my age', as easy as it is for them to say 'well from now on you have to take this, because the years go by, and your organism starts deteriorating'.
			N2	I used to work in my farm. I was active and I was able to feed my family. Later when I developed hypertension, it became harder to work. If something will happen to me then who will look after my family. My family will devastate. I was panic about it and now my kidney stopped working.
			N3	The treatment is so expensive and she does not want to spend on me. My son sends money from abroad to daughter-in-law but she doesn't want to spend those on my treatment rather she says she will invest those money in herself and children. I cannot work anymore, so even for household chores I cannot support her so we have disagreements and discussions most of the time. My family environment has been affected because of my disease. Not only financially but mentally as well, these comorbidities have affected me a lot.

Theme	Sub-theme level 1	Sub-theme level 2	Interview	Quote
			N4	I want to be cured. I want to walk and talk as before. I want to resolve my kidney problems. I want to stay home properly. I don't want others to be in problem because of me (financial burden on others). I also have restricted mobility. I don't want to be burden on my family anymore. That's it.
			P1	I always thinks that how good the time I was living in the past and now why I am in this situation, why? I don't have strength I cannot do anything. I try a lot but cannot do it. Every one comes here for treatment not for enjoyment people come with their caretakers some come with their parents so doctors should take care of them and give them medicines don't treat them like police investigation. Like go here and there, sit here and there, stand here and there.
			P3	Another issue is that he drinks a lot of tea and gets angry if there is not enough sugar in the tea which means he does not want anyone to limit him from eating and drinking. Ever since the diseases started, whatever diet we make for him according to the doctor's suggestion, he does not feel good about it. He says that you all act like doctors and do not even give me proper food.
			p5	Treatment should be good, medicines should be good. doctors should treat patients politely. When doctors do this half of the patient disease is gone and when doctors talk to patients rudely, patient becomes more anxious and upset.
	Wanting independence/ be useful		A3	I feel that I am a retarded and burden to my family. I am a skilled carpet weaver and knitting expert. I want to start my work to help my family.
			A4	I want to become part of my family. I want to become a earning hand and to start a job. I want to complete my education and want to become an engineer. Start any program or project to provide technical skills to patients so that they can earn to support their disease and family.
			A5	We want only one thing – our patient should be diagnosed and treated well on humanitarian grounds so that he can play his role in the society.
			B1	Additionally, I would also feel uncomfortable. I naturally feel like this. For example, when I was diagnosed with TB, movement was a restriction. When I am going somewhere, my self respect... I was forbidden from going outdoors. Still, I had to go once or twice. It's not like I did not have to. I find these to be inconvenient. Of course it does. I am able to tend to my own needs in order to live a normal life. But even if I can do it myself, these diseases definitely bind me. I mean, I can't do those things normally. I am bound.
			BF1	I want to heal and return to my village in time for the crop season. hope to recover and be able to cultivate to feed my three children.
			BF3	My priority is to heal to avoid expenses for my parents.
			G1	For instance when am to go for kidney dialysis, cholesterol and viral load test, it's very expensive and it has brought hardship on my children finances. In fact, I always pray to God for cure of all these illnesses, so I can also be free and enjoy life like any other individual.
			G4	With all my treatment or care I always dream of been cured and not to put burden on my family members who provide me care.
			M1	my attitude has always been to develop, to create because of the type of work that I have, I had, I have always been active doing things and it got to a point that I was there as an object
			M2	...and on the other hand, because we see that she is still working hard, this is her personality, no? Not given up, she is still working, no? She still answers, like a good morning, always within the limits of her communication, she is still working on communication.
			M5	I work and like to be active, I like to be well, maybe it is because of that, I don't fall in bed, because simply working I am a very happy woman. ... And yes, in fact I took care of myself for three months because my friend would tell me – maybe in a year you will not be able to work—and I said –no way, doctor—and three months I did take care of myself to go out and be able to have my normal life. I tell my son, I'll better go to work so that I may forget and have a better quality of life working.
			N1	Because of this in ideal mind, so many thoughts came in my mind regarding how to sustain my family, how to raise children. These thoughts caused stress and gradually I feel now my kidneys are also affected. I have heard that if treated these problems can be under control but is not treatable completely. So I have thought that I will go back in work after having some improvement in my health status. I have also heard that those who have kidneys problems should not do heavy work but what to do I have to some work. If my kidney becomes good, I would do some work earning.
