

Appendix I: Interview guide

Questions in-depth interviews

THEME 1: CULTURE	
Culture	<p>Do you believe that culture and health-related stigma interact with one another?</p> <ul style="list-style-type: none"> If yes, in what way and could you specify your answer to the [Indian/Nigerian/Indonesian] context?

THEME 2: FULL STATUS AND WHAT MATTERS MOST / MORAL ASPECTS	
Full status and What matters most	<p>One way to look at the relation between culture and stigma is to see how stigma is embedded in people's everyday engagements in their community and how this stigma can threaten to diminish a person's ability to participate in fundamental everyday activities. This could be for example social status, wealth, being healthy or life chances. The next questions will be about this topic.</p> <p>What does it mean to be a "complete" person or person with "full status" in the culture of [country Y]? (If too broad, ask respondent to focus on a specific area in [country Y])</p> <ul style="list-style-type: none"> What are components or values that give a person "full status" or "complete personhood" in [country Y]? What would you describe as important or the most important components or values for attaining this "full status"? What can people do to fully participate in the community? How does having a stigmatized health condition or [condition X] affect a person's ability to attain "full status"? What components or values that matter most to [Indian/Nigerian/Indonesian] people for attaining "full status" are threatened in people with a stigmatized condition or [condition X]? What are the consequences to their health status when they can not perform their obligations within the community? <p>Are there manners in which a stigmatised person or person with [condition X] can do to achieve these values despite having their condition? (Ways to go around stigma/coping strategies that can be applied)</p> <ul style="list-style-type: none"> If the community knows that someone has [condition X], can he or she still be seen as a full member of the community?
Concept of face	<p>An example of what matters most could be 'face' or 'loss of face', which for instance can be determined by a person's reputation.</p>

	<p>According to you, is the concept of 'face', or something similar to the concept of face, also embedded in the [Indian/Nigerian/Indonesian] culture?</p> <ul style="list-style-type: none"> • Could you explain? (How can this affect a person's daily life in [Indian/Nigerian/Indonesian] culture?) • Can a person with a stigmatised condition or with [condition X] experience a loss of face in their local community? In what way? Can you give examples?
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THEME 3: INTERSECTIONALITY

Intersectionality	<p>According to you, what other forms of identity are stigmatized are present in the culture of [country X]?</p> <ul style="list-style-type: none"> • Which of them do you think interacts with health-related stigma? • How do these forms of stigma influence health? • Do you think these other forms of stigma have a positive or negative effect on health-related stigma? Could you explain? <p>Do you think the aspects that make up "full status" differ for men and women?</p> <p>What obligations do men have in their community?</p> <ul style="list-style-type: none"> • What does it mean to be a man in Indonesian culture? (What components make up a man?) <p>What obligations do/women have in their community?</p> <ul style="list-style-type: none"> • What does it mean to be a woman in Indonesian culture? (What components make up a woman?) <p>How do you think stigma (for condition X) affects men and women differently in the Indonesian context?</p> <ul style="list-style-type: none"> • In what way would stigma affect younger and older men differently? • Are the components of values that make up "full status" different for younger and older men? • In what way would stigma affect younger and older women differently? • Are the components of values that make up "full status" different for younger and older women?
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THEME 4: INTERPERSONAL ASPECTS

Stigma between members of the community	<p>How do community members stigmatize individuals with [condition X] in [country Y]?</p> <ul style="list-style-type: none"> • How does culture influence this stigmatization? • In what way do community members treat the affected individual differently than other non-affected community members?
Stigma between family members	<p>Do family members stigmatise the affected individual?</p> <ul style="list-style-type: none"> • If yes, in what way? • What are the underlying cultural influences for why family members stigmatize affected individuals?

	<p>Are family members also affected by stigma due to association with the stigmatized family member?</p> <ul style="list-style-type: none"> • If yes, in what way? • To what extent is the family stigmatized in comparison to the stigma experienced by the affected individual?
Health professional stigma	<p>Do you think that health professionals stigmatize affected individuals?</p> <ul style="list-style-type: none"> • If yes, in what way? • What are the underlying cultural influences for why health professionals stigmatize affected individuals? <p>Are health professionals stigmatized due to their association with stigmatized patients?</p> <ul style="list-style-type: none"> • If yes, in what way?

