

Supplemental materials

1. Data collection forms
 - a. WLWH - Screening form
 - b. WLWH - Enrollment visit
 - c. WLWH - Counseling visit
 - d. WLWH - Follow-up visit
 - e. Home supporter - Enrollment and counseling visit
 - f. Home supporter - Follow-up visit
2. COREQ checklist
3. Codes

Screening Form for Index Woman

Date of Interview: _____

Interviewer Name: _____

Interviewer: "I would like to ask a few questions to see if you could be part of this study. These questions will only take five minutes of your time. All the answers you give will be confidential and will not be shared with anyone outside the study team. After answering these questions, it is your choice whether to participate in the study or not. Would you like to continue?"

SCREENING QUESTIONS

Interviewer: "In this study we are asking HIV-positive women with children 1-3 months of age to enroll with their male partner or another family member such as their mother, mother-in-law, aunts, sister, father, brother, or anyone who they live with or near who helps them with caring for their children. You can have one or two people enroll with you. Would you be willing to invite either your partner/husband and/or family member to be in this study with you? We encourage you to invite someone who knows your status and is supportive of you."

QUESTION		ANSWERS	SKIP/ INSTRUCTIONS
1	Please tell me how old you are. (Probe): When is your date of birth? (Record age in completed years) ☐ Check if age is an estimate	____ age (completed years)	EXCLUDE if less than 18 years
2	How old is your baby? (Use today's recruitment calendar to estimate <u>completed</u> months of age. If less than 1 month, estimate days of age.	____ days old (or) ____ months old	EXCLUDE if less than 1 month or more than 4 completed months of age.
3	How have you been feeling lately? How is your health?		Exclude if she is not well enough to participate in the interviews or breastfeed or care for her child
4	How has your baby's health been this week?		Exclude if child's health would prevent them from being exclusively breastfed
5	Are you breastfeeding _____ (NAME) ? (Circle response)	No Yes	If No, EXCLUDE
6	Who will you invite to participate in this study with you? You can choose one or two people who you live with or very near.	Husband/male partner Mother Mother-in-law Father Father-in-law Aunt or other older female relative Sister or other peer female relative	EXCLUDE if no one

		Uncle or other older male relative Brother or other male peer age male relative Female friend Male friend Other (specify) _____ No one	
7	How would you like for us to invite them to be in the study?	Call Visit the home Send home an invitation letter for him to contact the study team	
8	How likely do you think it is that they will want to participate?	Very likely Somewhat likely Not likely	EXCLUDE if not likely
9	We would like to interview you 3 times for this study. Do you have any plans to travel within the next three weeks that would mean you might not be available? (Circle response)	No Yes	→ (If no) skip to 12
10	(If Yes) What are your plans? (Discuss ability to reach her over the next few weeks for follow-up visits)	_____ _____ _____	EXCLUDE if she is not able to meet over the next 2-3 weeks

EXCLUSION CRITERIA: (Do not ask these questions out loud. Complete this section based on answers above to decide whether this person will be invited to participate. For each question, check no or yes)

Is woman 18 years of age or older?	☐ No (0)	☐ Yes (1)
Does woman have a baby 0-3 months?	☐ No (0)	☐ Yes (1)
Is the woman currently breastfeeding?	☐ No (0)	☐ Yes (1)
Has the woman identified someone to invite to be in the study?	☐ No (0)	☐ Yes (1)
Is the woman available for the next 3 weeks (i.e. not travelling or unavailable for follow up visits)?	☐ No (0)	☐ Yes (1)
Is the woman well enough to participate in 3 interviews?	☐ No (0)	☐ Yes (1)

If the answer to all inclusion criteria is YES, this individual qualifies for the study. Conduct informed consent.

ENROLLEMENT VISIT INTERVIEW GUIDE – INDEX WOMAN

Thank you for taking the time to talk with me today. I would like to ask you some questions about how you feed and care for your baby and who helps you. I will also ask you about your experience taking ART. I am interested in hearing about your experiences and opinions. There are no right or wrong answers to any of my questions. Do you have any questions before we begin?

Start recording

Today is (date)

I am with participant (ID number)

This is our first interview

A. DEMOGRAPHICS

I will begin by asking you questions about yourself and your family.

1. How old are you?	
2. How old is your baby?	_____ months
a. When was your baby born?	Birthdate (DD/MM/YY)
3. Is your baby a boy or a girl	Boy Girl
4. What is your current marital status?	Single, never married Married/Living together Separated/divorced Widowed
<i>(If married or living with a partner)</i>	
a. Has your spouse/partner been living with you in the past month?	Yes No
b. Over the past week, has your spouse/partner been at home?	Yes No
c. Is it typical for him to travel or be away from home often?	Yes No
5. Who do you currently live with?	Spouse/partner Mother-in-law Father-in-law Mother Father Children Other (specify)
a. <i>(If not living with spouse's parents)</i> Does your mother-in-law live in the same town?	
b. <i>(If not living with own parents)</i> Does your mother live in the same town?	
6. How many children do you have?	
7. Are there other children who live with you?	
8. What is the highest level of education that you have completed?	Some primary Completed primary Some secondary Completed secondary

	Vocational training Some university Completed University
9. Are you currently working outside of your home?	No Yes
a. If so, what kind of work do you do?	

B. BREASTFEEDING EXPERIENCE

Now I would like to ask you questions about how you feed your baby.

1. How is feeding ____ **(NAME)** going for you?
2. Do you breastfeed during the day? **(If yes)** When/how often do you usually breastfeed in the day?
3. Do you breastfeed during the night? **(If yes)** How many times do you usually breastfeed in the night?
4. (If she is working outside of the home) Who cares for (NAME) when you are working?
 - a. What is (NAME) fed when you are working?
5. How do you decide when to breastfeed your baby?
6. How do you know the baby has had enough breast milk?
7. What do you like about breastfeeding your baby?
 - a. What is easy about it?
8. What is difficult about breastfeeding?
 - a. What do you worry about?
 - b. What challenges do you face when breastfeeding or trying to breastfeed?
9. Describe any times when you wanted to breastfeed your baby but you were unable to do so.
10. Do you have any other concerns or worries about breastfeeding your baby?
 - a. What?
 - b. What are you trying to do to address any of these?
11. Does anyone help you, encourage you, or talk to you about breastfeeding your baby?
 - a. Who?
 - b. What do they say?
 - c. What do they do?
12. Does your mother, mother-in-law-, grandmother or other women do anything to help with breastfeeding?
 - a. What do they say?
 - b. What do they do?
13. Does the baby's father do anything to help with breastfeeding?
 - a. What does he say?
 - b. What does he do?
14. Does anyone discourage you to breastfeed or make it difficult for you to breastfeed?
 - a. Who?
 - b. What do they say?
 - c. What do they do?
15. What help would you like to make it easier for you to breastfeed?
 - a. Who can you ask for advice, encouragement, or support in breastfeeding your baby?
16. A baby's health is important to both the mother and the father. What could fathers do to help mothers breastfeed their babies so they grow strong and healthy?
17. What could other family members do to help mothers breastfeed their babies so they grow strong and healthy?
18. Do you have any worries about how [Name] is eating, growing, or learning?