			N2	I used to work in my farm. I was active and I was able to feed my family. Later when I developed hypertension, it became harder to work. If something will happen to me then who will look after my family. My family will devastate. I was panic about it and now my kidney stopped working. After dialysis, I can't do hard work. It's hard to do farming what experience should I share, it's very difficult to alive. Neither it feels like I am living and nor I can thinking of dying. I want to go home after being discharge from here. I will work. I have to work until my body will be functioning well else how would my family survive? My children are good in study but I won't be able to give them higher education. I think I don't need to do my treatment anymore anyhow I am not going to be cured. My family is the most what matters for me. I want to be cured and go back to work again. I feel paralyzed like this.
			N4	I am worried about my family. My health is deteriorating and I am not able to any work. So, I am more afraid. I want to get treated for COPD so that I can at least work properly. I want to live like before (healthy life). I want to be cured. I want to walk and talk as before. I want to resolve my kidney problems. I want to stay home properly. I don't want others to be in problem because of me (financial burden on others). I also have restricted mobility. I don't want to be burden on my family anymore. That's it.

Theme	Sub-theme level 1	Sub-theme level 2	Interview	Quote
			N5	My sugar level should be in control so that I can work at least. I just hope that my health won't deteriorate now.
			P2	My mother prepares breakfast for us and due to her health she can't do anything else.
			P4	PT: I want to get improve my health INT: Okay you want good health so you can do work and walk PT: Yes
			P5	There is a buffalo in my house I take care of it when I am well.
			PE4	What I am going to do, I have to walk I say, I'm not going to throw myself into bed to die I tell you.
			PE5	In Peru, anywhere, there will be people like that already [with osteoarthritis], when we advance in age, it would be very nice, to see a person not matter how much more years they have, that at least can walk.
			S3	Increased mobility in order to increase independence.
				Driving a car is very important for me. I want to remain independent. Before COVID I did all the shopping myself. But now, my wife thinks it is too dangerous for me.
			S5	I want to keep doing my work in the garden: mowing, weeding and taking care of the plants. I want to keep taking care of my animals. I have a few cows and some ducks.
	Own views/preferences		B1	The less you go to the hospital, the better. Alongside that, medicines that are taken. Both the number of trips and the amount of medicine. Numbers; how many times a day I eat that, how many medicines. They need to be less.
			B2	Yes, in many of these tests, it is often seen that the patient's mental state is destroyed by doing so many tests. The fewer tests you can do, the healthier you can be, the less medication you can take, and the more physical exercise you can expect to receive, it is a better treatment that way.
			B5	If I don't have to take it, I won't. I take one pill a day and nothing more.
			P4	They should prescribe all the test required for diagnosis of diseases that may lead to less visiting hospitals for tests such as ultrasound etc.
			PE4	Sometimes, so much, so many investigations that are doing, it is because they want to grab the money, because all those who are in high power, only steal, and steal, and steal and do nothing, and now, for injections, they first experiment with the rat, then with the dogs, then with one, to see if you die not sure, because I no longer have faith in anything of the injections...
			S1	Most doctors only diagnose and write prescriptions for medication. I want more.... more information.....more support in order to be able to reduce or preferably stop all medication.
			S4	She does not want additional medication prescribed or that the doses has to be increased. The alternative therapies help her to maintain the status quo. They provide additional relief for her conditions and that helps to avoid more or higher doses of medication. She feels she already uses a lot of medication and she is afraid of possible negative effects on her body.
			S5	Research into ways for patients to live without daily medication because too much medication is bad for the body, especially the kidneys.
	Trust in the healthcare system		M3	I believe that the national medical system, as part of the care that they give you, well, they precisely have been letting it pass in terms of one more, and when it was my turn to be part of the gigantic number of patients with this disease, well obviously everybody took the same, some in higher amounts. I have uncles, my father, my grandmother, that we took exactly the same pill in the same amount for years, it was not possible that no tests were done to any of us, so, I believe that it was until I moved, that they all started moving because, well it was not possible that an 80-y old person, a 50-y old, one 30 years and me that had 26, took the same pill, then, everyone living in different parts of the country, then, I believe it goes that way, the lack of interest.
			P4	There is no healing in medicines, healing is given by Allah Almighty.
