

Appendix A: Information Sheet

Hello, My name is Deanne Masters,

I am a Speech Language Pathologist and Audiologist registered for a masters degree at the University of the Witwatersrand. I would like to invite you to participate in a study that I am involved in. This study explores the practices and beliefs of HIV positive mothers regarding breast-feeding.

Research into this area has potential implications for improving our knowledge about how mothers living with HIV feel about infant feeding issues. If you are willing to participate in this study it will involve an interview that should take about forty five minutes to complete. Please be assured that your responses will be kept strictly confidential and your anonymity will be preserved. There are no right or wrong answers. All that is required is that you answer truthfully. Your participation in the study will in no way affect the treatment that you receive at the hospital, nor interfere with your supply of milk formula.

Your participation in this study is completely voluntary and you may refuse to participate without it affecting your treatment at the hospital in any way. You may also withdraw from the study at any time. Furthermore, you may also decline to answer any of the questions, should you wish to do so. If you wish to be given a summary of the results of the study, these will be available on request. If you have any questions, I may be contacted at (011) 486-3659.

Thank you for your co-operation

Yours Sincerely,

Deanne Masters

Speech, Language Pathologist and Audiologist (MA student)

Prof. Eleanor Ross

Supervisor

Appendix B

CONSENT FORM FOR PARTICIPATION IN THE STUDY

I hereby consent to participate in the study. I understand the purpose of the study and that participation is voluntary. I also understand that I may withdraw from the study at any time and that all information will be kept confidential.

Signature

Date.

Appendix C

INTERVIEW SCHEDULE - INFANT FEEDING PRACTICES AND BELIEFS OF MOTHERS LIVING WITH HIV

1. Demographic Information

1.1. Age of Baby in months _____

1.2. Age of mother: yrs

1.3. What is your marital status (ring correct one)

1. Single and living with relatives.

2. Living together with boyfriend

3. Married and staying together

4. Separated/ Divorced

5. Other: _____

1.4. Home Language: _____

1.5. Highest educational achievement of mother: _____

(highest standard passed at school)

1.6. Highest educational achievement of father: _____

1.7. What was your occupation before the birth of your baby:

1. salaried job, if so what _____

2. Self-employed, if so what _____

3. Piece jobs.

4. Scholar/student

5. Unemployed.

6. Other _____

1.8.If working/scholar/student, have you returned to work/studies yet?

1. Yes.
2. No.

1.9.Occupation of current partner?

1. Salaried job, if so what _____
2. Self-employed, if so what _____
3. Piece jobs
4. Scholar/student
5. Unemployed
6. Other _____

1.10.Do you live outside Coronationville?

1. Yes, if yes, which area do you stay in?

2. No

1.11.If diagnosed before this pregnancy, was this baby planned?

1. Yes
2. No

1.12.How often have you attended the HIV clinic? _____

1.13.Number of live born children (including baby)? _____

1.14.If you have other children:

1.14.1Did you breast feed your previous children?

1. Yes, if so for how long? _____
2. No.

1.15.What type of dwelling do you live in?

1. House
2. Lodger in house
3. Backyard shack
4. Garage/backroom
5. Shack in informal settlement
6. Employers accommodation, outbuilding
7. Other _____

1.16. Water Supply.

1. Tap.
2. Stream or river.
3. Other _____

1.17. Electricity?

1. Yes.
2. No.

1.18. What do you cook on?

1. Electric stove.
2. Paraffin stove.
3. Gas stove.

4. Open fire.

5. Other _____

2. Pre and post natal counselling

2.1. How often have you been counselled (one-to-one) about HIV?

1. Never.
2. Once.
3. Twice.
4. Three times.
5. > 3 times.
6. Don't know.

2.2. Do you feel that you have received enough counselling?

1. Yes.
2. No.

2.3. Would you like to receive more counselling on HIV/AIDS?

1. Yes.
2. No.

3. Decision with regard to feeding

3.1. Did you get information on how to feed baby from the hospital/clinic?

1. Yes
2. No

3. Can't remember

3.2. Who makes decisions on infant feeding in your house?

1. You
2. Partner
3. Your mother
4. Your community
5. Group decision
6. Other

3.3 Did anyone's advice influence you in favour of bottle-feeding?

1. Yes.
2. No.
3. Don't know.

If so whose?

1. Husband/boyfriend
2. Other family member/friend
3. Hospital/clinic sister
4. Doctor
5. Don't know
6. Other

4. Feeding history

4.1. Which of the following feeds has baby had up to now?

1. Breast.
2. Formula milk.
3. Water.

4. Mielie-meal porridge.
5. Cow's milk
6. Commercially bought food e.g. Purity.
7. Other specify _____

4.2. Which do you feel is the best type of feed for your baby?

1. Breast milk, if so why?

2. Formula milk, if so why?

4.3. Have you ever fed your baby both breast milk and formula milk?

1. Yes.
2. No.

5. What happens to the Formula

5.1. Do you come to the hospital every month to get formula?

1. Yes.
2. No.

5.2. Do you feed your baby with the formula you receive?

1. Yes.
2. No.

5.3. Do you feed any of your other children with the formula you receive?

1. Yes.
2. No.

5.4. Have you ever sold the formula that you receive?

1. Yes, if so why? _____
And to who? _____
2. No.

5.5. Do you feel that you know how to mix the formula correctly?

1. Yes.
2. No, if so why? _____

6. Knowledge and attitude regarding HIV

6.1. How do you feel about having HIV?

6.2. Is there a difference between having HIV and AIDS?

1. Yes
2. No
3. Don't know

6.3. If yes what is the difference between the two?

6.4. How can a person get HIV?

6.5. How can a baby get HIV?

6.5.1. Can babies get HIV while they are in the womb?

1. Yes
2. No
3. Don't know

6.5.2. While they are being born?

1. Yes
2. No
3. Don't know

6.5.3. After they have been born?

1. Yes
2. No
3. Don't know

6.6. If mothers say that babies can get HIV after birth, how?

1. Breast feeding
2. Don't know
3. Other -----

7. Mothers' perceptions of cultural Attitudes to Feeding Practices.

7.1. Do you bottle-feed in front of other mothers in your community?

1. Never
2. Sometimes
3. Often

7.2.If never, what is your reason?

7.3.What do you perceive as your community's attitude towards bottle-feeding?

1.Positive

2. Negative

3.Neutral

4.Other -----

7.4. Do your community make any assumptions about a mother who bottle-feeds?

1. Yes

2. No

7.5. If yes, what do you perceive those assumptions to be?

1. That you don't have enough breast milk.

2. That you are HIV positive

3. Other -----

7.6. If you answered # 2, how does that make you feel?

1. Upset

2. Doesn't worry you

3. Other -----

8. Do you have any other comments?

-----Thanks very much. That's all -----