

MHPPPI: Client Qualitative Interview
Knowledge, Attitudes, Experiences

INTRODUCTION & PURPOSE

Greeting: Hello, thank you for speaking with me today. As part of the Midwest HIV Prevention and Planning Initiative, I would like to ask you some questions about HIV and pregnancy planning. This information will help our program develop curriculum to cross-train HIV medical care providers and reproductive health care providers so that they can deliver more comprehensive care to their patients. Would you be willing to participate in a 30-45 minute interview?

Consent: Before we get started, I will need to ask you a few questions to make sure you meet the eligibility criteria for this interview. If you are eligible and willing to participate, we will then need to go through the consent process before I can ask you the interview questions. Do you have any questions for me before we begin?

ELIGIBILITY:

These next few questions will help me determine your eligibility to participate in the survey.

Are you currently between the 15-49 years of age?

0 No ([SKIP PATTERN:] If no, CLIENT IS NOT ELIGIBLE.)

1 Yes ([SKIP PATTERN:] If yes, continue to next question.)

Regardless of you or your partner's gender identities, were you in a sexual partnership in the past 12 months that could have resulted in a pregnancy?

0 No ([SKIP PATTERN:] If no, CLIENT IS NOT ELIGIBLE.)

1 Yes ([SKIP PATTERN:] If yes, continue to next question.)

Within that sexual partnership, were one or both of you HIV+? (Select one)

0 No ([SKIP PATTERN:] If no, CLIENT IS NOT ELIGIBLE.)

1 Yes ([SKIP PATTERN:] If yes, continue to next question.)

In the past 12 months, have you attended or accompanied your sexual partner to a medical appointment related to HIV care or reproductive health care? (Check all that apply)

0 No ([SKIP PATTERN:] If no, CLIENT IS NOT ELIGIBLE.)

1 Yes, I attended a medical appointment related to my own HIV care

2 Yes, I attended a medical appointment related to my partner's HIV care

3 Yes, I attended a medical appointment related to my own reproductive health care

4 Yes, I attended a medical appointment related to my partner's reproductive health care

[Program skip if E1, E2, E3 or E4 = No, then client is NOT eligible; all else skip to Eligible script]

CLIENT IS NOT ELIGIBLE: *Thank you for answering my questions. Based on your responses, you do not meet our eligibility criteria for this interview. I appreciate your time and willingness to speak with me. Please accept this \$5 gift card in appreciation for your time. Thank you and have a nice day.*

CLIENT IS ELIGIBLE: *Thank you for answering my questions. Based on your responses, you do meet our eligibility criteria for this interview. If you are still willing participate, we will continue on with completing the consent form before we begin the interview. Please let me know if you have questions at any time.*

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CONSENT FORM**

Introduction:

This is a research project and you do not have to participate. Amy K. Johnson, MSW, the Director of Research, Evaluation and Data Services (REDS) at the AIDS Foundation of Chicago (AFC), is conducting this study of persons of reproductive age (age 15-49), who are in a partnership where one or both partners is HIV+.

You are being asked to take part in this study because you and/or your sexual partner is HIV+ and because you have received HIV medical care or reproductive health care in the Midwest (IA, IL, IN, MI, MN, MO, OH, or WI) within the past 12 months. In this study, we seek to learn more about the provision of reproductive healthcare for HIV-positive women and HIV-negative persons with HIV-positive partners. This research is supported in part by the Department of Health and Human Services. About 20 people will participate in this study.

What will happen if I take part in this study?

If you agree to be in this study, you will be asked questions about your experiences related to HIV health care and/or reproductive healthcare.

It should take you less than 30-45 minutes to complete the interview.

Are there any risks to me or my privacy?

The interview itself will not include details that directly identify you, such as your name or address. Interviews will be audio-recorded in order to accurately record your responses. Only a small number of researchers will have direct access to the audio recordings. If this study is published or presented at scientific meetings, data will be presented in aggregate form and contain no identifying information.

Are there benefits?

There is no direct benefit to you. The interview findings will be used for program development and may impact the quality of medical care provided to HIV+ women and women with HIV+ partners.

Can I say "No"?

Yes, completing the interview is voluntary. You may decline to answer any questions you do not wish to answer, and you can stop the interview in its entirety at any time.

Are there any payments or costs?

You will be provided a \$25 gift card for completing the survey and there are no costs to you.

Who can answer my questions about the study?

You can talk with the study researcher(s) about any questions, concerns, or complaints you have about this study. Contact the study researcher(s) Amy K. Johnson, MSW at (312) 334-0978 or Kelly Nowicki, MPH at (312) 784-9044.

If you wish to ask questions about the study or your rights as a research participant to someone other than the researchers or if you wish to voice any problems or concerns you may have about the study, please call Solutions IRB at 1-855-266-4472.

CONSENT

PARTICIPATION IN RESEARCH IS VOLUNTARY.

If you do agree to participate, please print and sign your name in the space below.

Print Name

Signature

Date

Thank you very much for your willingness to participate.

INTERVIEW QUESTIONS

Now that you have signed to consent form, we are ready to begin. Please let me know if you have any questions, or if you need a break at any time.

1. **I want to start off by having you tell me a little bit about your relationship with your partner, your HIV statuses and any HIV-specific medical care you may be receiving.**
 - a. PROBE: How long have you been together?
 - b. PROBE: Who in your relationship is HIV+?
 - c. PROBE: How long have you/they been diagnosed?
 - d. PROBE: Among your close friends and family, how many know about your or your partner's HIV status?
 - e. PROBE: How often are you/they seeing a medical provider specifically for HIV medical care?
 - f. PROBE: What were the results of your/their last viral load test? (Detectable/Undetectable)

2. **What types of methods do you and your partner usually use to prevent HIV transmission or reinfection?**
 - a. PROBE: How often do you/they take HIV medication known as antiretroviral therapy (ART) to manage your/their HIV?
 - b. PROBE: (If one of the partners is HIV-negative) How often do you/they take medication known as Pre-Exposure Prophylaxis (PrEP) to help prevent the transmission of HIV?
 - c. PROBE: Which method do you prefer?