C. INFANT FEEDING RECALL

Now I would like to talk to you specifically about how you fed (NAME) yesterday and in the past week.

1. Was ____ (NAME) breastfed yesterday during the day or at night?
 - a. (If yes) How often did the child breastfeed yesterday during the day?
 - b. (If yes) How often did the child breastfeed yesterday during the night?
2. Please describe anything else that ____ (NAME) has been given to eat or drink besides breastmilk.
 (Probe): This can be something given by you or another household member, given during the day or night, or given at home or outside the home. **(Begin listing all other liquids and solids. Then proceed with each one mentioned and ask about frequency yesterday and within the past week. If the mother is not sure because an older sibling, grandmother, or someone else is regularly feeding the child, ask her to provide as much information as she can about what is fed.)**

Type of liquid/food (specify ingredients if a mixture)	i. Did the child have it yesterday? (check No or Yes)	ii. How often did the child have it yesterday?	iii. How many days did the child have it in the past week?
a. _____	☐ No (0) ☐ Yes (1)	__ __ times yesterday	__ __ days in the past week
b. _____	☐ No (0) ☐ Yes (1)	__ __ times yesterday	__ __ days in the past week
c. _____	☐ No (0) ☐ Yes (1)	__ __ times yesterday	__ __ days in the past week
d. _____	☐ No (0) ☐ Yes (1)	__ __ times yesterday	__ __ days in the past week
e. _____	☐ No (0) ☐ Yes (1)	__ __ times yesterday	__ __ days in the past week
f. _____	☐ No (0) ☐ Yes (1)	__ __ times yesterday	__ __ days in the past week

3. Why does the baby get these kinds of foods? Who decides/gives these foods? **(Probe on each liquid or food she mentioned above. If she gives different reasons for different items, list reasons out separately.)**
4. Now I would like to ask you about some different liquids and foods that we have not yet discussed. These may not be something that you ever give your baby and that is fine. But if you do, we would like to know more.
5. Has ____ (NAME) ever had any ____ (ITEM BELOW)?

(First reading the list of foods below, ask about each food and liquid which has NOT already been mentioned spontaneously above by the mother. Then for each “yes” answer, proceed to ask about frequency yesterday and within the past week. If the mother is not sure because an older sibling,

grandmother, or someone else is regularly feeding the child, ask her to provide as much information as she can about what is fed.)

(Probe): This can be something given by you or another household member, given during the day or night, or given at home or outside the home.

Type of liquid/food	i. Did she already mention above? (If yes, check and skip)	ii. Did the child have it yesterday? (check No or Yes)	iii. How often did the child have it yesterday?	iv. How many days did the child have it in the past week?
a. Plain water	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	times yesterday	days in the past week
b. Milk, such as tinned, powered, canned, or fresh animal milk	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	times yesterday	days in the past week
c. Juice	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	times yesterday	days in the past week
d. Tea	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	times yesterday	days in the past week
e. Porridge (Probe and include homemade or pre-packaged)	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	times yesterday	days in the past week
f. Other soft, semi-solid or solid foods	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	times yesterday	days in the past week
g. Medicines provided by the clinic or doctor	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	times yesterday	days in the past week
h. Medicines provided by someone else, including tonics and traditional medicines	☐ No (0) ☐ Yes (1)	☐ No (0) ☐ Yes (1)	times yesterday	days in the past week

i. Gripe water	☐ No (0)	☐ No (0)	times	days in the
	☐ Yes (1)	☐ Yes (1)	yesterday	past week

6. Why does the baby get these kinds of foods? Who gives these liquids or foods? **(If she gives different reasons for different items, list reasons out separately.)**

Parenting practices

1. Who is responsible for caring for and raising [BABY'S NAME]?
 - a. What is each person's role?
2. What are things you do to help your baby grow up to be healthy and smart?
3. Do you think young babies can understand things even before they can walk or communicate with words?
 - a. Why?
4. How do you get your child to smile?
5. How do you play with your child?
6. How do you communicate with your child?
 - a. Probe (Tell stories, sing songs, mimic sounds a baby makes , explain, name or count things)
7. How do you show your baby love?
8. What other kinds of activities do you do with your child?
 - a. Take child outside of the home
 - b. Read books
 - c. Anything else?
9. Does anyone else do these kinds of activities with [NAME]?
 - a. Who?
 - b. What do they do?
10. How do you think your baby is learning?
11. What do you do about your baby's crying?
 - a. How do you feel?
 - b. Is it ever hard to soothe your baby when he/she is crying?
12. Having a new baby can be challenging in many ways. What difficulties do you and your family face when it comes to caring for and feeding (BABY'S NAME)?

Thank you for talking with me about your baby. We are almost finished, but I would like to ask questions about your own health.

ART adherence

1. How have you been feeling lately?
2. How long have you been taking ART?
3. Many women say it is difficult to take ART medication every day. How is taking medication going for you?
 - a. What makes it easy?
 - b. What makes it hard?
 - i. Do you ever forget to take your ART medication? When?
 - ii. Do you ever not take your ART medication because you do not want to feel bad?
 - iii. Do you ever not take ART medication because you do not have enough food?
 - iv. Do you ever not take ART medication because you have run out of tablets?
3. Does anyone help you take your ART medication?
 - a. Who?
 - b. How do they help you?
4. What additional support do you think would make it easier for you to take your medication?

That is all my questions for today. Is there anything else you'd like to tell me?

Thank the mother for her time. Explain that you will talk with her again in 1-2 days to talk to her about ways to care for and feed her baby. Arrange a date for follow-up tomorrow (or in 2 days if necessary). Ask the mother when is a convenient time of day to meet her and try to arrange that she will be available when you come. Discuss cell phone reminders if she wants.

Follow-up visit arranged for: _____

For Interviewer to Fill Out After Interview:

INTERVIEWER'S REMARKS (CIRCLE ALL THAT APPLY)

Where did the interview take place:

Was anyone else present during the interview?	In general, what was the respondent's attitude during the interview?	Did the respondent understand the questions?
No one else was present.....1	Cooperative and interested.....1	Understood well.....1
Respondent's husband.....2	Cooperative, but not very interested.....2	Did not understand very well.....2
Children.....3	Impatient, rushed.....3	Understood poorly.....3
Parents.....4	Worried/trying to give right answer.....4	
Other adults.....5	Annoyed.....5	
	Shy, hesitant to answer.....6	

INTERVIEWER'S COMMENTS AFTER INTERVIEW: What are your perceptions of the validity of the data? For example, did the participant appear to be at ease or not, to be motivated or not, were there any distractions/interruptions? Please describe in detail your observations and experience of how it went:

COUNSELING VISIT INTERVIEW GUIDE – INDEX WOMAN

Participant number: _____

Interviewer name: _____

Date (Day/Month/Year): _____

Interview start time: _____

Interviewer Instructions. Greet the mother, ask her how she has been doing and review the topics you will be talking about today.