			P5	Whenever we go to private hospital, the doctor charges three to four thousands rupees, then they start treatment. We don't even know whether the treatment will work properly or not.
				All the doctors are just making money, they make their own bills, they prescribe their own medicines.
			PE2	No, for the problem that I have, the truth is that in this country I do not think I could, perhaps in another country as Dr. XXXX said, in other countries there are other drugs that of course are very expensive here, but they do solve problems, but that would be in other countries, in Europe perhaps, in the first world, but as we are in the third world...
			PE4	Sometimes, so much, so many investigations that are doing, it is because they want to grab the money, because all those who are in high power, only steal, and steal, and steal and do nothing, and now, for injections, they first experiment with the rat, then with the dogs, then with one, to see if you die not sure, because I no longer have faith in anything of the injections...
			S4	She trusts her medication. She knows that without it she will die. She wants everything to be under control. She does not want her health to become worse.
	Self-management	Monitoring	B3	I have to maintain a lot because of hypertension. For example, BP has to be regularly monitored, I feel tense as it may fluctuate. But now it actually affects me a bit, if I'm doing something, I actually have to measure after two hours to see if I'm actually okay now or if it's all right. I may have measured two or three times to see if I was actually under stress.
			B4	I rely on pathological test result to see my improvement.
			M1	I even developed a computer program, to see all my controls, I check my levels 3 times per day, glucose, pressure, temperature, the famous oximeter, and all this I have registered.
			NG1	Each time I check I try, my son is a student here. He's the one that even introduced me. Anytime I check I will tell him, he'll say it's okay. Even the machine will be saying "normal, normal".
			NG2	Regularly I check my blood pressure.
			NG4	I have not been going to check my BP.

Theme	Sub-theme level 1	Sub-theme level 2	Interview	Quote
				Whether it rises or not, it's just because of recent drug I'm using... sometimes they say it rises sometimes they say it comes down since I started taking it. Sometimes they say it's okay, sometimes they say it's a bit high, sometimes they say it's okay.
			NG5	When I take my BP drugs at times I want to check this thing again, it'll come down.
			P5	Through blood pressure and sugar monitor readings, blood tests are done every two weeks, this is how it is detected, sometimes when she feels when the sweating is less, and no fatigue then we know that the treatment is working.
			S1	I self-monitor my blood pressure and blood sugar. I have bought high quality devices to measure my blood pressure and blood sugar at home. I keep track of my measurements and show them to my doctor.
		Medical adherence	B1	Whilst commuting, then, at that time, I had to consume many medicines. At that time, it became a little difficult to maintain the medicines. When will I consume which one.
			B2	In the case of diabetes, I have stopped taking that medicine. I used to have a system. Now, I don't understand it.
			B3	For migraines, when I took medicines, they used to work well. For instance, I may have taken medicine for a headache and I am better after a while.
			B4	I cannot forget my ailment. Hmm, if I forget, I'll be at risk.
			G4	One of the hardest experiences I had was taking the medication and got choked and the medication remained in my throat for about 20 minutes until I was rushed to hospital which I cannot forget.
			G5	Adhering to both hypertensive and diabetic drug is a challenge, couple with frequently going for regular chemotherapy for the treatment of the cancer, had also been a very difficult or bad experience she went through.
			N1	It's also hard to maintain medication. Medicines are so expensive that's why I am not taking medicine for HTN and only having medication for DM.
			NG3	But for a week, I hadn't take it.
			NG4	I used to take it daily.
				Like now because of this BP issue, since I've heard it I refused to take because I don't want to start reversal, I said I'm early to start taking living on medications.
			NG5	I've not been taking it much, I don't take it everytime. If I see it comes up that's how I'm doing it.
			P3	But when his blood pressure is high, he gets the injection. But yes he also takes his blood pressure tablet daily.
			PE4	The pills are given to me until now, but I, I take them but not as it should be...
			S5	I have to take my medication on a daily basis. At first, it was difficult. Now it is part of my daily routine.
		Lifestyle modification	B1	For example, when I was diagnosed with TB, movement was a restriction. When I am going somewhere, my self respect... I was forbidden from going outdoors. Still, I had to go once or twice. It's not like I did not have to. I find these to be inconvenient.
			B3	A lot of things were restricted, like food.
				Migraines are problematic. Sometimes when I may be suffering from migraine and stress, I sleep a bit at the end of the day. Then it becomes okay.
