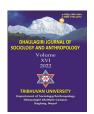
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Interview with Professor Edwin van Teijlingen

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Edwin van Teijlingen is Dutch by birth and a Professor of Reproductive Health at Bournemouth University in the south of England. He has achieved a PhD in Medical Sociology at the University of Aberdeen, UK. Prof. Edwin van Teijlingen connected with Nepal while supervising Nepali PhD scholars in UK, and he has been a frequent visitor to Nepal since 2006. He has supervised more than 35 PhDs, among which 13 are Nepali. He has examined more than 50 PhDs. He has published around 300 academic papers and book chapters in health promotion, midwifery, and health services research. He serves as a peer reviewer for worldwide famous health journals such as PLOS One and BMC Pregnancy and Childbirth. He delivered a speech to the Members of Parliamentarians in Kathmandu in 2016 as part of a workshop to promote evidence-based policymaking. He is a committee member on various grant-awarding bodies in the UK, Belgium, the Netherlands, Norway, Switzerland, and the USA. He is a visiting Professor at the Centre for Disability Studies, Mahatma Gandhi University, Kerala in India (2020-present); the School of Health Sciences at the University of Nottingham in England (2017-2026); Nobel College, affiliated with Pokhara University, Nepal (2012-present); and Manmohan Memorial Institute of Health Sciences affiliated with Tribhuvan University (2009-present). We would like to express our gratitude for his acceptance to share personal and academic lives, which can inspire young and energetic scholars in Nepal and elsewhere.

Question 1: Could you please provide us the information (personal and family) to introduce you before we begin the interview? Please provide us, date of birth, place, parents and family, school life, college, university education, and number of children, etc., professional work career, and current place of work

Answer 1: I was born in the 1960s and grew up as a child in a medium-sized industrial city called Vlaardingen in the Netherlands. My parents were also born in Vlaardingen, and I am the oldest of their three sons. My younger brothers

with their partners and children live in the Netherlands. I attended primary and secondary school in the town where I was born. In my final years at high school (or secondary school as it is called in the UK), I particularly enjoyed topics such as History, Biology, Mathematics, English, and Economics. I was slightly less keen on Dutch and German.

I am married to a Scottish midwife who was born near Glasgow. We have three children, two boys and a girl. All three children were born in Aberdeen (Scotland). The oldest son recently completed his PhD in Artificial Intelligence and Chemistry; the middle one runs a security



company with a friend in Bournemouth; and the youngest studied Education and is a primary school teacher. I have now lived longer in the UK than in my country of birth and many more years in Scotland than in England.

It recently occurred to me, only a few years ago, that I have always been a social democrat. As a small child aged five or six, I could not understand how my dad's boss knew how much to pay him. I had never seen this boss, my dad talked about, in our house. Why had he never come to see how many children there were in the family. In other words, how could this factory owner know how much money my dad needed to look after our family.

My university learning started at the Erasmus University in Rotterdam (the Netherlands) in 1980, where I enrolled to study Economics. This was a crowded and competitive course with about 1,600 students in the first year, large lecture theatres, and tutorial groups of 120-odd students. On the opening day of the first year, an economics professor said in his introduction: "Look at your left neighbor and then at your right neighbor. At the end of the first year, two out of three of you will have gone!"

During my studies in the Netherlands, I worked at a vegetable market and later as a part-time bus driver. However, Economics was a study I did not enjoy and which I did not complete after my third year. I took the opportunity to go to Scotland for a one-year exchange. At the time, there was no opportunity to enroll in Economics at the University of Aberdeen. Therefore, I changed directions and decided to complete my M.A. (Hon.) in Sociology. This was one of the best education decisions I have ever made.

Immediately after completing this M.A. (Hon.) in 1986, I started my Ph.D. in Medical Sociology at the University of Aberdeen. My sole PhD supervisor, Dr. Peter McCaffery, was a proper old-style academic. He was extremely well-read in Medical Sociology and socio-cultural aspects of health. He was challenging and incredibly helpful to me, his first PhD student, in supervision meetings.

After my PhD I embarked upon a part-time M.Ed., again at the University of Aberdeen. It is not usual to do a master's degree after completing a PhD. Still, I needed a better grounding in education theories and how people learn, as I wanted to be a good lecturer.

