

Annexure 1

Infant Feeding Practices among HIV Positive Women in Selected Health Facilities of Odisha

IDENTIFICATION

District:	
Tehsil/ Block	
Village	
Type of locality	RURAL.....1 URBAN.....2
Name of the facility	
Date and year of registration	
Registration no (ICTC)	
Registration no (ART)	

QNO	QUESTIONS	CODING CATEGORIES	SKIP
Socio-Economic and demographic profile			
101	How old are you?	AGE IN COMPLETED YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
102	Have you visited for	ANC.....1 DELIVERY2	
103	What is your current marital status?	NOT MARRIED.....0 MARRIED1 SEPARATED.....2 DIVORCED.....3 WIDOWED.....4	
104	What is your husband's age	AGE IN COMPLETED YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
105	What is your religion	HINDU.....0 MUSLIM.....1 CHRISTIAN.....2 OTHERS.....3	
106	What is your caste	GENERAL.....1 OBC.....2 SC.....3 ST.....4	
107	What is your type of family	NUCLEAR.....1 JOINT2	

QNO	QUESTIONS	CODING CATEGORIES	SKIP																																				
108	Can you read and write	YES.....1 NO2																																					
109	Have you ever been attended school?	YES.....1 NO2																																					
110	What is your education	ILLITRATE1 PRIMARY SCHOOL2 HIGH SCHOOL.....3 INTERMEDIATE AND ABOVE.....4																																					
111	What is your husband's education?	ILLITRATE1 PRIMARY SCHOOL2 HIGH SCHOOL.....3 INTERMEDIATE AND ABOVE.....4																																					
112	What kind of work you mainly do?	HOUSE WIFE.....1 DAILY LABOURER2 EMPLOYEE.....3 BUSINESS.....4 OTHERS (SPECIFY).....5																																					
113	What is your husband's occupation	DAILY LABOURER.....1 EMPLOYEE.....2 MIGRANT WORKER.....3 BUSINESS.....4 OTHERS (SPECIFY).....5																																					
114	What is your monthly family income?	Rs _____ NO INCOME.....1 DON'T KNOW.....88 NO RESPONSE89																																					
Knowledge about the HIV/AIDS and PPTCT																																							
115	Have you heard about HIV/AIDS?	YES.....1 NO2	If No Skip to 122																																				
116	From which sources of information have you heard/read about HIV/AIDS?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>CINEMA</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWS</td> <td>1</td> <td>2</td> </tr> <tr> <td>PAPER/MAGAZINES</td> <td></td> <td></td> </tr> <tr> <td>PAMPHLETS/POSTERS</td> <td>1</td> <td>2</td> </tr> <tr> <td>RS HEALTH CARE WORKERS/DOCTORS</td> <td></td> <td></td> </tr> <tr> <td>PARTNERS</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMUNITY MEETINGS</td> <td>1</td> <td>2</td> </tr> <tr> <td>RELATIVE/FRIENDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHERS</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	CINEMA	1	2	NEWS	1	2	PAPER/MAGAZINES			PAMPHLETS/POSTERS	1	2	RS HEALTH CARE WORKERS/DOCTORS			PARTNERS	1	2	COMMUNITY MEETINGS	1	2	RELATIVE/FRIENDS	1	2	OTHERS	1	2	
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QNO	QUESTIONS	CODING CATEGORIES	SKIP																					
117	Do you know how HIV is transmitted?	YES.....1 NO2	If No skip to 119																					
118	Mention the ways of transmission of HIV/ How is HIV/AIDS transmitted?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>HETROSEXUAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD TRANSFUSION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>INFECTED SYRINGES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PARENT TO CHILD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>INJECTING DRUG USERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	HETROSEXUAL	1	2	BLOOD TRANSFUSION	1	2	INFECTED SYRINGES	1	2	PARENT TO CHILD	1	2	INJECTING DRUG USERS	1	2	OTHERS	1	2	
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OTHERS	1	2																						
119	Do you know risk of acquiring HIV?	YES.....1 NO2	If No skip to 121																					
120	Mention the risks of acquiring HIV infection	UNPROTECTED SEXUAL INTERCOURSE WITH INFECTED PARTNERS.....1 MULTIPLE SEXUAL PARTNERS.....2 HAVING SEXUALLY TRANSMITTED INFECTIONS.....3																						
121	Is there anything else a person can do to avoid or reduce the chances of getting HIV /AIDS?/ Can you mention the ways of preventing someone from acquiring HIV?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ABSTAIN FROM SEX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>USING CONDOMS CORRECTLY DURING SEXUAL INTERCOURSE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LIMIT SEX WITH ONE PARTNER/STAY FAITHFUL TO ONE PARTNER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>USE TESTED BLOOD / USE ONLY NEW/STERILIZED NEEDLES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ABSTAIN FROM SEX	1	2	USING CONDOMS CORRECTLY DURING SEXUAL INTERCOURSE	1	2	LIMIT SEX WITH ONE PARTNER/STAY FAITHFUL TO ONE PARTNER	1	2	USE TESTED BLOOD / USE ONLY NEW/STERILIZED NEEDLES	1	2	OTHERS	1	2				
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OTHERS	1	2																						
122	Can a healthy looking be infected with HIV	YES.....1 NO2																						