				And, due to hypertension a lot of things like lifestyle and food has to be maintained.
				I have to work for a long time which makes me stressed and it is seen that I have a little high BP. Then it is not possible to do much work. Then it turns out that you have to take a rest. What else?
				But now I have to be bound to lead an organised life. Otherwise, you have to get into trouble. It actually seems problematic to me now.
				One is always under stress, as I have to think about what I eat.
				And in the case of hypertension, if I'm under a little stress, somehow I may be working a little more or maybe eating something else or doing some other things, so, if I were doing something else, if it could have been a little stable.
				The thing I've actually noticed now is that a lot of our lifestyle and the environment we live in, where we live in, which people can have a big impact on hypertension and it grows.
				There's no need for medicine here. I may be able to do these things if I change my habits or my daily life. So, in these cases, if some level of concern is present, then we may be able to actually prevent these things before it reaches severe levels, or even before it gets to extreme levels. It can be prevented in many cases.
			B4	I had to change some food habits, like avoiding items which contained high potassium. For example, orange, coconuts, as the coconut water has potassium. Usually I like coconuts, but I don't consume them. Then there are other foods, I don't avoid it entirely, I eat a bit and. I don't even consume coconuts.
				That's why, when I go to someone's house, I let them know that avoiding salt, as it will not work for me.
			BF2	We hope he heals as much as possible to avoid the extreme diet he is being subjected to.
			BF3	For asthma I have to avoid dust and some other things. For the other illness, I was advised to avoid stimulants, drugs, overwork in class. As an impact, I will no longer be able to do the army as I wanted because of my asthma.
			G4	These conditions or illnesses is very bad to live with, because there so many things you are not permitted to do which at many time make you sad.
				In fact, going for dialysis one need to be on an empty stomach which is very difficult situation and had experience to have.

Theme	Sub-theme level 1	Sub-theme level 2	Interview	Quote
			M1	This is the page where is the diet, here I have all the food that I take, with the diet that my nutritionist gives me, and here the only thing that I do is select what food I want, and the options that are available, for example, here in meats, I click in meats, and it gives me a list of options of meats that I can have, and so on, all foods. Then these combinations of foods have helped me to handle things better. Now as a retired, I have, I retired 6 years ago, I am dedicating 100 to my person, to take care of my diet, my rest hours, something I should have done a long time ago, but I just did, basically, since I retired.
			M3	I got used to the high (blood) pressure, to the cough, to those headaches, as if they were part of my every day, and I was like that for 10 years.
			M5	But, well, now I know that I have to take care of what I eat, because the cholesterol is the worst enemy to my vascular problem, then, nobody told me, your life is going to change, you have to do this, not even the angiologist that did my surgery.
			N1	Now, its' hard to maintain diet.
			N3	It's too bad. I have to eat foods without salt and it tastes tasteless. There are so many restrictions on my diet and I have to follow regular light exercises pattern.
			N5	Now I also have DM. I am feeling bit difficult now. Because of DM, I am not able to eat my favourite foods. My sugar level is in control according to doctor. I feel bad for my eating pattern.
			P2	The biggest hardship she has is living in village and life style over there like cooking on wood fire.
			P3	He does not abstain, nor does exercise. He spends his life like other healthy person. Another issue is that he drinks a lot of tea and gets angry if there is not enough sugar in the tea which means he does not want anyone to limit him from eating and drinking.
			P4	Basically, when a patient takes medicine abstinence is mandatory. Because taking medicines without abstinence is useless. Secondly, one should care of his/her health.
			P5	I just become relaxed. when I am not well, I feel hot even in winters as well and then switch on the fan in winters but when I am okay then these things disappear, I can't stay in dark I can't stay in closed room. I feel palpitation but when I am fine, then I get rid of all these problems.
			PE3	Diabetes, especially things that have sugar does, fruits, for example I have banned chirimoya [custard apple], mango, banana, grapes, or everything that contains sweet, so that I can not eat.
			PE4	Well I hoped that they would not take away so much my way of eating, because one was hungry, just to say, because they [physicians] told me a little bit of here, a little of this and nothing else, and I, when I ate, I did not eat a little, I ate regular, but they took everything away from me, and I was hungry, worse then, the lunch I ate had no consistency, because it was a little bit... I could eat but even the hunger was gone, for a while I could not eat, I was not hungry, but when I had reduced my food, worse, I was not hungry because I said to myself that I am going to eat little and later I will be hungry. The hunger was gone, I was like four months without trying food, I eat but not as it should be...