My first real research posts were at the University of Aberdeen, followed by one at the University of Edinburgh, followed by a research post in the NHS (National Health Service) in the central belt of Scotland. Soon after being awarded my PhD, I started my first university lectureship post at the University of Aberdeen. I spent 17 years in the Department of Public Health at the University of Aberdeen, starting in 1994 as a Lecturer and the B.Sc. Health Sciences coordinator, getting promoted to senior lecturer and M.Sc. in Health Services & Public Health Research Coordinator and leaving in 2009 as a Reader in Public Health. In 2009, I moved to Bournemouth University in the south of England to become a professor, where I still work. Interestingly, at

Bournemouth University, I have had three different nonsociology job titles without moving jobs, starting in 2009 with 'Professor of Maternal & Perinatal Health Research,' which, after a few years, changed to 'Professor of Reproductive Health Research,' and then a few years ago to the current title of 'Professor of Reproductive Health'. I am less happy with my current title as it is confusing for many, as people assume from the title that I must be a clinician. In addition, my current honorary or visiting professorships are in the UK, India, and Nepal. These are with the Centre for Disability Studies, Mahatma Gandhi University, Kerala in India (since 2020); the School of Health Sciences at the University of Nottingham in England (2017-2023); Nobel College, affiliated with Pokhara University, Nepal (since 2012); and my longest running Visiting Professorship (since 2009) has been with Manmohan Memorial Institute of Health Sciences (MMIHS) affiliated with Tribhuvan University.

Question 2: What factors or who influenced you to study Sociology? What was the imagination to be a sociologist at your college time?

Answer 2: It is a long story how I came to study sociology. First, when I went to university in the Netherlands to study Economics. I wanted to study Social History but my friends and family, said: "You never get a decent job studying History." So, I started my degree in Economics which I did not like, but I kept passing my undergraduate exams for three years. Making academic progress made it difficult for me to stop the degree or even to change discipline. As part of my Economics degree, I took optional modules in Economic History, Political Science for Economists, Economic History of the Second World War, and so on, but interestingly I did not take the module Sociology for Economists. One of my friends who took this Sociology module and told me: "Edwin, as social democrat, this is really your kind of stuff." At the time in the Dutch system, students could take any exam for any optional module relevant to their year of studies. As I was deemed eligible, I registered for the Sociology exam, enjoyed the reading, and passed it, without ever attending any lectures.

After the third year of my Economics degree, I got the opportunity to study for an exchange year abroad in Aberdeen. I travelled to Scotland in 1984 and discovered that the professor in Economics at the University of Aberdeen was not keen on welcoming me to his department. However, the head of department in Sociology & Anthropology, Professor Robert Moore was supportive and welcoming. Therefore, I decided to do the third year of a four-year Sociology course. After the one-year exchange I was due to return to my Economics degree in the Netherlands, but I loved Sociology and staying in Aberdeen. After completing the additional year, I ended up in 1986 with a four-year M.A. (Hon) in Sociology. The

University of Aberdeen is one of the so-called ancient universities in Scotland, and these are distinctive in offering the Master of Arts (M.A.) as an undergraduate degree. The 'Hon.' in my M.A. makes it clear this is a four-year degree with a so-called Honor's year.

Then I went on to do a PhD in Medical Sociology at the same university. My PhD research topic was a comparative sociological study of the organization of maternity services in the Netherlands and Scotland. The fieldwork included face-to-face interviews with midwives, nurses, obstetricians, family doctors, maternity home care assistants (in the Netherlands), as well as several policy makers.

Question 3: You are a trained medical sociologist. Currently, you are a Professor of Reproductive Health Research & Joint Director of the Centre for Midwifery, Maternal and Perinatal Health (CMMPH) at Bournemouth University, UK. How did you shift your professional career from pure sociology to applied health related research and teaching?

Answer 3: My answer is perhaps unexpected, as my sociology training was shattered. I never was a pure sociologist, coming from an economics background. More importantly, not having taken basic Sociology modules, I never did an undergraduate Sociology module on theory, for example. Consequently, I never started sociology from a pure theoretical perspective. As a PhD student I was expected to conduct Sociology tutorials for undergraduate students which encouraged me to read more about sociological theory, if only to be ahead of the students in the tutorial group. Still as a PhD student my first research assistant jobs involved doing applied social policy research and applied health promotion research.

My 'minor' contribution to sociological theory is around the medical/social model of childbirth, even this work is more about the application of the model than about its theoretical development (van Teijlingen 2005; Mackenzie & van Teijlingen 2010; van Teijlingen 2017; van Teijlingen & Jan 2018). Theory is not my forte, my strength lies in bringing sociological perspectives and concepts to the health field and applying them. I like reading about sociological theories, and thinking about their application (usefulness), but I am most definitely not a theorist.

From the beginning, my academic posts at different UK universities have always been in health departments, from the Department of General Practice at the University of Edinburgh to my current post in the Department of Midwifery and Health Sciences at Bournemouth University. I have never had an academic post in a Sociology department. I have always brought a sociological perspective, or sometimes a more general social sciences perspective, to studies in the field of health and social care. Therefore, my teaching has largely been, and still largely

is, to health science students, with just the occasional lecture or workshop to sociology students.