QNO	QUESTIONS	CODING CATEGORIES	SKIP
123	Have you heard that HIV can be transmitted from parent to child/ Can an infected mother transmit HIV virus to her child?	YES.....1 NO2 DON'T KNOW.....3	If No, Skip to 132
124	When does an infected mother transmit the infection to her child?	DURING PREGNANCY.....1 THROUGH VAGINAL DELIVERY.....2 THROUGH BREAST FEEDING.....3	
125	Is HIV can be transmitted during pregnancy?	YES.....1 NO2 DON'T KNOW.....3	
126	Is HIV can be transmitted during delivery?	YES.....1 NO2 DON'T KNOW.....3	
127	Is HIV can be transmitted during breastfeeding?	YES.....1 NO2 DON'T KNOW.....3	
128	In your opinion, can mother to child transmission prevented by providing anti-retroviral during pregnancy?	YES.....1 NO2 DON'T KNOW.....3	
129	In your opinion, can mother to child transmission prevented through caesarean delivery	YES.....1 NO2 DON'T KNOW.....3	
130	In your opinion, can mother to child transmission by providing anti-retroviral drugs to the new born baby	YES.....1 NO2 DON'T KNOW.....3	
131	Are there any special medications available to reduce MTCT/ to reduce the risk of transmitting HIV/AIDS to the baby	YES.....1 NO2 DON'T KNOW.....3	
	(Knowledge on feeding options): I am going to read out some statements about infant feeding. For each statement, please tell me whether you think it is true or not		
132	Feeding only breast milk is adequate to babies in the 1st 6months for all women.	TRUE.....1 NOT TRUE.....2 DON'T KNOW.....88	
133	Breast milk prevents childhood illness	TRUE.....1 NOT TRUE.....2 DON'T KNOW.....88	

QNO	QUESTIONS	CODING CATEGORIES	SKIP																					
134	Feeding only formula or other food to babies is expensive than breast milk.	TRUE.....1 NOT TRUE.....2 DON'T NOW.....88																						
135	Feeding only formula or other food to baby prevents transmission of HIV from an infected woman to her baby.	TRUE.....1 NOT TRUE.....2 DON'T NOW.....88																						
136	Where did you get the information about infant feedings? (• PROBE Any more? • More than one answer is possible • Circle 1 if mentioned, 2 if not mentioned)	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>DURING ANTENATAL VISIT</td> <td>1</td> <td>2</td> </tr> <tr> <td>DURING PRE-TEST COUNSELLING</td> <td>1</td> <td>2</td> </tr> <tr> <td>DURING POST-TEST COUNSELLING</td> <td>1</td> <td>2</td> </tr> <tr> <td>FROM MASS MEDIA (RADIO, TV)</td> <td>1</td> <td>2</td> </tr> <tr> <td>From FRIENDS (RELATIVES)</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHERS</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	DURING ANTENATAL VISIT	1	2	DURING PRE-TEST COUNSELLING	1	2	DURING POST-TEST COUNSELLING	1	2	FROM MASS MEDIA (RADIO, TV)	1	2	From FRIENDS (RELATIVES)	1	2	OTHERS	1	2	
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OTHERS	1	2																						
Attitude towards PPTCT and breastfeeding																								
137	It is important that every pregnant women gets tested for HIV	STRONGLY AGREE.....5 AGREE.....4 NO OPINION.....3 DISAGREE.....2 STRONGLY DISAGREE.....1																						
138	If one is infected with HIV then she should not get pregnant again	STRONGLY AGREE.....5 AGREE.....4 NO OPINION.....3 DISAGREE.....2 STRONGLY DISAGREE.....1																						
139	Using condoms during pregnancy and breastfeeding reduces MTCT?	STRONGLY AGREE.....5 AGREE.....4 NO OPINION.....3 DISAGREE.....2 STRONGLY DISAGREE.....1																						