			S1	Difficulty sticking to the dietary guidelines. Especially 'no salt' does not work for me. It is no option for me. I'd rather die. Limiting my sugar intake is easier. Because of my obesity, my knees are worn and thus painful which results in limited options for physical exercise...at the same time I am aware that exercise is good for my blood pressure and my diabetes. I feel like I'm trapped in a vicious circle. I am very much aware of the fact that I have to lose weight, and I want to lose weight. I know all the rules and guidelines, but I find it very difficult. I need help to support me in this process. I would like to know which types of physical exercise (sports) are suitable for me. For example, I know that running is very effective, but that is impossible for me because of my bad knees. So which type of exercise is most effective in my situation?
			S2	Changing my diet. It is very difficult for me to eliminate salt.
			S3	I had to make a lot of adjustments in my daily life. Example: opening a bottle of water is difficult because of my disability. At home I have a device in which I put the bottle and then I can open it easily with 1 hand. I can also drive with 1 hand because my rehabilitation doctor told me how to adjust the steering wheel of my car. I had to learn how to write with my left hand. I find it very difficult. I constantly have to measure my fluid intake. I can only drink about 1 liter each day between treatments. I am always calculating.
			S5	In the beginning, it was hard to reduce sugar and salt intake. I used to love coffee with a lot of sugar. Now I am used to my coffee without sugar. It does not bother me anymore. I have learned to live with it and I have accepted my situation. I have to take my medication on a daily basis. At first, it was difficult. Now it is part of my daily routine. I can only work a few hours in the garden each day because I get tired. In the afternoon and evening, I watch tv or sit on the porch. I don't know if it's because of my health condition or just because I am getting older.
	Expectations/aspirations of oneself	Improved health	B2	People go for treatment, I also go for treatment. I go for treatment to stay a little better.
			B3	And for Hypertension, I have to take two doses of medicine daily. If it can be reduced, that's one and if it can be completely eliminated, it would be better. More important than that is if the BP could somehow be controlled, with the medicine I am taking, if the BP could be maintained. I want to make it stable.
			B4	Through treatment or care, I hope that the resurgence of both diseases could be easily checked through medication, follow up, consultation and routine observation.

Theme	Sub-theme level 1	Sub-theme level 2	Interview	Quote
			B5	I hope diabetes is better because of taking medicines. Keeps the pressure stable.
			BF2	We hope he heals as much as possible to avoid the extreme diet he is being subjected to.
			M4	but I hope that, well, I have a better life, stability or something that assures me that well, even if I don't get cured, but not to suffer.
			N1	I have heard that if treated these problems can be under control but is not treatable completely. So I have thought that I will go back in work after having some improvement in my health status.
			N2	Even if I do treatment now, I am not going to be cured. I cannot be fit now. The only thing I can do is engaging myself in some light works.
			N3	I don't have any hope from the treatment. I am just surviving and I know I am not going to be treated.
			N5	I know I can't be as healthy as before. I just hope get these conditions under control. My sugar level should be in control so that I can work at least. I just hope that my health won't deteriorate now. I will be happy with these conditions not bothering me and being in my control. At this moment, I want to get discharge after controlling my sugar level and want to stay with my family back home.
			NG2	For the hypertension, the treatment is to control the blood pressure, make sure that the blood pressure is at least within normal range.
			NG5	I want make to perfect my sugar level and my BP.
			P1	I just want to be healthy, get better.
			P5	I just want my BP to be controlled, my sugar level to be controlled etc. All diseases to be controlled.
			S2	I have lust for life. I want to live; I want a better life; I want to be able to do more things.
			S3	Feeling better in order to be able to enjoy the extra time.
			S4	She trusts her medication. She knows that without it she will die. She wants everything to be under control. She does not want her health to become worse.
			S5	I know there is no cure. I would like my health to remain stable, under control.
		Be "normal" again	A2	To become healthy and able to pray and worship to Allah. I am hoping to get proper diagnosis, regularly have access and visit to my doctors and ultimately to become physically, mentally and emotionally healthy.
			A3	Fully recovered at the earliest and to be treated free and become healthy to live a normal person in the society.