As a reminder, we are talking with you because we want to learn about ways to design programs that will help women and families affected by HIV. I am not here to test you, we only want to find out what people like you think about feeding and caring for babies. If you do not like anything we discuss, please say so, because this is the best way for us to learn what would be helpful or not helpful in programs for mothers. Do you have any questions? Is it okay to begin?

Start recording

Today is (date)

I am with participant (ID number)

This is our second interview

A. DISCUSSION OF INFANT FEEDING ASSESSMENT

I would like to discuss what you shared with me during our last visit. Let's begin by talking about how the baby's is fed. What you have told me so far about feeding _____ **(NAME)** is... **(Briefly summarize what foods and practices were mentioned, any challenges, and remember to praise the mother's care of her baby)**

B. COUNSEL THE MOTHER VERY BRIEFLY

Have you heard of exclusive breastfeeding? What does exclusive breastfeeding mean? What did you learn about why it is important? How long should a baby breastfeed exclusively?

(If she does not know or answers incorrectly, remember that you promised no right or wrong answers! You can say "Exclusive breastfeeding means giving the baby only breastmilk, no water or other liquids or food, for the first 6 months. Mothers can provide plenty of breastmilk which is the very best food for a happy, healthy baby.)

C. RECOMMENDATIONS TO IMPROVE INFANT CARE AND FEEDING PRACTICES AND ART ADHERENCE

Based on what you told me last time, I have some recommendations about feeding and caring for your baby. We will talk about several options and you are free to choose which you like and which you don't like. We will ask your opinion on each one first, but at the end you can decide whether you want to try any of them.

(After the ENROLLMENT VISIT 1, you will have identified key problems and used the counseling guide to come up with 3-4 practices to test. List recommendations and # from counseling guide on the form

below. You and/or the mother may have more specific ideas than what's listed in the counseling guide so write details below and on willingness forms. Do not read this list to the mother all at once.)

#F	_____
#F	_____
#F	_____
#F	_____
#F	_____

Use the Willingness Sheets (section D1) to collect as much detail as possible on mother's responses to each recommendation (how she reacts, why willing or unwilling to try). Use the counseling guide table to provide only brief specific information related to the practices recommended to solve problems identified in T1.

D1. WILLINGNESS SHEET (use one for each recommendation)

Recommended Practice # _____

Recommended practice description from counseling guide:

Specific options suggested:

What do you think about this idea? (Mother's initial response):

Would you be you willing to try this recommendation? **(check one)** No ____ Yes ____

What do you like about this idea? What makes it possible to do this?

What don't you like about this idea? What might make it difficult?

Insert as many additional Willingness sheets as needed.

D2. SELECTION SHEET

After completing the willingness sheets on each recommendation, negotiate with the mother to choose the new practices she wants to try for the next 2-3 weeks. Explain that you will be coming back to get her opinion on the new practices.

We want to learn what people think when they try these suggestions at home. If you agree, you can choose something new to try for 2 weeks and then I will come back to ask how it went.

1. Would you like to try any of the ideas we have talked about? If yes, what would you like to try? **(Remind her of the ones she said she would be willing to try.)** It is important to choose something that seems possible for you and that you would like to try.

(Note: If she chooses many practices, you can say: I'm glad you are so motivated but It is easier not to try to change everything at once, which practices do you most want to try? List the ones she wants to try and ask questions below about the set of recommendations.)

2. How would you want to change the recommendation to make it easier or better for you and your family? **(Probe):** What might help you to try this new practice?
3. Let's talk about any challenges you might face because changing behavior is difficult. What might make it difficult to try this? **(Probe):** What are reasons you might not want to do this? **(Help her plan ahead and prepare for possible problems.)**
4. What might people you know think about you trying the new practice? **(Probes):** Who? (family, neighbors, others in community). What might they do? What might they say?

E. FINAL AGREEMENT AND REVIEW

To wrap up, please tell me what you have decided to try over the next two weeks. *(Make sure she understands and agrees. Summarize in her own words what she has agreed to try below.)*

	i. Recommendation number	ii. Detail of what she will try (write in space)
a.		
b.		
c.		

Total number of Willingness Sheets filled out: _____

Do you have any questions or comments? *(Record them and make sure all the details of preparation are clear):*

Write what she is going to try on a Reminder Slip and give it to her to keep.

Arrange a date for follow-up in about 2 to 3 weeks. Ask the mother when is a convenient time of day to meet her and try to arrange that she will be home when you return.

Follow-up visit arranged for: _____

CLOSING OF INTERVIEW

Thank you very much for spending time with me and answering questions. I really encourage you to try the new recommendations to improve breastfeeding and hope the new ideas go well for you. When we talk next, I will be eager to learn from you what happened when you tried the new practices and what you think about them. I look forward to hearing about your experiences."

Time ended: ____: ____: ____

INTERVIEWER'S REMARKS (CIRCLE ALL THAT APPLY)

Was anyone else present during the interview?	In general, what was the respondent's attitude during the interview?	Did the respondent understand the questions?
No one else was present.....1	Cooperative, interested 1	Understood well.....1
Respondent's husband.....,2	Cooperative, but not very interested.....2	Did not understand very well.....2
Children.....3	Impatient, rushed.....3	Understood poorly.....3
Parents.....4	Worried/trying to give right answer.....4	
Other adults.....5	Annoyed.....5	
	Shy, hesitant to answer.....6	

INTERVIEWER'S COMMENTS AFTER INTERVIEW: What are your perceptions? For example, did the participants appear to be at ease or not, to be motivated or not, were there any distractions/interruptions? Please describe in detail your observations and experience of how it went.

FOLLOW-UP VISIT INTERVIEW GUIDE – INDEX WOMAN

Participant number: _____

Interviewer name: _____

Date (Day/Month/Year): _____

Interview start time: _____

Interviewer Instructions. Greet the mother, ask her how she has been doing and review the topics you will be talking about today.

As a reminder, we are talking with you because we want to learn about ways to design programs that will help women and families affected by HIV. I am not here to test you, and there are no right or wrong answers. We only want to find out what people like you think about feeding and caring for babies. If you do not like anything we discuss, please say so, because this is the best way for us to learn what would be helpful or not helpful in programs for mothers. Do you have any questions? Is it okay to begin?

Start recording

- Today is (date)
 - I am with participant (ID number)
 - This is our third interview
-

A. INFANT FEEDING RECALL

I'd like to begin our conversation today by talking about your baby _____ (**NAME**) and specific activities that happened yesterday and the past week.

Was _____ (NAME) breastfed yesterday during the day or at night?

- a. (If yes) How often did the child breastfeed yesterday during the day?
- b. (If yes) How often did the child breastfeed yesterday during the night?

Since the last time we spoke, please describe anything else that _____ (**NAME**) has received besides breastmilk.

- c. This can be something given by you or another household member, given during the day or night, or given at home or outside the home.