QNO	QUESTIONS	CODING CATEGORIES	SKIP
140	Some women opt to breastfeed despite their HIV status due to stigma	STRONGLY AGREE.....5 AGREE.....4 NO OPINION.....3 DISAGREE.....2 STRONGLY DISAGREE.....1	
141	Positive women opt to breastfed despite their HIV status due to low income	STRONGLY AGREE.....5 AGREE.....4 NO OPINION.....3 DISAGREE.....2 STRONGLY DISAGREE.....1	
142	Some women opt to breastfeed despite their HIV status due to fear of disclosure	STRONGLY AGREE.....5 AGREE.....4 NO OPINION.....3 DISAGREE.....2 STRONGLY DISAGREE.....1	
143	Some women opt to breastfeed despite their HIV status due to lack of education.	STRONGLY AGREE.....5 AGREE.....4 NO OPINION.....3 DISAGREE.....2 STRONGLY DISAGREE.....1	
144	My family will support my choice of feeding the baby	STRONGLY AGREE.....5 AGREE.....4 NO OPINION.....3 DISAGREE.....2 STRONGLY DISAGREE.....1	

QNO	QUESTIONS	CODING CATEGORIES	SKIP
145	Breastfeeding is healthy/Nutritionally complete and hyegnic for the infants	STRONGLY AGR.....5 AGREE.....4 NO OPINION.....3 DISAGREE.....2 STRONGLY DISAGREE.....1	
146	Formula feeding is healthy/Nutritionally complete and hygnic for the infants	STRONGLY AGREE.....5 AGREE.....4 NO OPINION.....3 DISAGREE.....2 STRONGLY DISAGREE.....1	
Reproductive History of the HIV Positive Mothers			
147	Is it your 1 st pregnancy	YES.....1 NO2	If no, skip to 134
148	What is order of pregnancy?		
149	Number of live birth prior to the current pregnancy		
150	Whether first baby tested	MEDICAL TERMINATION OF PREGNANCY.....1 STILL BIRTH2 DEATH3 TESTED.....4 NOT TESTED.....5	
151	Result of the test	POSITIVE.....1 NEGATIVE2 DBS REPORT AWAITED.....3	
152	Whether second baby tested	MEDICAL TERMINATION OF PREGNANCY.....1 STILL BIRTH2 DEATH3 TESTED.....4 NOT TESTED.....5	
153	Result of the test	POSITIVE.....1 NEGATIVE2 DBS REPORT AWAITE.....3	
154	During ANC/Delivery , did you receive HIV counselling	YES.....1 NO2	
155	Whether infant feeding counselling provided?	YES.....1 NO2	If no, skip to 137