			B1	When I go for treatment, I expect to be completely healthy, I'll be fine. Again, my normal life will be revived. That's what I hope.
			BF1	My priority is to heal.
			BF3	My priority is to heal to avoid expenses for my parents.
			G1	In fact, I always pray to God for cure of all these illnesses, so I can also be free and enjoy life like any other individual.
			N1	Possibility of being cure, go back to work, continuation of my children study.
			NG3	It's to cure my diabetes and hypertension.
			P4	I want to get rid from hepatitis because it kills the person.
			PE1	Heal that I do not have pain because, that is what I feel the most...
			S5	I want to keep doing my work in the garden: mowing, weeding and taking care of the plants. I want to keep taking care of my animals. I have a few cows and some ducks.
		Resume work to support oneself/family	A3	I am a skilled carpet weaver and knitting expert. I want to start my work to help my family.
			A4	I want to enjoy family and social gatherings. I want to become a earning hand and to start a job. I want to complete my education and want to become an engineer. Start any program or project to provide technical skills to patients so that they can earn to support their disease and family.
			B3	But my main priority would be that I am able to work for longer hours whilst being stable. And after that, I may consider other aspects such as food, etc.
			BF1	Be able to cultivate to feed my three children.

Theme	Sub-theme level 1	Sub-theme level 2	Interview	Quote
			N1	Because of this in ideal mind, so many thoughts came in my mind regarding how to sustain my family, how to raise children. These thoughts caused stress and gradually I feel now my kidneys are also affected.
			N2	I used to work in my farm. I was active and I was able to feed my family. Later when I developed hypertension, it became harder to work. If something will happen to me then who will look after my family. My family will devastate. I was panic about it and now my kidney stopped working. After dialysis, I can't do hard work. It's hard to do farming what experience should I share, it's very difficult to alive. Neither it feels like I am living and nor I can thinking of dying.
				I want to go home after being discharge from here. I will work. I have to work until my body will be functioning well else how would my family survive?
			N4	I don't need anything. I just hope to get cured now. I wish I can be as I was before. As a result of ongoing treatment, I wish I can go back to what I was before 10 years in terms of my health condition. I want to get treated for COPD so that I can at least work properly. I want to live like before (healthy life).
			N5	I know I can't be as healthy as before. I just hope get these conditions under control. My sugar level should be in control so that I can work at least.
			P2	My mother prepares breakfast for us and due to her health she can't do anything else.
			S5	I want to keep doing my work in the garden : mowing, weeding and taking care of the plants. I want to keep taking care of my animals. I have a few cows and some ducks.
		Less dependents on meds/hospital	A2	Diagnosed and treated properly, regularly consulted to my doctors and get rid of any medication use. I am sick of using medicines and living under hit and trial method.
			B1	The less you go to the hospital, the better. Alongside that, medicines that are taken. Both the number of trips and the amount of medicine. Numbers; how many times a day I eat that, how many medicines. They need to be less. It is also important to consider this office work, especially the issue of employees taking leave. And, for medical purposes, which require running to different places for testing, and, there is also a cost, it's very difficult to bear. It is also beneficial for those who give treatment if it is centric in one place. As a patient, it would also be an advantage for me.
			B2	Yes, in many of these tests, it is often seen that the patient's mental state is destroyed by doing so many tests. The fewer tests you can do, the healthier you can be, the less medication you can take, and the more physical exercise you can expect to receive, it is a better treatment that way.
			B3	And for Hypertension, I have to take two doses of medicine daily. If it can be reduced, that's one and if it can be completely eliminated, it would be better.
				There's no need for medicine here. I may be able to do these things if I change my habits or my daily life.
			B5	If I don't have to take it, I won't. I take one pill a day and nothing more.
				I rarely take medicines.
			G4	I hope to be cured and live a normal life, because I have had enough with the drugs.
			M4	I learned to ask, what consequences this medicine would (inaudible), because we agree that it helps me with one thing, but affects in others."
			N5	At this moment, I want to get discharge after controlling my sugar level and want to stay with my family back home.
			NG4	Like now because of this BP issue, since I've heard it I refused to take because I don't want to start reversal, I said I'm early to start taking living on medications.
			P4	They should prescribe all the test required for diagnosis of diseases that may lead to less visiting hospitals for tests such as ultrasound etc.