Question 4: You have published around 300 academic papers and book chapters in the field of health promotion, midwifery and health services research. You have a strong track record of publications, experience of peer reviewing articles for journals such as PLOS One, BMJ Global and BMC Pregnancy and Childbirth. How do you manage your teaching, research, and mentoring work? What are your working strategies to achieve in all aspects?

Answer 4: My work is my hobby, so I work more than 38 hours a week as per my university contract. I find writing quite easy, as a young person I used to write long letters to friends. One insight I got early in my career from a science journalist who came to talk to academics at the University of Aberdeen was not to see writing as task which takes a long uninterrupted time scale. She helped me realized that we write in short and sharp block. We write a few sentences at a time before we take a break to think and reflect, have coffee, etc. So, if you have a few minutes in between meetings and lectures and so on, write a few lines. If you do this every day, you have written a half decent draft within a month. So, I try to write a little every day and I always carry a paper notebook with me to scribble down my thoughts and odd notes, stick in small newspaper cuttings or the occasional useful business card. Continuous writing

The second trick regarding writing I learnt from the same science journalists was to see writing and editing as two different and separate tasks. Writing is a process you do without thinking about style and grammar or worrying about the spelling of words. Once you have written a fair amount, perhaps a few paragraphs, or a few pages, then you have another task to do, namely the editing. If you work with a co-author, you do both writing and editing but not at the same time. When you start a draft of a new paper, your co-editor does the editing of your input and adds new text. When it comes back to you, you first edit the new text created by your co-author and you begin to add more ideas yourself.

I have done a lot of peer-reviewing in my earlier year, but at the moment I can't find the time to do any reviewing from journals which ask me out of the blue. Like many established academics I receive six to ten emails a week requesting me to review of a paper for their journal. To keep my sanity, I only review for the journals with which I am involved. Despite this rule, I still review quite a lot of papers but for a limited number of journals. Occasionally there are exceptions, for example when I am asked to do a review by good friends who are editors. For example, I usually review at least one paper per issue for the Nepalbased Journal of Health Promotion.

Looking at the bigger work-life balance picture,

my work is my hobby. A lot of things I do in terms of academic writing, reading interesting articles and learning new things I truly enjoy and, therefore I don't see it as work. If your work is your hobby, you're never bored. Much more importantly, I have been very fortunately to marry an understanding, patient, and great woman who is interested in both Nepal and research. She has been to Nepal on several occasions. She is an experience and senior midwife in the south of England, and although she is not in an academic post, she has a track record of publishing in practitioners' journals and academic ones. Due to her research activities and publications my midwifery colleagues at Bournemouth University have made her a Visiting Faculty there.

Question 5: You have been book-review editor for a sociology journal for a very long time. What kind of changes have you seen and what motivates you to keep going.

Answer 5: The obvious answer is that I love books, I like buying books, my wife and I like having them on our bookshelves, and, of course, we like reading books. My guess is that we have at least 5,000 books in our house! For the past two decades I have been joint book review editor for the international journal Sociological Research Online (published by the international social science publisher SAGE). During this period, I have worked with five different co-editors, each staying on a book reviewer editor for a few years. I started in 2022 as the apprentice of the then joint book review editor, who soon after moved on to become co-editor of the journal.

Twenty years ago, the journal had some general advice for interested book reviewers in terms of the required aspects such as reference style and recommended word length. After reading many draft book reviews, and editing many, some drastically, I produced some advice on how to write a good book review. The guidelines were put on the Sociological Research Online website in 2007. This document evolved over the years and the latest version was published last year as a textbook chapter 'Writing a Book Review' co-authored with Prof. Katherine Venter, a sociologist specializing in management studies (van Teijlingen & Venter, 2022).

One thing I have noticed in the last five years or so is that more and publishers are offering e-books, instead of, or as well as printed books. It is easier to send e-books to potential reviewers, or sometimes just access codes to the relevant book as provided by the publishers. What is still the same is the hassle of getting book reviewers to submit their reviews 'on time' or even at all. Sociologists may agree to produce a review for the journal to submit it within a month or so. Many soon find out that they are too busy to write the review or even read the book. Often when publishers or authors ask us as book reviewers why the book review has not appeared in print yet. My only

excuse in many cases is that we have posted the book to potential reviewers, and they have not submitted their reviews yet to us. Since we posted the book, we the book review editors won't have another copy to send to another potential reviewer.

Having said this, being a book reviewer is a great role; what motivates me is that I am reading many book reviews of interesting books without reading the actual book, especially on books that are not on my topic, and I often learn a lot. I would like to take this opportunity to invite you, the reader of this paper, if you are a sociologist or a more general social scientist in Nepal, to come forward and volunteer to write a book review for Sociological Research Online.