TRANSITION

For the next set of questions I would like to get a better sense of your family makeup and your family planning desires, whether it is to have children or not have children.

3. **First, tell me a little bit about your current family situation.**
 - a. PROBE: How many children do you currently have and/or care for? (They can be your biological children or non-biological children within your care, as well as any children you have that may not live with you.)

4. **Tell me a little bit about your experiences discussing family planning with your partner.**
 - a. PROBE: Did you bring up family planning or did they?
 - b. PROBE: What was your partner's reaction?

5. **What are you and your partner's feelings about having children in the future?**
 - a. PROBE: Are you on the same page about having children?
 - b. PROBE: (If participant or partner wants children) Would you prefer biological, adopted or other?

- 6. To what extent does HIV influence your decision whether or not to have children?**
- a. PROBE: How do you feel about HIV+ people getting pregnant?
 - b. PROBE: How do you feel about HIV+ people raising children?

TRANSITION

For the next set of questions I would like to ask you about your experience with medical providers with regard to pregnancy planning and/or prevention. When I refer to HIV medical care providers, I mean any medical provider who has provided you with HIV-specific care, such as HIV medication management, viral load tests, etc. When I refer to reproductive health care providers, I mean any medical provider who has provided you with reproductive health care such as annual pap smears/pelvic exams, mammograms, etc.

- 7. How often do you see a medical provider specifically for reproductive health care? (Can include general practitioners, family doctors/nurses, or anyone who might perform pap smears, mammograms, etc.)**
- a. PROBE: Are your HIV medical care provider and reproductive health care provider the same person?
- 8. Tell me a little bit about your experiences discussing family planning with your medical provider.**
- a. PROBE: Did you bring up family planning or did they?
 - b. PROBE: What was your provider's response?
 - c. PROBE: How did you feel about the discussion? Comfortable? Uncomfortable?
- 9. How often do you discuss pregnancy planning with your medical provider?**
- a. PROBE: How often do you think women of reproductive age (15-49) should discuss family planning with their medical provider?
 - b. PROBE: What are some barriers you have experienced in discussing family planning with your medical provider?
- 10. How would you describe the family planning services available at your regular medical setting?**
- a. PROBE: Are they comprehensive? Easily accessible?
- 11. In your opinion, whose responsibility is it to initiate discussions about fertility desires and family planning?**
- a. PROBE: Is it your responsibility or the responsibility of the medical provider to initiate discussions?
 - b. PROBE: Is it the responsibility of the HIV medical care provider or the reproductive health care provider?
 - c. PROBE: Which one would you feel more comfortable discussing family planning with?
- 12. How important do you feel it is for HIV medical care providers and reproductive health care providers to be cross-trained in order to be knowledgeable about each other's fields?**

TRANSITION

Now I would like to move on to pregnancy planning and prevention methods to get a better understanding of your understanding of and feelings toward your options.

- 13. If you and your partner were trying to get pregnant, tell me some of the methods you would be willing to use to prevent transmitting HIV?**
- PROBE: Would you be willing to use any of the following? ART, PrEP, PEP, sperm washing with assisted reproductive technologies, peri-ovulatory timed intercourse, alternative insemination, adoption, surrogate pregnancy, none.
 - PROBE: Which would be your preferred?
- 14. If you and your partner were trying to prevent getting pregnant, tell me some of the methods you would be willing to use to prevent transmitting HIV?**
- PROBE: Would you be willing to use any of the following? Condoms, IUD, Depo-Provera, birth control pills, contraceptive patch, vaginal ring, implant (like Norplant), tubal ligation, vasectomy, emergency contraception (Plan B), diaphragm or cervical cap, withdrawal, none.
 - PROBE: Which would your be preferred method?
- 15. Tell me what, if any, information you would be interested in receiving about family planning.**
- 16. What do you think is/are the best way(s) for HIV+ people to learn about pregnancy planning and/or prevention options?**
- PROBE: Educational brochures, posters, educational videos, one-on-one session with a medical provider, one-on-one session with specialized counselor or other provider, group education sessions, peer education, websites, webinars, other online materials.
 - PROBE: Which would be your preferred method?
- 17. What is your opinion on including men in discussions & programs about family planning?**
- PROBE: Why do you feel men should or should not be included?
- 18. Can you give me an example of a program that you think would work best to increase men's involvement with pregnancy planning and/or prevention?**
- PROBE: Should programs include men and women together or separately?
 - PROBE: What should be covered?

CLOSING

For the last set of questions, I would like to ask you some demographic information so that we may get a better picture of who medical providers are serving.

- 19. What is your current age? _____**
- 20. How would you describe your ethnicity?**
- PROBE: Hispanic/Latino, Not Hispanic or Latino

21. Which race do you consider yourself to be?
22. Which gender do you most identify with?
23. How would you describe your current sexual orientation?
24. How would you describe your current relationship status?
25. What is the highest level of education you have completed?
26. In which state do you generally receive medical care?
27. How would you describe the type of medical setting you visit?
 - a. PROBE: Private/group practice, public clinic, hospital, etc.
28. How would you categorize the location of the medical setting you visit?
 - a. PROBE: Rural, urban, suburban, etc.
29. What type of insurance do you have?
 - a. PROBE: Private, Medicaid, VA, etc.

WRAP-UP

Thank you very much taking the time to speak with me. Your input is a very valuable part of our program and may help us to improve the quality of training delivered to medical providers who serve HIV+ persons.