Begin by listing all other liquids and solids that the mother mentions. Then proceed with each one mentioned and ask about frequency yesterday and within the past week. If the mother is not sure because an older sibling, grandmother, or someone else is regularly feeding the child, write brief note about what she says.

Type of liquid/food (specify ingredients if a mixture)	i. Did the child have it yesterday? (check No or Yes)	ii. How often did the child have it yesterday?	iii. How many days did the child have it in the past week?
a. _____	___ No (0) ___ Yes (1)	___ ___ times yesterday	___ ___ days in the past week
b. _____	___ No (0) ___ Yes (1)	___ ___ times yesterday	___ ___ days in the past week
c. _____	___ No (0) ___ Yes (1)	___ ___ times yesterday	___ ___ days in the past week
d. _____	___ No (0) ___ Yes (1)	___ ___ times yesterday	___ ___ days in the past week
e. _____	___ No (0) ___ Yes (1)	___ ___ times yesterday	___ ___ days in the past week
f. _____	___ No (0) ___ Yes (1)	___ ___ times yesterday	___ ___ days in the past week

Why did the baby get these kinds of foods? Who decides/gives these foods? (Probe on each liquid or food she mentioned above. If she gives different reasons for different items, list reasons out separately.)

Now I would like to ask you about some different liquids and foods which we have not yet discussed. These may not be something that you ever give your baby and that is fine. But if you did since the last time we spoke, I would like to know more.

(Reading from the list of foods below, ask about each food which has NOT already been mentioned spontaneously above by the woman)

Since the last time we spoke has ____ **(NAME)** ever had any ____ **(ITEM BELOW)**?

(Probe): This can be something given by you or another household member, given during the day or night, or given at home or outside the home.

Begin by asking about each liquid and solid not mentioned above. Then proceed with each one mentioned and ask about frequency yesterday and within the past week. If the mother is not sure because someone else is regularly feeding the child, write brief note about what she says.

Type of liquid/food	i. Did she already mention above? (If yes, check and skip)	ii. Did the child have it yesterday? (check No or Yes)	iii. How often did the child have it yesterday?	iv. How many days did the child have it in the past week?
a. Plain water	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	___ ___ times yesterday	___ ___ days in the past week
b. Milk, such as tinned, powered, canned, or fresh animal milk	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	___ ___ times yesterday	___ ___ days in the past week
c. Juice	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	___ ___ times yesterday	___ ___ days in the past week
d. Tea	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	___ ___ times yesterday	___ ___ days in the past week
e. Porridge (homemade or pre-packaged)	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	___ ___ times yesterday	___ ___ days in the past week
f. Other soft, semi-solid or solid foods	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	___ ___ times yesterday	___ ___ days in the past week
g. Medicines provided by the clinic or doctor	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	___ ___ times yesterday	___ ___ days in the past week
h. Medicines provided by someone else, including tonics and traditional medicines	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	___ ___ times yesterday	___ ___ days in the past week
i. Gripe water	___ No (0) ___ Yes (1)	___ No (0) ___ Yes (1)	___ ___ times yesterday	___ ___ days in the past week

Why did the baby get these kinds of liquids or foods? Who gives these liquids or foods?

B. RECALL OF INFANT FEEDING PRACTICES

I would like to learn how breastfeeding has been for you since the last time we spoke. How has it been going?

- Please tell me what you decided to try when we talked last time.
 - Anything else?

C. EXPERIENCES WITH RECOMMENDED PRACTICES

I would like to learn from you if you tried anything new since the last time we talked and how that went.

(Refer to the summary of the agreement made with the mother during the last interview. Using the Recommendation form below, note each practice she agreed to try and any new practice she started since the last interview, and ask the questions listed. Probe for reasons why and make detailed notes. Fill in separate forms for each practice she agreed to try, or any new practice she tried.)

Let's talk about the recommended practices you mentioned. Remember that we want to learn from you if these ideas are useful so we would really like to hear your honest opinion. We are not testing you. We are testing our recommendations. If you did not try a practice, that is fine, we would like to learn the reasons. Or if you did not like it, that is also fine. Please feel free to tell us what really happened.

(Start with the first practice she mentioned and fill in this sheet in detail. Then using a new sheet, ask about the second practice. Ensure to discuss in detail any practices agreed upon at the end of the previous interview.)

Exclusive breastfeeding recommendations:

- 1.
- 2.
- 3.

Care and development recommendations:

- 1.
- 2.
- 3.

ART adherence recommendations:

- 1.
- 2.
- 3.

D. CARE AND FEEDING RECOMMENDATION FORM

We had talked about you trying: _____

Did you try it? **(Check one)** No _____ Yes _____

(If NO)

What are your reasons for not trying it? ***(Probe to understand her reasons, but be careful not to seem critical. We want her to be comfortable talking about what she did not do or didn't like)***

Are there any situations in which you plan to try it in the future?

Do you think other mothers in this community would be able to do this?

Why or why not?

What might make it difficult for them?

What might help them to do this?

(Skip section below and move to next recommendation on a clean sheet)

(If YES, even with modifications)

How did it go for you?

How did the child respond?

How often did you use the practice?

What did you like about trying this practice?

What difficulties did you face in trying this recommendation?

Did you change the recommendation in any way to make it easier or better for you or your family?

(If yes) How did you change it?

Why did you change it?

What did people you know say about it? (Probes): What did family members say or do? What did other people in the community say or do?

Do you think other mothers in this community would be able to do this?

Why or why not?

What might make it difficult for them?

What might help them to do this?

What would you tell them about this practice, based on your experience?

Will you continue the recommended practice? (Check one): No _____ Yes _____

Why or why not?

(If yes) How often will you do it?

Insert additional sheets for as many recommendations as are needed for this counseling session

E. ART ADHERENCE RECOMMENDATION FORM

We had talked about you trying: _____

Did you try it? **(Check one)** No _____ Yes _____

(If NO)

What are your reasons for not trying it? ***(Probe to understand her reasons, but be careful not to seem critical. We want her to be comfortable talking about what she did not do or didn't like)***

Are there any situations in which you plan to try it in the future?

Do you think other HIV-positive mothers in this community would be able to do this?

Why or why not?

What might make it difficult for them?

What might help them to do this?

(Skip section below and move to next recommendation on a clean sheet)

(If YES, even with modifications)

How did it go for you?

How often did you use the practice?

What did you like about trying this practice?

What difficulties did you face in trying this recommendation?

Did you change the recommendation in any way to make it easier or better for you or your family?

(If yes) How did you change it?

Why did you change it?

What did people you know say about it? (Probes): What did family members say or do? What did other people in the community say or do?

Do you think other HIV-positive mothers in this community would be able to do this?

Why or why not?

What might make it difficult for them?

What might help them to do this?

What would you tell them about this practice, based on your experience?

Will you continue the recommended practice? (Check one): No _____ Yes _____

Why or why not?

(If yes) How often will you do it?