			PE4	Sometimes, so much, so many investigations that are doing, it is because they want to grab the money, because all those who are in high power, only steal, and steal, and steal and do nothing, and now, for injections, they first experiment with the rat, then with the dogs, then with one, to see if you die not sure, because I no longer have faith in anything of the injections.
			S1	I saw a program on TV that showed people who had taken medication for high blood pressure for many years and were able to stop all medication after changing their eating and exercise habits. I did not know that was possible. No doctor ever told me life style changes could have such a huge impact. Most doctors only diagnose and write prescriptions for medication. I want more.... more information.....more support in order to be able to reduce or preferably stop all medication.
			S3	Between two treatments (dialysis) I notice that fluids and toxics accumulate in my body. That does not feel good, I feel uneasy because I know that my body is filled with toxics.
			S4	She does not want additional medication prescribed or that the doses has to be increased. The alternative therapies help her to maintain the status quo. They provide additional relief for her conditions and that helps to avoid more or higher doses of medication. She feels she already uses a lot of medication and she is afraid of possible negative effects on her body.
			S5	Research into ways for patients to live without daily medication because too much medication is bad for the body, especially the kidneys.
Caregiver's role and perception	Experience	Perceived role/tasks	A1	He is my father and I am providing him all possible in-patient cure. Due to financial issues, we are not able to provide him the required and necessary medication and indoor care. Internally, we are a very strong family and my father is the head of the house. We are behaving well and managing his all psychological and behaviour needs considering him "our beloved patient". To treat our father with respect and care. Follow the doctor's advice and keep the patient tracking his medication and treatment plan. Provide him the best possible care in and outside of the house and hospital by increasing in person and financial capacities.
			A3	I am her fulltime caretaker and service provider.
				We have very positive and supporting relations.
				I have to take care of her because she is my sister and I cannot leave her alone in this condition.
			A4	We have very good, positive and encouraging relation and don't let him feel unhappy.
			A5	He is an important member of our family and lives in our family as a respectful member. We did not have any problem with him. We always support him with positive attitude and always encourage him to live happy life without feeling alone or being disappointed.

Theme	Sub-theme level 1	Sub-theme level 2	Interview	Quote
			M2	...you always have to make sure that the person is taken care off, you have to have a lot of monitoring.
			N1	Thinking of our family life, I often take proper care of him. We pay attention on eating well though we have financial problems.
			N3	She is my mother and I am her younger son. I look after her expenses though I do not stay at home. I stay away from home in another city for my earning. Whenever, my mom have to come for treatment, I accompany her.
		Frustration/stress/worries	A1	I am a human being, not a robot. I get upset, frustrated, annoyed and sometime rude to my father. In our culture, we hardly disrespect our elders so I found it very hard to control my feelings. All these are temporary tempers.
				Our family also get disturbed because of unstable income flow that hinders his treatment.
				This is very disturbing that we did not see any progress and hardly observe any improvement in his conditions.
			A4	His social interaction is limited. We are very concerned because he did not to meet his family. All these challenges made him and our family suffering a lot.
			A5	We are struggling to maintain our good positive behaviour with him and sometime becomes rude to him.
				We need more concentrated and focused attention to him to address his daily requirements.
			B3	My family members also worried about the same thing if I stay home alone. They also think of how to have someone accompany me (if I stay home alone). This always creates a mental pressure.
			M2	Sometimes it is exhausting, you never know when something might happen. It happened to me, several times, we are eating quietly with her somewhere and then she is not feeling right and you have to run to the hospital, or when she had the heart attack, or when she fell, you have to be expecting something to happened and that is exhausting, you have to know that when someone has a chronic disease anything can happen, no? And you have to be prepare to react.
				Let's say that before I had an education in the health area, I always was very scared of my mother's disease, I was terrified, panicked, as a child it was horrible, that is I saw her drink coffee and it was like –don't drink coffee because your (blood) pressure will go up--.
			S4	My mother is often sad and depressed. When I see her like that I also feel sad. My mother often wonders why she is ill.
		Difficult patient	A1	I also realize that he gets hurt and expressed this occasionally.
			A3	This made her very unpredictable, uncontrollable sometime.
				Sometimes, she shouts, throw things, fights and display anger.
			A5	We face multiple challenges because of his multimorbidity conditions. He is dumb with hearing and speaking problems. He has depression, anxiety, frustration and unpredictable mood disorder.
