

MTN-042 In-Depth Interview Guide

INSTRUCTIONS for the Interviewer: How to use the IDI Guide

1. Section topics are shaded in gray.
2. *Instructions/suggestions to interviewer are in italics and [brackets].*
3. Not ALL questions need to be asked. It is up to your discretion if a question should be skipped if the participant has already provided a response to the question earlier in the interview. Please ensure that by the end of the interview, all the topics and key themes have been covered.
4. There are two levels of questions:
 - a. Primary interview questions: appear in **bold** text. They address the topics that you as the interviewer should ask and discuss with participants. You are not required to read them verbatim, but they are written to ensure some consistency across IDIs.
 - b. Probing topics are indicated with a bullet. If you find that the participant does not provide much information in response to the primary question, these probing topics may be used to encourage further discussion. Probes with the words “*KEY PROBE*” written before it are the most important to try to address. Depending on what has already been discussed, and the IDI context, you may or may not ask the rest of the probes.
5. Words found in (parentheses) are meant to provide wording options to interviewers to fit various situations. For example, they often provide a present or past tense verb.
6. The IDI guide is not meant to be used to take notes. Rather, you should use separate notetaking paper, where you will also include your initials, the participant’s PTID, as well as the date, start and end time of the interview.

Before starting the IDI, ensure that the participant has provided written informed consent.

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| <p>A. Introduction</p> |
| <p><i>[Interviewer should explain the following points – PLEASE DO NOT READ VERBATIM:]</i></p> <ul style="list-style-type: none"> • Purpose of IDI: <ul style="list-style-type: none"> ○ Understand the participant’s attitudes and experiences about using the study products during pregnancy ○ Understand behaviors and concerns during pregnancy that may influence acceptability of the study products • Affirm that all answers are valid: there are no right or wrong answers. • Remind participant that interview is confidential, so identifying information won’t be shared outside of the study. Participants will remain anonymous in any external publications or presentations. • Tell participant to use pseudonyms for themselves and anyone else they mention so as to preserve confidentiality. <p>Turn audio recorder on and then ask participant to confirm for audio recorder that they agree to participate in the IDI. <i>[Be sure to get a verbal confirmation before continuing.]</i></p> |
| <p>B. Experience with Pregnancy and Study Participation</p> |
| <p>1. To get us started, please tell me about your pregnancy so far.</p> <ul style="list-style-type: none"> • What has been easy about your pregnancy? • What has been challenging about your pregnancy? |
| <p>2. Let’s talk for a few minutes about COVID-19. How has, or how did, COVID-19 and the efforts to manage the outbreak affect your life?</p> <ul style="list-style-type: none"> • Impact on your overall health and health of your baby? • Impact on your overall stress and worries? • Impact on your relationship with your primary partner – did it contribute to more harmony? More arguments or problems? Changes in sex? • Impact on household resources like food, money, clothes? • Impact on your access to prenatal care, and plans to deliver the baby? • Impact on your access to HIV prevention methods (like condoms, or study products, if applicable)? |
| <p>3. What is going well in your life right now?</p> <ul style="list-style-type: none"> • <i>[Probe on aspects of personal life, e.g. health, money, kids, relationships, work etc.]</i> • <i>KEY PROBE:</i> How does the prevention of HIV fit into these other aspects of your life? • <i>KEY PROBE:</i> What worries do you have in your life right now? |
| <p>4. What motivated you to join this study?</p> <ul style="list-style-type: none"> • <i>KEY PROBE:</i> What concerns did you have about joining the study? • <i>KEY PROBE:</i> What did you think the benefits of the study would be? • Who else was involved in your decision to join the study? • What did you expect when joining this study, and how has it been for you so far? |
| <p>5. Before you tried using it, what were your feelings about the study product you were assigned to?</p> <ul style="list-style-type: none"> • <i>KEY PROBE:</i> What concerns, worries or expectations did you have <u>before</u> using the study product? • <i>KEY PROBE:</i> How did your feelings change <u>after</u> you started using the study product? • How would you have felt if you were assigned [the other study product] instead? |