Insert additional sheets for as many recommendations as are needed for this counseling session

F. SOCIAL SUPPORT

1. Have you experienced any changes in how your family supports you to care for and feed your baby?

(If she received support, probe):

- Who helped you?
- What did they do?
- What did you like about it?
- What didn't you like about it?
- Would you like them to continue to support you?
- What other kinds of support would help you to breastfeed your baby exclusively?
- What other kinds of support would help you to care for your baby?

(if she did not receive support, probe):

- What kinds of support would help you breastfeed your baby exclusively?
- What kinds of support would help you to care for your baby?

2. Have you experienced any changes in how your family supports you to take your ART medication?

(If she received support, probe):

- Who helped you?
- What did they do?
- What did you like about it?
- What didn't you like about it?
- Would you like them to continue to support you?
- What other kinds of support would help you take your ART medication?

(if she did not receive support, probe):

- What kinds of support would help you take your ART medication?

G. CLOSING OF INTERVIEW.

Thank you very much for spending time with me and answering my questions. I really encourage you to try and continue these practices to improve your baby's health and development and your own health. I hope everything will go well for you and your family."

Do you have any questions or comments?

Thank you very much for your participation in the study.

Time finished: ____ : ____

INTERVIEWER'S REMARKS (CIRCLE ALL THAT APPLY)

Was anyone else present during the interview?	In general, what was the respondent's attitude during the interview?	Did the respondent understand the questions?
No one else was present	Cooperative, interested	Understood well
Respondent's husband	Cooperative, but not very interested	Did not understand very well
Children	Impatient, rushed	Understood poorly
Parents	Worried/trying to give right answer	
Other adults	Annoyed	
	Shy, hesitant to answer	

INTERVIEWER COMMENTS AFTER INTERVIEW: What are your perceptions? For example, did the participant appear to be at ease or not, to be motivated or not, were there any distractions/interruptions? Please describe in detail your observations and experience of how it went.

COUNSELING VISIT INTERVIEW GUIDE – HOME SUPPORTER

Participant number: _____

Interviewer name: _____

Date (Day/Month/Year): _____

Interview start time: _____

Interviewer Instructions. Greet the mother, ask her how she has been doing and review the topics you will be talking about today.

Thank you for taking the time to talk with me today. We are talking with you to collect information to design programs that will help families affected by HIV. I would like to ask you some questions about how (BABY'S NAME) is fed and cared for and the support you provide to (WOMAN'S NAME). I will also ask you about your experience supporting (WOMAN'S NAME) to take ART. I am interested in hearing about your experiences and opinions. I am not here to test you; there are no right or wrong answers to any of my questions. If you do not like anything we discuss, please say so, because this is the best way for us to learn what would be helpful or not helpful in programs for families. Do you have any questions before we begin? Is it ok for us to begin recording?

Start recording

Today is (date)

I am with participant (ID number)

This is our first interview

A. DEMOGRAPHIC

I will begin by asking you questions about yourself.

1. How old are you?	
2. What is the highest level of education that you have completed?	Some primary Completed primary Some secondary Completed secondary Vocational training Some university Completed University
3. What is your relationship to (WOMAN'S NAME)?	Spouse/partner Mother Mother-in-law Sister Brother Other female relative (specify): Male relative (specify):

	Other (specify):
4. Do you currently work outside of your home?	No Yes
a. If so, what kind of work do you do?	
b. If so, how many days do you work each week?	

B. INTRODUCTORY QUESTIONS

1. How often do you spend time (WOMAN'S NAME)?
2. How often do you spend time with (BABY'S NAME)?
 - a. What do you do with (BABY'S NAME) when you are together?
3. How do you feel (BABY'S NAME) is doing?
 - a. How is (BABY'S NAME) health?
4. Who takes care of (BABY'S NAME)?
 - a. Who else helps?
 - b. What do different people do to care for and feed the baby?
5. What is your role in caring for (BABY'S NAME)?
 - a. What are things you do to help (BABY'S NAME) grow up to be healthy and smart?
 - b. What is your role in ensuring that (BABY'S NAME) is fed well?
6. How do you support (WOMAN'S NAME) in caring for (BABY'S NAME) (and other children)?
7. How do you support (WOMAN'S NAME) in caring for her own health?
8. Having a new baby can be challenging in many ways. What difficulties do you and (WOMAN'S NAME) face when it comes to caring for and feeding (BABY'S NAME)?
9. Tell me about your relationship with (WOMAN'S NAME)?

C. INFANT FEEDING

1. Who is responsible for seeing that (BABY'S NAME) is well fed?
 - a. Anyone else?
2. What does (BABY'S NAME) eat and drink?
 - a. What are all the foods and liquids given to the baby?
 - b. Who decides what foods/liquids to give the baby?
3. How is (BABY'S NAME) breastfeeding?
 - a. Have you heard anything from the baby's mother or other family members about how breastfeeding is going?
 - b. What challenges have you heard about?
4. Do you do anything to support (WOMAN'S NAME) to breastfeed?
 - a. If yes, what?
 - b. How do you feel about doing these things?
5. What could others do to support (WOMAN'S NAME) to breastfeed?
6. Do you think it is possible for a baby less than 6 months of age to be fed only breastmilk and nothing else, not even water, and still grow well and be healthy?
 - a. Why or why not?

D. PARENTING PRACTICES

1. Who is responsible for caring for and raising (BABY'S NAME)?
 - a. What is each person's role?
2. What do you think young babies can understand even before they can walk or communicate with words?
3. How do you show (BABY'S NAME) love?

4. How do you get (BABY'S NAME) to smile?
5. How do you play with (BABY'S NAME)?
 - a. What do you give (BABY'S NAME) to play with?
6. How do you talk to (BABY'S NAME)?
 - a. Probes (Tell stories, sing songs, mimic sounds a baby makes, explain, name or count things)
7. How do you respond when (BABY'S NAME) makes sounds or gestures (i.e. crying or babbling or wiggling or reaching)?
 - a. Can you give an example?
8. What other kinds of activities do you do with (BABY'S NAME)?
 - a. Take child outside of the home
 - b. Read books
 - c. Play simple games
 - d. Anything else?
9. Does anyone else do these kinds of activities with (BABY'S NAME)?
 - a. Who?
 - b. What do they do?
10. How do you think (BABY'S NAME) is learning?
11. What do you do when (BABY'S NAME) is crying?
 - a. How do you feel?
 - b. Is it ever hard to soothe (BABY'S NAME) when he/she is crying?
12. **For fathers only:** Are you able to spend time caring for and playing with your child(ren)?
 - a. If not, why?
 - b. If yes, what do you do with (BABY'S NAME)?
 - i. How often

E. ART Adherence

Now I would like to ask you about (WOMAN'S NAME)'s health.

13. How is (WOMAN'S NAME)'s health?
 - a. Does this affect her life?
 - b. Does this affect how she cares for or feeds (BABY'S NAME)?
14. Do you do anything to support (WOMAN'S NAME) to be healthy?
 - a. What do you do?
15. Do you talk with (WOMAN'S NAME) about her ART medication?
 - a. What do you talk about?
 - b. Does she talk to you about any challenges she has taking ART?
16. Do you help (WOMAN'S NAME) to take her ART medication?
 - a. What do you do?