			BF5	At the beginning it was not easy. He experienced several hospitalizations and often blood transfusions.
			M2	it is very hard because we don't know if suddenly something is happening to her. For example, if we suddenly see her down, we don't know if it is because she is sleepy, or because something hurts, and sometimes this issue that she can't communicate.
			N4	Since my mother-in-law had this problem she is now more aggressive than before. She gets angry in smaller issues and feels irritate.
			P3	Effects like when doctor prescribes him some dietary food, we follow the instruction of doctors then people say that they do not give the food to their father. His children do not take care of their father. They order their father etc. therefore he feels annoyed. Ever since the diseases started, whatever diet we make for him according to the doctor's suggestion, he does not feel good about it. He says that you all act like doctors and do not even give me proper food.
				Because he gets angrier so we have been giving him space to try to keep distance from him.
				Besides that, he doesn't even care about himself and does not listen.
				Another issue is that he drinks a lot of tea and gets angry if there is not enough sugar in the tea which means he does not want anyone to limit him from eating and drinking.
	Expectations	Improved health for PLWMM	A1	We are very optimistic and expecting complete cure. We want our father to become healthy and normal like before these co-existing conditions. We are hopeful that he will be able to live as normal life without any health challenge and continue to support his family.
			A2	I am son of the patient and we are trying to take best care of our patient. I am always thinking the ways to assist the patient to become healthy and live disease free life.
			A5	We want only one thing – our patient should be diagnosed and treated well on humanitarian grounds so that he can play his role in the society.
			BF5	We want treatment to help him heal and resume his normal activities.
				He does his two dialysis sessions per week. Our priority is to ensure that the treatment is continued for his well-being.
			G1	For my family members since they were counseled at the hospital, they became well aware of the illnesses so therefore what they hope to gain is that I will be treated well and to receive cure of all these co-existing illnesses.
			G5	My priorities are for cure of these multimorbidity or co-existing illnesses.
			M2	My priority is that she continues to be well, going forward or at least not going backwards.

Theme	Sub-theme level 1	Sub-theme level 2	Interview	Quote
			P2	We want improvement in her health; we want her disease gets an end. She could walk easily. If she gets better, the rest of the things will get better automatically. PT: When mom gets tension, when we are not around or when there is no one around, she falls unconscious. Such like happening, when there is none at home, the mom gets tension and when we arrive home, she already fell unconscious. INT: Okay. You want that mom's tension may decrease and she may not fall unconscious. PT: Yes. When her BP shoots up, she gets fainted. INT: You want to say that her BP shall remain controlled? PT: Yes
				She cannot be like as she was. It shall be at least like that a person may feel normal. Like may have less pain or no pain at all.
			PE5	Would expect, well, it would be then to take her[mom] to see if they can treat her if they can regenerate the cartilage. Because what she has is cartilage wear, is what we have in the knees, that is what she has worn out. In one she has worn more than in the other, because that's how they came out on the x-ray.
			S4	I want her breathing to be normal. I would like her asthma to go away. I would like her anxieties to go away because it limits her in so many ways. For example, I would love to travel with my mother, go on holidays, but she is afraid of flying.
	Attentive doctors		A5	We feel like doctors, nurses are not trained in emotional health management, and prescribed medicines are not authentic. We have to replace eardrums so that he can tell us about his conditions.
			A4	Doctors and paramedics should behave professionally and assist our patients timely and encourage him emotionally to live a happy and healthy life. Importance of emotional health services by health care providers in health setting.
			G5	Treatment should not look like try and error type, but should focus more on permanent cure.
			P2	Doctor may inquire in a very humble way. He should examine and deal with patient politely.
			P5	I just want doctors to not to play with patients' life and provide good treatment.
	Support programs		A4	Start any program or project to provide technical skills to patients so that they can earn to support their disease and family.
			A5	We would be happy to develop understanding of how to handle patients with multimorbidity or co-morbidity.
			M2	I believe that there has to be much more information readily available to the patient, to the patient and many times to the families of the patients. I believe that is missing a little from the medical part, create multidisciplinary groups, including the emotional part, the nutritional part, to really have a complete approach of the person, so that this person does better.
	Reduced stigma		G1	It also important to my family that stigma and discrimination will be reduce, because they realized that stigmatization associated with the illnesses if not dealt with could kill faster than the co-existing illnesses.