Question 6: You have substantial research experience in conducting large scale comparative studies, usually applying interdisciplinary and mixed methods approaches? Please share the learning experiences of working with interdisciplinary team.

Answer 6: Over the last three to four decades research in the social sciences and has moved from disciplinary-based curiosity-driven research to more multidisciplinary and interdisciplinary research. It has also moved from sociological studies conducted by individual researchers to far more team-based interdisciplinary working. These current research collaborations include academics from different disciplines, as well as health professionals, charity workers, industry partners and patients and service users, all in the same team. Interestingly, I have co-authored several papers on the process of conducting interdisciplinary research (van Teijlingen et al. 2019; Shanker et al. 2021).

I have observed that it easier to start a new interdisciplinary research project if you are already an academic/professional in relationship. The pre-existing relationships can be developed in a previous project, or with someone with whom you discussed a paper with at a sociology conference, or someone working with a colleague of yours, or even with academics who used to be your PhD students and who are now your colleagues.

A key message is to choose the right members for your team, or before joining an existing team, check who the participants are and how they work together. Consider not only the discipline and skill each team member can bring to the team, but also their personality and motivation. One or two team members not pulling their weight or worse not contributing at all can be very destructive. Often you don't know what people are going to be like in your team but be aware early on of the team dynamics and the way your colleagues interact. Having worked in different interdisciplinary teams over the years, you learn who you can trust to contribute, play an active role in the discussion and who will complete allocated tasks on time and who will not. There are certain people who I will always

say yes to if they ask me to work with them, as long as their proposed research project vaguely fits my skills and interests. Likewise, there are certain previous team members with whom I will never work again however interesting or prestigious their proposed interdisciplinary research might be.

Another thing I learned very early on is that when you join a multidisciplinary team, you become the representative of the discipline of sociology. This means your fellow team members, who might be nurses or doctors or chemists, expect you to know things across the whole discipline of sociology. They can be surprised when you say: "I don't know the answer to your question, that is a sociology of religion question and I'm a medical sociologist." I have made the same mistake asking a nursing colleague in our interdisciplinary team a health question, I released this when she said: "That is really dermatology nursing, which is not my sub-speciality".

Apart from representing the discipline, the second thing I learned quickly is to know your limitations. Knowing your limitations and acknowledging them to your colleagues is a good start.

At the same time, you need to be confident in team meeting and defend your sociology corer or perspective. You may find yourself in a team meeting with a geneticist who has strong views on aspects of society and why the world is the way it is. You, as a sociologist, may have to say something like: "I know that is a commonly held view you are expressing there, but sociological research suggests the situation is a little bit more nuanced." Or you may comment: "Your comments make sense to me coming from a psychologist, but there is perhaps a less individualistic sociological view on the behavior of youths in Nawalparasi."

Two more advice on working as part of an interdisciplinary team are: (1) listen to others and (2) always be willing to learn. These words of wisdom are, of course, highly related. The more you listen to others, and try to understand where they are coming from, the broader your perspective becomes and the more you learn.

The other part of your interesting question is about mixed-methods research. Mixed-methods research has seen a rise in prominence during my career, similar to the increase in the popularity of interdisciplinary research. The first thing to note is that the two concepts are unrelated. You can have good interdisciplinary research based on one method, for example, a large quantitative survey conducted by a midwife, an educationalist, a psychologist, and a sociologist. You can also have large multi-method study conducted by three people from the same single discipline. Again, I have had the pleasure of having written methods papers about the strengths and weaknesses of multi-methods research in several journals (MacKenzie-Bryers et al. 2014; Simkhada et al. 2014; Mahato et al. 2018).

In interdisciplinary health research teams, I often bring qualitative research skills or multi-methods skills, rather than a sociological perspective. For some scientists and medical professionals, sociology is synonymous with qualitative research. They associate you as a sociologist with the role of qualitative researcher, the person who studies participants' views, perspectives, and expectations.

My latest interdisciplinary project is working on a large-scale longitudinal family study in Nepal. This project is led by Dr. Om Kurmi, who is based at the University of Coventry, UK. We have named it the Nepal Family Cohort Study (NeFCoS). The study team is large comprising academics based in Epidemiology, Education, Midwifery, Health Services Research, Sociology and Statistics.

Question 7: You have supervised around 15 PhD projects around aspects of health in Nepal. Who was your first Nepali PhD student and how s/he came to you? How is your impression of Nepali students studying in various universities of UK? What are their strengths and the areas of improvements?