F. COUNSELING

Thank you for talking with me so far. One of the reasons we are doing this study is to help learn about ways programs and services can help families care for and feed their babies so they grow up to be healthy and strong. We know some of these recommendations can be difficult for families to practice and it would be helpful for us to hear if you think a recommendation would not be possible for your family or for other families in your community.

We are talking to families about the best way to feed and care for babies. Until the baby is 6 months old, doctors and the Ministry of Health recommend that babies be given only breastmilk, and no water, other liquids, porridge, or other foods. Giving only breastmilk is the best way to keep babies healthy and well-nourished. Babies don't need any water or other foods, and giving any of these can lead to illness or other problems. This is called exclusive breastfeeding and doctors say it is best for all babies until 6 months.

1. What do you think about this advice?
2. Do you think (WOMAN'S NAME) could breastfeed (BABY'S NAME) exclusively until 6 months?
 - a. Why or why not?
3. How could you support (WOMAN'S NAME) to follow this advice?

PROBLEM SOLVING

What you have told me so far about feeding and caring for (BABY'S NAME) is... **(Summarize what foods and practices were mentioned, challenges, support from family, etc.)**

(Check off any practices, problems or attitudes):

Breastfeeding	Early child development
☐ Worry that breastmilk is not enough for baby's needs	☐ Does not play with baby
☐ Worry that breastmilk is not good quality	☐ Does not talk with baby
☐ Worry about HIV transmission	☐ Is not responsive to baby
☐ Lack of time to EBF	☐ Tries to control baby's movements
☐ Baby cries after feeds or cries often	☐ Is not able to comfort baby
☐ Giving porridge or other foods	
☐ Pain while feeding	
☐ Ill baby, poor appetite, refuses breast	
☐ Giving traditional medicines	
☐ Giving water	
☐ Mother is ill/taking medicine	
☐ Child given tastes when interested in foods/liquids	
☐ Giving gripe water	
☐ Others (specify) _____	

Thank you for your responses so far. A baby's health is important to the whole family. We will talk about ways to improve child feeding and caregiving practices. First, we will talk about feeding. Sometimes mothers face challenges with breastfeeding and need support from their families. Let's talk about ways that families can help mothers to breastfeed exclusively so babies grow strong and healthy.

RECOMMENDATIONS TO IMPROVE INFANT FEEDING PRACTICES

(BEFORE this interview, list 1-3 problems identified from the discussion with the mother or that are expected based on child age, etc. Do NOT report the mother's responses to the participant but keep them in mind as well as the information they mentioned and the problems you checked off above.)

Identify recommended feeding practices, saying:

1. It would be good for (BABY'S NAME) to be breastfed exclusively. That would mean...

(Based on pre-prepared list of problems and above checklist, briefly summarize priority ways to move closer to exclusive breastfeeding, e.g. stop giving water, porridge or other food, traditional medicine, feed more often or longer, have help with other chores, etc.)

2. What ideas do you have about how you could help (WOMAN'S NAME) to follow these recommendations?

3. How can you support (WOMANS NAME) to breastfeed exclusively? ***(Guide them to think about their own role, not just what the mother should do. We want to get their ideas first, then adjust list of recommendations below, to include his ideas when relevant.)***

(Combine their ideas with recommendations in the Counseling Guide for Home Supporters to come up with 2-3 practices to test. List recommendations and # from the guide that fit best with what is suggested. You or the participant may have more specific ideas than what's listed in the counseling guide and can write details in the space provided.)

Based on what you told me, I have some suggestions to discuss with you. We will talk about many options and you are free to choose which you like and which you don't like. I will ask your opinion on each one first, but at the end you can decide whether you want to try any of them.

Use the Willingness Sheets below to record as much detail as possible on their responses to each recommendation (how they reacts, why willing or unwilling to try).

Use the counseling guide to provide brief specific information related to motivations for the practices.

WILLINGNESS SHEET

Recommended Practice # _____

Recommended practice description from counseling guide:

Specific options suggested:

What do you think about this idea?(Participant's initial response):

Would you be you willing to try this recommendation? **(check one)** No ____ Yes ____

What do you like about this idea?

What makes it possible to do this?

What don't you like about this idea?

What might make it difficult?

Insert as many additional Willingness sheets as needed.

RECOMMENDATIONS TO IMPROVE EARLY CHILD CARE AND DEVELOPMENT PRACTICES

(BEFORE this interview, list 1-3 areas for improvement related to early child development practices identified from the discussion with the mother or that are expected based on child age, etc. Do NOT report the mother's responses to the participant, but keep them in mind as well as the information they mentioned and the problems you checked off above.)

Share information about the importance of early childhood for long-term learning

Each child is unique at birth, and the differences among children affect how they learn. Their early care also affects their learning. Experiences during the first years with their families and other caregivers greatly affect the kind of adults children will become. Families help their child's development by giving them love, attention, and many opportunities to learn. By playing and communicating with their children, families help their children grow healthier and stronger. From a very young age, children learn important skills that will prepare them for life.

Much of what children learn, they learn when they are very young. The brain develops most rapidly before birth and during the first two years of life. Good nutrition and good health are especially important during this time. Breast milk plays a special role in the development of the brain. Breast milk also helps young children stay free from illness so that they are strong and can explore and learn.

Children can see and hear at birth. Starting when they are very young, children need opportunities to use their eyes and ears, in addition to good nutrition. For their brains to develop, children also need to move, to have things to touch and explore, and to play with others. Children also need love and affection. All these experiences help the brain to develop.

Now I will share some suggestions for how you and your family can care for (BABY'S NAME) to help him/her develop well.

(Based on pre-prepared list of problems and above checklist, briefly summarize priority early child development practices, such as play, affection, and communication)

1. What ideas do you have about how you could support (BABY'S NAME)'s development?
2. How can you support (WOMANS NAME) and others in your family to practice these recommendations?

(Combine their ideas with recommendations in the Counseling Guide for Male Partners and Family Members to come up with 2-3 practices to test. List recommendations and # from the guide that fit best with what is suggested. You or the participant may have more specific ideas than what is listed in the counseling guide and can write details in the space provided.)

Based on what you told me, I have some suggestions to discuss with you. We will talk about many options and you are free to choose which you like and which you don't like. I will ask your opinion on each one first, but at the end you can decide whether you want to try any of them.

Use the Willingness Sheets below to record as much detail as possible on their responses to each recommendation (how they react, why willing or unwilling to try).

Use the counseling guide to provide motivating information for each recommendation.

RECOMMENDATIONS TO IMPROVE ART ADHERENCE

(BEFORE this interview, list 1-2 ways to increase support for the woman's ART adherence. Do NOT report the woman's responses to the participant, but keep them in mind as well as the information they mentioned and the problems you checked off above.)

Share information about the importance of continued ART adherence

It is important that women who are HIV positive continue taking ART while they are breastfeeding and continue taking ART for their whole life. These medicines are safe for them and for their baby. ART does not cure HIV, but it can make people stay healthy and live a long life.