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| <p>C. Product Acceptability, Attitudes and Use Experience</p> |
| <p>6. [Ring Users Only]: Tell me about your experience putting the ring in (or attempting to put the ring in) on your own.</p> <ul style="list-style-type: none"> • <i>KEY PROBE:</i> What was the insertion process like for you? Did this change as your pregnancy developed? • What do you think is preferable: inserting the ring yourself or having a provider insert it for you? |
| <p>7. [Ring Users Only]: How often do you think about the ring? When you think about it, what are your thoughts?</p> <ul style="list-style-type: none"> • Tell me about the thoughts and feelings that have come up. • How does wearing the ring impact your daily activities? • What kinds of changes have you noticed in your body while using the ring? Specifically, any vaginal changes [<i>e.g. wetness, dryness, smells, heaviness, busyness</i>]. <ul style="list-style-type: none"> ○ How much of a problem were the changes for you? |
| <p>8. [Ring Users Only]: What challenges have you had with keeping the ring in continuously? [<i>e.g. removing the ring, ring expulsions, ring slipping, etc.</i>]</p> <ul style="list-style-type: none"> • How have pregnancy symptoms interfered with your ring use? |
| <p>9. [Ring Users Only]: Tell me about your plan to remove the ring before delivery – when and how do you imagine this will happen? [<i>If after delivery: when and how did it happen?</i>]</p> <ul style="list-style-type: none"> • What thoughts or concerns do you have about being in labor with the ring in place? • <i>KEY PROBE:</i> [<i>if applicable</i>] How has removing the ring been so far? |
| <p>10. [Pill Users Only]: How often do you think about the pills? When you think about them, what are your thoughts?</p> <ul style="list-style-type: none"> • Tell me about the thoughts and feelings that have come up. • How does taking a pill every day impact your daily activities? • What kinds of changes have you noticed in your body while taking the pill, if any? [<i>e.g. weight gain, appetite, nausea, other body changes</i>] <ul style="list-style-type: none"> ○ How much of a problem were the changes for you? |
| <p>11. [Pill users only]: What challenges have you had with taking the pills every day?</p> <ul style="list-style-type: none"> • How have pregnancy symptoms interfered with your pill use? • Have you experienced any challenges with remembering to take the pills, swallowing the pills, storing the pills, or anything else? |
| <p>D. Sexual Activity during Pregnancy</p> |
| <p>12. How has sex been different during pregnancy compared to when you are not pregnant?</p> <ul style="list-style-type: none"> • [<i>If applicable</i>] How has the feeling, frequency, or type of sex (i.e. vaginal, anal, oral, finger sex) been different during the different trimesters of your pregnancy? • <i>KEY PROBE:</i> [<i>If applicable</i>] What has your experience been using the study product during sex? <ul style="list-style-type: none"> ○ Has the study product changed anything about the feeling of sex for you or your partner? • [<i>If applicable</i>] How did the study product affect your sexual desire and pleasure? What about your partner’s sexual desire and pleasure? |

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| <p>E. Concerns about Health and Care Seeking during Pregnancy</p> |
| <p>13. What thoughts do you have about your health right now?</p> <ul style="list-style-type: none"> • <i>KEY PROBE:</i> How happy are you about the effect of your study product on your health? • <i>KEY PROBE:</i> How worried are you about the effect of your study product on your health? • <i>KEY PROBE:</i> What specific thoughts do you have about how the study product may impact your future health or wellbeing? [e.g. remain HIV free, cause infections or cancer, affect your future fertility, result in people thinking you are HIV positive, cause problems with breastfeeding, cause vaginal bleeding, etc.] |
| <p>14. What thoughts do you have about your baby's health right now?</p> <ul style="list-style-type: none"> • <i>KEY PROBE:</i> How happy are you about the effect of your study product on your baby's health? • <i>KEY PROBE:</i> How worried are you about the effect of your study product on your baby's health? • <i>KEY PROBE:</i> What specific thoughts do you have about how the study product may impact your baby's future health or wellbeing? [e.g. growth, strength, remaining HIV free, your baby's feeding habits, whether your baby develops normally physically and mentally, etc.] |
| <p>15. Who has given you care during your current pregnancy?</p> <ul style="list-style-type: none"> • <i>KEY PROBE:</i> Tell me about your experiences getting advice or care from others. • Have you consulted with your mother, auntie or other elder in your family? [If applicable]: What advice or care have they provided you? • Have you consulted with religious leaders, traditional healers, or other people in the community regarding your pregnancy? [If applicable] What advice or care have they provided you? • <i>KEY PROBE:</i> What advice have you received, and what medications or practices have you been encouraged to use? |
| <p>16. How have you prepared for delivery (or how do you plan to prepare for delivery) and why?</p> <ul style="list-style-type: none"> • Are there specific foods, drinks, medicines, herbs, exercises, practices you have engaged in to prepare for delivery? • Tell me your beliefs about inserting items in the vagina during pregnancy? • Tell me your beliefs about having sex during pregnancy? |
| <p>F. Disclosure and Community Views</p> |
| <p>17. Pregnant women differ in whether they feel comfortable talking to their partner(s) about their study product use. What does your partner(s) know about the study product, if anything?</p> <ul style="list-style-type: none"> • How did your partner find out? • What was his reaction? • How did his reaction affect your study product use? • Did his feelings about the study product change over time? If so, how? • <i>KEY PROBE:</i> How do you think this experience would be different if you were not pregnant? |
| <p>18. Tell me about anyone else who learned about you using the product in this study.</p> <ul style="list-style-type: none"> • <i>KEY PROBE [If applicable]:</i> How did they learn? How did it go when they learned about the study product? • What was their initial reaction? Did it change over time? • In what ways did they impact your thoughts about or use of the study product? |

19. How do people in the community view the use of HIV prevention products during pregnancy?

- How do people (in your community) talk about the ring or the pills?
- Tell me about any rumors you have heard about the pills or ring.
 - Who spreads the rumors?
 - Have there been any rumors about pregnant women using these study products?
- *KEY PROBE:* Have you felt discriminated against or stigmatized during your time in this study?

G. Satisfaction with Product

20. Given all that we've discussed, how satisfied have you been with the study product you were assigned to [ring or pills] for preventing HIV during pregnancy?

- *KEY PROBE:* What do you like most about the study product?
- *KEY PROBE:* What do you like least about the study product?
- If you would have had to choose, which of the two study products would you have preferred to use? Please tell me why.
- *KEY PROBE:* Would you prefer using this study product at another time (e.g. when you are breastfeeding, or when not pregnant, or during other stages of pregnancy)?

H. Wrap Up

21. You've answered all of my questions. What haven't we covered about your experience using this study product during pregnancy? Do you have additional comments about anything else we discussed today?

Thank you for taking the time to share your opinions with me today. I truly appreciate your willingness to participate and discuss your thoughts with me.