Answer 7: To date I have helped 13 Nepalese postgraduate students to complete their PhD, plus one British Asian student who conducted her PhD fieldwork on maternity care in Nepal. At the moment, further four PhD students are under my supervision. My first PhD student from Nepal was Surita Singh; she came to the University of Aberdeen because my friend and her co-supervisor, Prof. Padam Simkhada, were there. Padam was appointed lecturer in international health in our department then, and he attracted Surita as my first PhD student from Nepal. Surita did an interesting study on the health, well-being and hardships of orphans in Nepal. After completing her PhD in the UK, she returned to Nepal to work with orphans.

Apart from supervising PhD students from Nepal, I have also had the pleasure to act as external PhD examiner for several of Nepalese PhD students, four were registered at other UK universities and one did her PhD at an Australian university. Also, at Bournemouth University, I have taught undergraduate Nepalese students who are part of Gurkha families and, hence, were entitled to study in the UK as home students. Similarly, I supervised one Nepalese M.Sc. student in Public Health at Bournemouth University on a project on autism. She was also classified as a UK-based student since she was married to a serving Gurkha soldier in the British Army.

The number of Nepalese postgraduate students is growing in the UK. Regarding Ph.D. students, I am very lucky to meet Nepal's top-notch young academics. You have to remember that to get accepted to high-quality British universities, potential students need both a good M.Sc. and English proficiency. Otherwise, they don't get accepted. This means when I take on the supervision of a Nepalese Ph.D. student, I usually end up with an academically capable student with decent English skills. None of my Nepalese PhD students have failed to complete their viva, although two had to leave their studies

for personal reasons halfway through their PhD.

The strengths of many Nepalese PhD students include being intelligent and keen to succeed, working hard, and willing to learn and listen. Furthermore, most of these students want to change the world and improve their society, which is a strong motivating factor. As many of conduct applied research with links to Public Health, Nepalese PhD students in the UK often do research that can have impact in the real world. The weaknesses, or in nicer English, area for improvement are academic writing skills, not for all, but there is a recognizable writing style, which we have labeled 'Nepenglish' (Sharma et al. 2015). This means that reading drafts written by Nepalese students always takes a little longer for me as supervisor. The second area of improvement is the other side of the coin of wanting to change the world. Students who want to change the world can lose focus in formulating their research question. I often need to remind students that the PhD is about finding out things, not about doing things and changing the world. It is great if your research can help improve society, but your supervisors are more concerned about your basic academic process, i.e., getting the research question right, selecting the appropriate methodology, the correct application of methods, understanding relevant theories and your analyses and quality of your academic write up.

Apart from supervising and examining PhD students from Nepal I have supervised 35 students to completion and in early 2023 I conducted my 50th PhD viva as an external examiner. The first Ph.D. viva as external examiner was in 2004 at the University of Durham. Over the years, most viva have been at universities in the UK, but I have also had the pleasure of conducting viva in Ireland, the Netherlands, Nepal, Australia, Belgium, Finland, Denmark, and New Zealand. Technically three of these were not a traditional Ph.D. viva, as it included one Doctorate in Professional Practice (at The Robert Gordon University in Aberdeen), a D. Phil. at the University of Oxford and acting as pre-examiner for a PhD at a Finnish university. In addition, I have also acted seven times as an internal examiner at two UK universities. Being asked to examine a PhD thesis is an honor for most academics. As an examiner you always learn something new. If not about the candidate's topic, you may learn different ways of applying a research method or theoretical explanations or even new ideas for supervising your own PhD students. It is often a joy to have an in-depth scientific discussion with a dedicated and motivated candidate.

Question 8: You are one of the members of the UK Research and Innovation International Development Peer Review College (2020-23). What is this organization and what are your role and responsibility as a member?

Answer 8: Early in your academic career you get asked

to join funding committees in your department, faculty, school and university. As you get more experienced as a researcher, you will be invited to various national committees. Doing this kind of committee work is a key part of being a university academic. Over the years I have been a committee member on various grant-awarding bodies, most of these have been in the UK, but over the years I have also joined grants committees in other countries, for example, Belgium Norway and the USA.

Most of these grant-awarding bodies have been in the health or medical field, occasionally in the social sciences. It is fair to say that there is more research money available in the medical field than in the more general health and health promotion field, and even in the latter, there is more funding available than in social science in general and sociology in particular.

One of my recent memberships in the UK involves being part of the UK Research and Innovation (UKRI) International Development Peer Review College. The members of the International Development Peer Review College offer their expert review of overseas development assistance funding opportunities offered by UKRI councils, particularly those funded under the Global Challenges Research Fund (GCRF). There are about 300 of us, both academics and non-academics and each is allowed to serve for a maximum of three years. Many of my fellow members are from low-income countries, including some from Nepal. The International Development Peer Review College has three main aims: (1) ensure developing country perspectives are a key part of the expert review of GCRF opportunities and other overseas development assistance research opportunities; (2) build on GCRF's aim for fair and equitable partnerships and ensure developing country researchers and non-academics can contribute to decision-making; and (3) promote closer working with expert reviewers from developing countries and provide training and capacity-building in expert review. My role on this committee is to review submitted grant applications. My three-year membership of this grant-awarding body is from 2020 till 2023.