Taking ART will help to keep her healthy and lower the chance that her baby will be HIV-infected. It is also important for women who are HIV positive to come to all of their clinic appointments to get the care, tests, and medicines they need. For ART to work women need to take it as instructed every day. If they take ART the right way, for their whole life, they will feel better and lower the chance of passing HIV to their baby or partner. If they do not take ART everyday as described, they will likely get sick more and there will be a higher chance that their baby will become infected with HIV. Stopping medicines or forgetting to take them can lead the medicines to no longer work (even if they start again). For all of these reasons, it is important for (WOMAN'S NAME) to continue to take the same medicines she took in pregnancy, while she is breastfeeding. She needs to take her ART at the same time(s), every day.

(Based on pre-prepared list of problems and above checklist, briefly summarize priority early child development practices, such as play, affection, and communication)

What ideas do you have about how you can support (WOMAN'S NAME) to take ART every day as instructed?

(Combine their ideas with recommendations in the Counseling Guide for Male Partners and Family Members to come up with 1-2 practices to test. List recommendations and # from the guide that fit best with what is suggested. You or the participant may have more specific ideas than what is listed in the counseling guide and can write details in the space provided.)

Based on what you told me, I have some suggestions to discuss with you. We will talk about several options and you are free to choose which you like and which you don't like. I will ask your opinion on each one first, but at the end you can decide whether you want to try any of them.

Use the Willingness Sheets below to record as much detail as possible on their responses to each recommendation (how they react, why willing or unwilling to try).

Use the counseling guide to provide motivating information for each recommendation.

SELECTION

(After completing willingness sheets on each recommendation, negotiate with the participant to choose the new practices they want to try for the next 2-3 weeks. Explain that you will be coming back to get their opinion on the new practices.)

We want to learn what people think when they try these suggestions at home. If you agree, you can choose something new to try for 2 weeks and then I will come back to ask how it went. Would you like to try any of the ideas we have talked about? If yes, what would you like to try? **(If needed, remind them of what they said they would be willing to try.)**

It is important to choose something that seems possible for you and that you would like to try.

(If they choose many practices, you can say: I'm glad you are so motivated but It is easier not to try to change everything at once, which practices do you most want to try?)

List the ones they choose to try and ask questions below about each recommendations they have chosen.

How would you want to change the recommendation to make it easier or better for you and your family? **(Probe):** What might help you to try this new practice?

Let's talk about any challenges you might face because trying something new can be difficult. What might make it difficult to try this? **(Probe):** What are reasons you might not want to do this?

What might people you know think about you trying the new practice?

Who? (family, neighbors, others in community).

What might they do?

What might they say?

How would you feel about their reactions?

Insert additional sheets as needed.

FINAL AGREEMENT AND REVIEW

To wrap up, please tell me what you have decided to try over the next two weeks. **(Make sure they understand and agree. Summarize in their own words what they have agreed to try below.)**

	Recommendation number	Detail of what they will try
Breastfeeding		
Caregiving		
ART adherence		

Total number of Recommendation Sheets filled out: _____

Do you have any questions or comments?

CLOSING OF INTERVIEW.

Thank you very much for spending time with me and answering questions. I hope trying out these new practices go well for you. When we talk next, I will be eager to learn from you what happened when you tried the new practices and what you think about them. I look forward to hearing about your experiences.

Time finished: ____: ____: ____

Write what they agreed to try on a Reminder slip and give it to them to keep.

Arrange a date for follow-up in about 2 to 3 weeks. Ask them when is a convenient time of day to meet them and try to arrange that they will be home when you return.

Follow-up visit arranged for: _____

INTERVIEWER'S REMARKS (CIRCLE ALL THAT APPLY)

Was anyone else present during the interview?

No one else was present.....1

Index woman.....2

Children.....3

Parents.....4

In general, what was the respondent's attitude during the interview?

Cooperative, interested 1

Cooperative, but not very interested.....2

Impatient, rushed.....3

Worried/trying to give right answer.....4

Did the respondent understand the questions?

Understood well.....1

Did not understand very well.....2

Understood poorly.....3

Other adults.....5	Annoyed.....5
	Shy, hesitant to answer.....6

INTERVIEWER COMMENTS AFTER INTERVIEW: What are your perceptions? For example, did the participant appear to be at ease or not, to be motivated or not, were there any distractions/interruptions? Please describe in detail your observations and experience of how it went.

FOLLOW-UP VISIT INTERVIEW GUIDE – HOME SUPPORTER

Participant number: _____

Interviewer name: _____

Date (Day/Month/Year): _____

Interview start time: _____

Interviewer Instructions. Greet the mother, ask her how she has been doing and review the topics you will be talking about today.

Thank you for taking the time to talk with me again today. I wanted to remind you that being in this study is your choice and you can decide not to answer any question that makes you uncomfortable. I want to learn from you. Your responses will be used to try to make programs better for families in your community so feel free to answer my questions honestly. I will not be offended. If something did not work for you and your family that is helpful for us to know as we design programs for families like yours. Do you have any questions before we begin?

Start recording

Today is (date)

I am with participant (ID number)

This is our first interview

A. RECALL OF PRACTICES

I would like to learn how you and your family have been since the last time we spoke. How has it been going?

Please tell me what you decided to try after we talked last time.

B. OUTCOME OF TRIAL

I would like to learn from you if you tried anything new since the last time we talked and how that went. Refer to the summary of the agreement made with the father at the last interview.

Let's talk about the recommended practices you mentioned. Remember we want to learn from you if these ideas are useful so we would really like to hear your honest opinion. We are not testing you. We are testing our recommendations. If you did not try a practice, that is fine, we would like to learn the reasons. Or if you did not like it, that is also fine. Please feel free to tell us what really happened.

(Using the Recommendation form below, ask the questions listed about each practice they agreed to try and any new practice they started since the last interview. Start with the first practice they mentioned and fill in sheet in detail. Probe for reasons why and make detailed notes. Fill in separate forms for each practice.)

C. RECOMMENDATION FORM

Recommended Practice # _____

Specific options suggested:

Did you try it? (Check one) No _____ Yes _____

(If NO)

What are your reasons for not trying it? ***(Probe to understand their reasons, but be careful not to seem critical. We want them to be comfortable talking about what they did not do or did not like.)***

Are there any situations in which you plan to try it in the future?

Do you think other people like you in this community would be able to do this?

Why or why not?

What might make it difficult for them?

What might help them to do this?

(Skip section below and move to next recommendation on a clean sheet)

(If YES, even with modifications):

How did it go for you?

How did (WOMAN'S NAME) respond?

How did other family members who may have been involved in this practice respond?

How often did you use the practice?

What did you like about trying this practice? What benefits did you notice?

What difficulties did you face in trying this practice? What did you not like about it?

Did you change the recommendation in any way to make it easier or better for you or your family?

(If yes) How did you change it?

Why did you change it?

What did people you know say about it?