THEME 5: SOCIETAL FACTORS

Public conceptions	<p>What stereotypes or prejudices are there in [country Y's] culture towards people suffering from a stigmatized condition?</p> <p>How do you think these stereotypes and prejudices affect these people?</p> <ul style="list-style-type: none"> • Which aspects in life do you think are influenced negatively/positively by these stereotypes and prejudices? <p>What cultural aspects do you think have an influence on these stereotypes and prejudices?</p> <ul style="list-style-type: none"> • Do these public conceptions differ between various ethnicities/geographical areas within [country X]?
Institutional forms of stigma	<p>Do you recognise the issue of institutional forms of stigma in your field of practice?</p> <p>Could you give examples of certain institutions or policies that are disadvantageous for people with a stigmatized condition in [country Y]?</p> <p>How do you think institutional forms of stigma impacts the lives of those affected?</p> <p>According to you, how do institutional forms of stigma influence health-seeking behaviour?</p>

THEME 6: INDIVIDUAL ASPECTS

Social experiences and emotional/somatic consequences	<p>According to you, what role do you think social communities have on health-related stigma for a stigmatized person?</p> <ul style="list-style-type: none"> • What role does the social community have on the coping experience of a person with a stigmatized condition? • What impact (positive/negative) has the social community of a patient on the experience of health-related stigma? <p>What consequences on a person's mental health do you think are linked to these stigma experiences?</p>
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	What consequences on a person's physical health do you think are linked to these stigma experiences?
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Questions GD		
	Group discussion questions	<ol style="list-style-type: none"> 1) Why is it important to be recognized as part of the community or family? <i>Is there a difference between them? Which one is more important (community or family) and why?</i> 2) Why is it important to maintain family name? <i>How can you maintain family name? How can you lose your family name?</i> 3) Are there differences between men and women? <i>Is it equally important to be part of the community or family for men and women? Is it equally important to maintain the family name?</i> 4) Is there something else we missed regarding full status? <i>How can you lose full status in the community? Can you elaborate?</i>

Appendix II: Coding process

Methods

Data analysis

The first three transcripts were coded independently by two Indonesian researchers (YS and AAS) using open coding to highlight cultural activities and engagements that appear to “define personhood” according to the participants. The topics that came up frequently during the interviews or similarities and differences in the perspectives and experiences of the interviewees were also distinguished in this step to allow for inductive coding of topics. The participants’ perspectives and experiences were also structured by geographical area, namely rural and urban. The two researchers then discussed the codes with the wider team (including expert in this approach, LHY) to develop a preliminary coding list, which was used to code the remaining 12 transcripts together and was further modified inductively as new topics arose during interviews. Any discrepancies between the researchers were resolved by discussion until consensus was reached.

The final code list (27 codes) was determined after eight interviews when no new codes emerged. At the end of this open-coding process, all transcripts were revisited using the final coding list, to ensure that all potential codes had been applied to all transcripts. Codes were analyzed using thematic content analysis and codes were grouped under three main categories: i) “cultural capabilities that matter most”; ii) “how WMM can shape and intensify stigma” and iii) “how WMM can act to preserve personhood”. These categories were taken deductively from previous work of Yang and colleagues (6, 8, 42).

The first category included the sub-categories “cultural dynamics”, “family recognition” and “community participation”. These sub-categories were further explored for men and women separately. The second category contained the sub-categories “moral experience”, “societal factors” and “intersectionality”. The last category consisted of sub-categories that portrayed how significant cultural aspects could protect against stigma. This category was also further divided by gender.

MAIN CATEGORIES	SUB-CATEGORIES
Cultural capabilities that matter most	Cultural dynamics (men / women)
	Family recognition (men / women)
	Community participation (men / women)
How WMM can shape and intensify stigma	Moral experience
	Societal factors
	Intersectionality
How WMM can act to preserve personhood	Men
	Women