Question 9: Social sciences are the least preferred subjects in Nepal and the political leadership and bureaucrats rarely acknowledge the importance of social sciences. What do you think about the future of social science in general and sociology of health in particular?

Answer 9: My first reaction to your question was: "Indeed, Sociology is also not a particularly popular discipline among policymakers in high-income countries, such as the Netherlands or the United Kingdom." However, when I started looking into some of the facts on Sociology, I discovered that it is becoming more popular in high schools in the UK. I read a recent statistic that Sociology has become the fifth most popular final-year secondary

school subject, it is more popular than History. This fills me with hope that the next generation will have greater social insights and more people will be exposed to the notion of the sociological imagination. At the same time, I have seen official websites in the USA stating that the job market for sociologists is still growing and that the demand will rise until 2029. At Bournemouth University, there are several Sociology students; in addition, more and more students are enrolling in Criminology or Media Studies. I feel some of these students would have opted for a study in Sociology if they had been born twenty years earlier.

Many people think they know sociology as we all live in society, and it is all about everyday topics and issues, mainly common sense! Often, our colleagues in other disciplines ignore us. For example, at the 'Ninth National Summit of Health and Population Scientists in Nepal,' the annual conference organized by the NHRC (Nepal Health Research Council) in 2023 in Kathmandu, one of the presenters called for the establishment of a 'Behavioral Science Centre.' The speaker sounded like a psychologist; she spoke about the importance of social and behavioral aspects and models, although her first degree was in public health. What I found interesting is that she did not seem to think that a much more appropriate name for such a national center in Nepal would be: 'Behavioral & Social Sciences Centre.'

One more fundamental problem with sociology is that if it is done well, its practitioners are typically critical of people in power. As sociologists, we critically study and appraise social structure and function, as well as cultural and socio-economic concepts in culture; this leads to criticism of those in power, the politicians at all levels, government officials, managers, capitalists, media owners, and so on.

I am slowly concluding that the demise of the popularity of Sociology as a research discipline is partly related to our ability to work well with others in interdisciplinary teams, as we see a bigger societal picture of any research. Perhaps the perception of Sociology being in decline is partly a sideeffect of the growth of interdisciplinary working/research. To give a practical example, the past four years I have had the fortune to be part of an international and interdisciplinary team led by the University of Sheffield, and collaborating with Phase Nepal, MMIHS, Bournemouth University, and the University of Huddersfield. Although this longitudinal study into the effects of the process of federalization on Nepal's health system is more Political Science or health systems research than purely sociological, the many key contributing, or explanatory, factors can be found in Sociology.

Nepal needs a number of role models in Sociology, in the UK we have been lucky recently with Anthony Giddens in the late twentieth century, and his link to the ruling Labor Party. One piece of advice is for Nepalese Sociologists to work with the media, the old ones, newspapers, radio, and television, but also the newer social media to promote Sociology. Let the public and policymakers know what kind of research we do, how relevant our theories are and what insights the discipline can offer.

Question 10: You are Visiting Professor at Nobel College, affiliated with Pokhara University as well as at Manmohan Memorial Institute of Health Sciences affiliated with Tribhuvan University. When and how did you start collaborative work with these institutions?

Answer 10: I started working in Nepal twenty years ago through Prof. Padam Simkhada. Through him, I met academics at MMIHS, and soon I was invited to do (unpaid) guest lectures for their staff and students. These turned out to be a success and in 2009 MMIHS invited me to become their visiting professor. Having the visiting faculty link with MMIHS made it easier for Bournemouth University to set up a formal Memorandum of Understanding (MoA). The story with Nobel College is similar. Through Prof. Simkhada, I met Nawaraj Pandey, the founder and chair of Nobel College, and this started our collaboration. Again, as with MMIHS, he invited me to be a guest lecturer for his students and offered a visiting professorship in 2012. Nobel College then co-sponsored the first National health Promotion Conference in Nepal, which we organized in 2013.

Both affiliations are long-term; during COVID-19, I could easily set up online collaborations; quite early on in the pandemic, I offered online research methods classes to MPH students at MMIHS. In May 2020, Padam and I presented a webinar on COVID-19 to staff and students at Nobel College in Nepal. This two-hour session was attended by 286 people online. The pandemic has taught me that it has opened opportunities to work online which we didn't know we had. These web-based approaches allow academics to expand online research collaborations with colleagues, teaching staff and students in low-income countries traveling.

Question 11: You have presented sessions on publishing academic papers at many universities in the UK and Nepal? What are the strengths and areas of improvements in the academic writing and publications in Nepal's universities?