What did family members say or do?

What did other people in the community say or do?

Do you think other people in this community would be able to do this?

Why or why not?

What might make it difficult for them?

What might make it easy?

What would you tell them about this practice, based on your experience?

Will you continue the recommended practice? No ____ Yes ____

Why or why not?

(If yes) How often will you do it?

Insert additional sheets for as many recommendations as are needed.

D. OTHER CHANGES

Since the last time we spoke, did you try doing anything else to help (WOMAN'S NAME) or to support care and feeding of (BABY'S NAME)?

(If yes): Please tell me about what you did. *(Use a new recommendation form to probe on details of anything else they did that was not already discussed.)*

Have there been any other changes since we last met?

- What has changed?
- What is your opinion about this change?
- If you have talked about these changes with (WOMAN'S NAME), what have you discussed?

E. CLOSING OF INTERVIEW

Thank you very much for spending time with me and answering my questions. I really encourage you to try and continue these practices in a way that works for you and helps your wife to breastfeed. I hope everything will go well for you and your family.

Do you have any questions or comments?

Thank you very much for your participation in the study. (Offer additional information as needed)

Time finished: ____ ____: ____ ____

INTERVIEWER'S REMARKS (CIRCLE ALL THAT APPLY)

Was anyone else present during the interview?	In general, what was the respondent's attitude during the interview?	Did the respondent understand the questions?
No one else was present.....1	Cooperative, interested 1	Understood well.....1
Index woman.....2	Cooperative, but not very interested.....2	Did not understand very well.....2
Children.....3	Impatient, rushed.....3	Understood poorly.....3
Parents.....4	Worried/trying to give right answer.....4	
Other adults.....5	Annoyed.....5	
	Shy, hesitant to answer.....6	

INTERVIEWER COMMENTS AFTER INTERVIEW: What are your perceptions? For example, did the participant appear to be at ease or not, to be motivated or not, were there any distractions/interruptions? Please describe in detail your observations and experience of how it went.

COREQ (CONsolidated criteria for REporting Qualitative research) Checklist

A checklist of items that should be included in reports of qualitative research. You must report the page number in your manuscript where you consider each of the items listed in this checklist. If you have not included this information, either revise your manuscript accordingly before submitting or note N/A.

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
<i>Personal characteristics</i>			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	5
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	7
Occupation	3	What was their occupation at the time of the study?	7
Gender	4	Was the researcher male or female?	5,7
Experience and training	5	What experience or training did the researcher have?	7
<i>Relationship with participants</i>			
Relationship established	6	Was a relationship established prior to study commencement?	5
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	5
Interviewer characteristics	8	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	7
Domain 2: Study design			
<i>Theoretical framework</i>			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	4
<i>Participant selection</i>			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	4
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	4
Sample size	12	How many participants were in the study?	8
Non-participation	13	How many people refused to participate or dropped out? Reasons?	8
<i>Setting</i>			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	7
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	7
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	9
<i>Data collection</i>			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	5
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	7
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	7
Field notes	20	Were field notes made during and/or after the inter view or focus group?	7
Duration	21	What was the duration of the inter views or focus group?	7
Data saturation	22	Was data saturation discussed?	7
Transcripts returned	23	Were transcripts returned to participants for comment and/or	n/a

Topic	Item No.	Guide Questions/Description	Reported on Page No.
		correction?	
Domain 3: analysis and findings			
<i>Data analysis</i>			
Number of data coders	24	How many data coders coded the data?	7
Description of the coding tree	25	Did authors provide a description of the coding tree?	Supplemental
Derivation of themes	26	Were themes identified in advance or derived from the data?	8
Software	27	What software, if applicable, was used to manage the data?	7
Participant checking	28	Did participants provide feedback on the findings?	n/a
<i>Reporting</i>			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	11-26
Data and findings consistent	30	Was there consistency between the data presented and the findings?	11-26
Clarity of major themes	31	Were major themes clearly presented in the findings?	11-26
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	11-26

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

Once you have completed this checklist, please save a copy and upload it as part of your submission. DO NOT include this checklist as part of the main manuscript document. It must be uploaded as a separate file.

Codes

Concept	Code category	Sub-category
Anticipated challenges	None	
ART adherence	Challenges experienced	
	Facilitators experienced	
	Motivation	
	No challenges	
	Others perceived experiences	
	Support wanted	
ART support	Father	
	Other relative	
	Couple support each other	
Baby ART	Father involvement	
	Other family involvement	
	PMTCT	
Breastfeeding	Barriers experienced by others	
	Breastmilk not enough	
	Concerns about EBF	
	Discourage: None	
	Encourage	
	Experience	Negative
		Positive
	Express breastmilk	
	Facilitators	
	Father support	
	HIV Fear transmission	
	HS observations practices	
	Information from others	
	Initiation	
	Knowledge & beliefs	
	Perceived benefits	
	Personal barriers (not HIV Tx)	
	Personal barriers None	
	Practices	other foods liquids
		At night
		During day
		Responsive feeding
		Timing
	Work	
Birth size	General	
	Infant feeding	
Challenges caring for baby		
Child care when mother away		
Colic/crying	Experience	
	Gripe water	
	Remedies	
	Soothe	
COVID	Non-infant feeding	
	Infant feeding	
Discordant couple		
Early child development	Stimulation and interaction	

	Father involvement	
	Information from others	
	Knowledge	
	Other caregivers (non-family)	
	Other family involvement	
	Perception of what babies know/understand	
	Perceptions of own child's development	
	Reading books	
	Take child out	
Family time		
Food	Breastmilk production	
	Insecurity	
	Maternal nutrition	
	Prioritizing for children	
General worries		
Health of baby		
Help with baby	Father	
	Grandmother	
	Help want vs help receive	
	Other relative	
HIV disclosure	Challenges	
	Disclosed	
	Not disclosed	
	Not supportive	
	Supportive	
HIV infant feeding	HCP advice	
	Non-HCP advice	
Infant feeding by other caregiver		
Intervention suggestions		
Mother's health		
Notable quote		
Plans to continue recommendations		
Questions participants have		
Recommendation	ART	Advice for others
		Continue
		Experience
		Feasible others
		Other reactions
	Baby ART	Continue
		Experience
		Feasible others
		Other reactions
	Breastfeeding	Advice for others
		Continue
		Experience
		Express milk
		Feasible others
		Others Reaction
	Early child development	Advice for others
		Continue
		Experience
		Feasible others

		Other reactions
	Hesitancy	
	Relationship	Advice for others
		Continue
		Experience
		Feasible other
		Other reaction
	Support	Advice for others
		Continue
		Experience
Others		
Soothe		
Relationship bt woman HS		
Response to recommendation		
Responsive care	Know what baby wants	
	Respond to crying (not BF)	
Roles	Care & feeding	Community
		Father
		Grandmother
		Mother
		Other family
		Should be vs are
Sources of information (potential)		
Support for WLWH	Emotional	
	Informational	
	Lack of support	
	Practical/tangible	
	Support she wants	
Work Status		