QNO	QUESTIONS	CODING CATEGORIES	SKIP
156	What information (Advice) on infant feeding was given to you during the HIV counselling?	<p style="text-align: right;">YES NO</p> ABOUT EXCLUSIVE BREASTFEEDING ONLY 1 2 ABOUT BOTTLE FEEDING ONLY 1 2 ABOUT SUPPLEMENTARY FEEDING/COW'S MILK 1 2 ABOUT REPLACEMENT FEEDING 1 2 OTHERS (SPECIFY) 1 2	
157	What is your intention of feeding practice you adopt?	EXCLUSIVE BREASTFEEDING.....1 REPLACEMENT/FORMULA FEEDING..2 NOT MENTIONED3	If Option 2 and 3 Skip to 160
158	Reasons for exclusive breastfeeding	FEAR OF SUSPICION IN THE FAMILY/RELATIVES.....1 EXPANSES INVOLVED IN FORMULA FEEDING.....2 TO AVOID TRANSMISSION TO CHILD.....3 ADVISED BY HEALTH CARE PROFESSIONAL.....4 OTHERS (SPECIFY).....5	
159	Have you received post-test counselling	YES.....1 NO2	
160	During ANC/Delivery visit, did you receive any ARV prophylaxis?	YES.....1 NO2	
161	Regimen of the prophylaxis		
162	Have your CD4 testing done	YES.....1 NO2	If no, Skip to 158
163	CD4 numbers	<input type="text"/> <input type="text"/>	
164	HIV Staging	YES.....1 NO2	
165	Is doctor informed that you are eligible for ART	YES.....1 NO2	

QNO	QUESTIONS	CODING CATEGORIES	SKIP
166	Is your husband tested for HIV	YES.....1 NO2	
167	Result of the HIV testing	HIV POSITIVE.....1 HIV NEGATIVE2 DON'T KNOW3	
168	Expected date of the delivery		
169	Actual date of delivery		
170	What is your outcome of the pregnancy	MTP.....1 STILL BIRTH.....2 LIVE BIRTH.....3 TWINS.....4 YET TO DELIVER.....5	
171	What is the place of delivery?	GOVT. HOSPITAL1 PRIVATE HOSPITAL/CLINIC.....2 AT HOME.....3 AT PARENT'S HOME.....4 OTHER (SPECIFY).....5	
172	Was the delivery normal or caesarean or assisted?	NORMAL.....1 CAESAREAN.....2 BY INSTRUMENT OR ASSISTED3	
173	How long did you stay in the health facility after delivery?	LESS THAN ONE DAY1 1-2 DAYS.....2 3 DAYS MORE3	
174	Sex of the child	BOY.....1 GIRL.....2	
175	Birth weight of the child (GRAM)		
176	Has anyone shown you how to breastfeed?	YES.....1 NO2	
177	Did your child receive any vaccinations to prevent him/her from getting disease?	YES.....1 NO2	
178	Whether infant received prophylaxis?	YES.....1 NO2	
179	IF yes, regimen of the prophylaxis		
180	CTX prophylaxis given to the baby	YES.....1 NO2	

THANK YOU

Annexure 2

Interview Guide with HIV positive Women

Thank you again for agreeing to participate in this study. I would still like to emphasise that your participation in this study is completely voluntary and that you can agree or disagree to participate at any time during the interview without any consequences for you whatsoever. Any information you give will be confidential, and you will remain anonymous throughout the study.

Thank you for your cooperation.

Interview No:

Date of Interview:

Time of Interview:.....

Start.....**Finish**.....

I. Socio-demographic characteristics

1. Age?
3. Highest level of education
4. Occupation
5. Marital Status: Single/Separated/Widow/Married/Cohabiting
6. Number of living children
7. Have you had any infant deaths/miscarriages/still birth?
8. If yes, how many?
9. What is your husband's occupation?
10. What is your religion?
11. What is your caste?

II Experience with PPTCT services

12. What did you learn about Parent to Child Transmission from this hospital?
13. What more information would you have liked in your consultation with PPTCT service?
14. Experience with Infant Feeding Choice.
15. What infant feeding options were explained to you?

16. Which feeding option have you decided for your baby?
17. Why did you choose this feeding option?
18. Who were involved in deciding for the feeding option you chose?

III Exclusive Breastfeeding with abrupt cessation

19. How did you feel about this feeding option, when you first decided for it? How are you feeling about the decision now?
20. How were you able to implement exclusive breast feeding with abrupt cessation? Tell me the story of your experience so far.
21. What challenges did you face?
22. What are you doing to address the mentioned challenges?
23. What ongoing support are you receiving from the hospital/government to help you with exclusive breastfeeding with abrupt cessation?
24. Did you discuss your infant feeding decision with anyone?
25. If you were make this decision again, would you choose the same feeding option for you baby why?