Answer 11: Over the years, I have penned many articles about aspects of academic writing and publishing, and in 2022, we published a textbook under the title Academic Writing and Publishing in Health and Social Sciences in Kathmandu [Wasti et al. 2022]. We agreed with the publisher Himal Books, who published the book on behalf of Social Science Baha, to keep the price low, through some financial support from the editors' respective universities. This means the price in the market is low, making if affordable to postgraduate students and low-paid junior researchers, we regard this as part of our contribution to

research capacity building in Nepal. We didn't want to make any profits from this book, so the proceeds from the book are donated to the non-governmental organization (NGO) Green Tara Nepal.

I have been involved in many training sessions on scientific writing with colleagues from the UK and Nepal. In 2022 three Bournemouth University academics: Dr. Shovita Dhakal Adhikari, Lecturer in Criminology (who since moved to London Metropolitan University), Dr. Pramod Regmi, Principal Academic in International Health (Department of Nursing Sciences), myself, and a friend and colleague from the University of Exeter (UK) Dr. Emma Pitchforth conducted such workshops in Nepal. Shovita convinced us with the words: "As sociologist and a female researcher I think it is important to address gender issues in all part of society, including academic writing and publishing." We planned two sets of three-day Academic Writing Workshop in both Kathmandu and Pokhara. These workshops were funded by the British Academy and involved Dr. Rashmee Rajkarnikar from the Central Department of Economics at Tribhuvan University, and they were supported by Green Tara Nepal and Social Science Baha. Both workshops were well attended, and even made it into a newspaper in Nepal: The Rising Nepal. The content of the workshop is largely based on years of experience of running similar workshops in the UK, India, Nepal and at a large research workshop in Malta.

I have noticed that the publications from universities and colleges in Nepal have increased in quantity and quality since I first came to Nepal two decades ago. However, producing more papers does not always mean greater offering greater insights. Unfortunately, sometimes papers written by Nepal-based students (and junior researchers) are factual and descriptive rather than more theory-based or theory-informed.

Question 12: You are a member of various editorial boards based in South Asia: Kathmandu University Medical Journal; Nepal Journal of Epidemiology; Journal of Asian Midwives (based in Pakistan) and the Journal of Manmohan Memorial Institute of Health Sciences. How do you support them? What are the good learning experiences with the team of various journals?

Answer 12: For many of the journals you have mentioned, I review papers submitted to the journals, sometimes end up editing the final drafts of submissions. At a more strategic level, I co-author many editorials, viewpoint articles or opinion pieces to highlight social/health issues that were important at the time. Interestingly, I am involved to a lesser extent in policymaking for journals based in South Asia, something which seems to be more of a role on editorial boards of UK-based journals. In addition, I encourage junior colleagues and postgraduate students in both the UK and Nepal to submit their papers to Englishlanguage journals based in Nepal.

As editors, we produce editorials for academic journals, which can have different functions. First, it is a key means of communication between the editor(s) and the journal's readership. It is also an opportunity to raise topical academic, social and sociological issues related to the journal and/or the discipline. It is worth remembering that producing an editorial is an art. You want to produce an editorial that is interesting and motivates the reader to read various articles in the journal. We have recently written a paper on this topic (van Teijlingen et al. 2022).

Question 13: You have seen publications of the Dhaulagiri Journal of Sociology and Anthropology. What are the specific suggestions to the editorial Team? How shall we continue this journal, what area should we focus on, and how can we develop higher quality and visibility of the published paper?

Answer 13: If you haven't done this already, recruit young early-career academics on board the current editorial team, including those from minority groups. We have found that early-career academics often are more driven to work as editorial board members or editors as they see it as a stepping stone to a successful academic career. In other words, it helps them build a good academic career.

My second suggestion is to bring out special issues on specific focused topics which are announced at least one year in advance so people can start writing log in advance. Special issues can be hot social topics, for example the Dhaulagiri Journal of Sociology and Anthropology could decide to have a special issue on 'the environmental pressures on society in the Tarai', or perhaps one on 'policy formulation in a federalized Nepal and its impact on socioeconomic inequality'. Having a special issue would need extensive advertising, including on social media, such as Facebook, Snapchat, YouTube, or Twitter, to promote it. One advantage of having a special issue is that it often attracts new and interesting authors, and academics who would not necessarily consider submitting to an ordinary issue of your journal.

Question 14: Why are you interested in Nepal/ When did you first come to Nepal?