IV Infant Feeding Formula

27. How did you feel about this feeding option, when you first decided for it? How are you feeling about the decision now?
28. How were you able to implement infant formula feeding? Tell me the story of your experience so far.
29. What challenges did you face?
30. What are you doing to address the mentioned challenges?
31. What on going support are you receiving from the hospital/government to help you with infant formula feeding?
32. Did you discuss your infant feeding decision with anyone?
33. If you were make this decision again, would you choose the same feeding option for you baby why?

V Modified cow's milk

35. How did you feel about this feeding option, when you first decided for it? How are you feeling about the decision now?
36. How were you able to implement modified cow's milk? Tell me the story of your experience so far.

37. What challenges did you face?
38. What are you doing to address the mentioned challenges?
39. What ongoing support are you receiving from the hospital/government to help you with modified cow's milk?
40. Did you discuss your infant feeding decision with anyone?
41. If you were make this decision again, would you choose the same feeding option for you baby why?

V Other

42. Do you have anything that you want to say which I did not ask?
43. Do you have any questions for me?

Thank you for your time

Annexure 3

Interview guide with Health Care Providers (counsellors/Lab-Technical and doctors)

Thank you again for agreeing to participate in this study. I would still like to emphasise that your participation in this study is completely voluntary and that you can agree or disagree to participate at any time during the interview without any consequences for you whatsoever. Any information you give will be confidential, and you will remain anonymous throughout the study.

I IDENTIFICATION

Interview No:

Date of Interview:

Time of Interview: Start:

Finish:

Information on PPTCT and infant feeding practices

1. Your designation in this PPTCT centre.
2. How long is it since you became a PPTCT counsellor/Lab-technician/Doctor?
(wks/months/yrs).....
3. Have you trained in PPTCT and Infant feeding counselling?
4. If yes, for how long? (wks/months/yrs)
5. When it was conducted?
6. Who organised the training?
7. Have you trained in new WHO guidelines for PPTCT services
8. If yes, for how long? (wks/months/yrs)
9. When it was conducted?
10. Who organised the training?
11. Have you trained in infant feeding counselling?
12. What are the modes of MTCT of HIV?
13. What are the advantages of breast milk?
14. Have you discussed the importance of colostrums with HIV positive women?
15. Have you discussed the initiation and duration of breast feeding
16. Have you discussed the complementary feeding
17. What is your recommendation on infant feeding options to a HIV positive woman?
18. Have you provided ARV prophylaxis for HIV positive woman and exposed infant?

19. What is your message on infant feeding for HIV infected and lactating women?

II Experience with respondents on exclusive breastfeeding with abrupt cessation

20. What has been experience of a HIV positive woman that you counselled and opted for exclusive breast feeding?
21. Where these mothers able to implement exclusive breastfeeding? Tell me the stories of their experience?
22. What challenges did they face if any?
23. What did you do help them address the mentioned challenges?
24. What on-going support did these mothers get from the hospital to help with the infant feeding method of their choice?
25. Did these women discuss their infant feeding decision with any one?

III Experience with respondents on Infant feeding formula

26. What has been experience of a HIV positive woman that you counselled and opted for formula feeding?
27. What these mothers able to implement formula feeding? Tell me the stories of their experience?
28. What challenges did they face if any?
29. What on-going support did these mothers get from the hospital to help with the infant feeding method of their choice?
30. Did these women discuss their infant feeding decision with any one?

IV Experience with respondents on modified cow's milk

31. What has been experience of a HIV positive woman that you counselled and opted for modified cow's milk?
32. Were these mothers able to implement modified cow's milk feeding? Tell me the stories of their experience?
33. What challenges did they face if any?
34. What on-going support did these mothers get from the hospital to help with the infant feeding method of their choice?
35. Did these women discuss their infant feeding decision with any one?

VI Others

36. What challenges do you face in your work (infant feeding counselling and following up clients)?
37. What do you think should be done to improve PPTCT services?
38. Do you have anything that you want to say which I did not ask?
39. Do you have any questions for me?

Thank you for your cooperation.