Answer 14: I had always been interested in world development before I came to Nepal two decades ago. At that time Turkey was poorest country that I had ever travelled, I had never been to a low-income country such as Nepal before. My interest in Nepal started when the university where I worked, University of Aberdeen, advertised for a lecturer in international health. I was a member of the interview panel which appointed Prof. Padam Simkhada to this post. We started with having a shared interest in reproductive and sexual health research, his PhD was on sexual health and my PhD focused on maternity care in the Netherlands and Scotland. Soon we

became friends and started working together on UK and Nepal-based projects. In fact, if the academic we appointed in Aberdeen on that day had been from Malawi or Mexico I would now probably be working in Malawi or Mexico.

I first came to Nepal on a trip organized by Padam Simkhada, our initial research focused on improving the uptake of maternity care in Nepal. Padam had been involved with the NGO Green Tara Nepal since its inception. Then, I started working with them on a project advocating the work of health promotors to improve the uptake of maternity care. The central idea was to use existing government services and rural women's groups in the localities of Dakshinkali and Chhaimale in Pharping, located near the Bagmati River on the southern edge of Kathmandu Valley. This project ran for a long time, and some of its long-term effects can still be found in the local community. We managed to do this project in Pharping with funding from Green Tara Trust, a Buddhist charity based in London, UK. One way we managed to make the research work with a low budget was by engaging MSc students in Public Health with us and encourage them to do their research project on this exciting project. In 2017, I received small amount of Newton Fund funding through Bournemouth University to conduct a follow-up study of the health promotion intervention and it sustainability in Pharping.

Question 15: Why are your best and worst memories of working as an academic in Nepal?

Answer 15: There are too many great memories of working with people in Nepal. To name but a few, I had the honor to speak to Parliamentarians (MPs) in Kathmandu in 2016 as part of workshop to promote evidence-based policymaking. The workshop was organized by a consortium of three UK universities, including Bournemouth University. This workshop was attended by some 30 MPs from all major parties and three or four former ministers. For this session, I compared selected health-care systems in high-income countries to help inform these MPs.

In 2012, my wife Jilly and the three children came to Nepal on a working holiday. At the time, the oldest boy was 15, the middle boy 13 and the youngest girl 10. The things they noticed and the things they liked gave me a new perspective. We had the fortune to see an elephant in Kathmandu who was getting prepared for a wedding event. On a different day, Jilly and our 13-year-old son went to the cinema in Kathmandu to see a Harry Potter film, they came back with stories of people sitting in front of them and video-recording the whole film. Not only is this illegal in the UK, but you would immediately be kicked out of the cinema. The oldest boy is tall and, at age 15, taller than quite a few Nepalese men, so often, this young teenager was treated as an adult. He once gave a begging child on New Road NRP 1000, which was quite a bit of money a decade ago, because he felt so sorry for the boy. The problem was that within minutes, we were surrounded by many begging children and adults. What our children didn't like was the electricity blackout, meaning they could not play their video games or watch television. They were also quite shocked by Kathmandu's dust and pollution, which is still a serious problem.

Another highlight must be the publication of our edited collection Academic Writing and Publishing in Health and Social Sciences. It is a publication of high quality and the printed copy looks very professional. It offered the four editors work closely with an excellent text editor, Mr. Khem Shreesh from Social Science Baha, and many of our colleagues and former Nepalese PhD students who became co-authors on the 24 book chapters. The book had a great launch in Kathmandu and has been very well received, not just in Nepal but also by our students and colleagues in the UK.

My worst memories f Nepal are all to do with illnesses and accidents. In 2016, during a workshop in the Tarai, I ran into a low doorframe, and as I am very tall, I ended up knocking myself out. As the bleeding didn't stop straight away, I was taken to the district hospital and ended up with a great bandage on my head. In 2022, I ended up with COVID-19 during Erasmus+ exchange to MMIHS, I did not feel too ill, but it meant I could not finish my face-toface teaching and I could not travel to India for another project. Thanks to the hard work of our colleagues at MMIHS, and Green Tara Nepal, and my fellow Erasmus+ staff exchange Vanora Hundley (Professor of Midwifery at Bournemouth University), the planned workshop went ahead. I even made a guest appearance at the workshop through an online link from my hotel room in Kathmandu only 200 meters away from the workshop venue. As expected, I had a poorer quality internet connection than I would have had halfway across the globe in the UK (at Bournemouth University or home).

When I came back to Nepal later in 2022 to run an Academic Writing Workshop funded by the British Academy (BA) I ended up with Dengue fever. Luckily for me, the symptoms started after arriving home in the UK, these included flu-type symptoms, including sore joints, night sweats, feeling tired, coughing, and so on. First, I suspected having COVID-19 and did three COVID-19 tests in one week, but all were negative. It was not until the blood test came back from the NHS laboratory nearly two weeks later that the doctor confirmed I had contracted Dengue fever.

To end on a positive note, I am proud of the growing number of my former postgraduate students from Nepal, who are now in proper academic posts in the UK.

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