

## **INTERVIEW SCHEDULE**

### **TITLE:**

**KNOWLEDGE OF WOMEN ATTENDING ANTENATAL  
CLINICS ON TRANSMISSION OF HIV THROUGH BREAST-  
FEEDING IN GABORONE, BOTSWANA**

## PART A: DEMOGRAPHIC DATA

1. Facility code: 1---- 2-----

2. Age range

15-25	1
26-35	2
36-45	3
46-and above	4

3. The highest educational level attained:

None	1
Primary standard up to standard 3	2
Standard 4 up to standard 7	3
Secondary junior certificate	4
GCE/ O level	5
Tertiary	6

4. Marital status

Married	1
Single	2
Cohabiting	3
Divorced	4
Widow	5
Separated	6

## 5. Religion

Christian	1
Moslem	2
Pagan	3

Any other /specify .....

## 6. Who is the main source of income in the family?

Self	1
Spouse	2
Mother	3
Children	4
State/welfare	5
Pension	6
Any other .....	7

## 7. How much is the family income per month?

Below P500	1
P500 – 1000	2
P1001– 1600	3
P1601 – 2200	4
P2201 – 2800	5
P2801 and above	6

## PART B: KNOWLEDGE ON HIV AND BREAST FEEDING

8. How is HIV transmitted from one person to the other?

Sex	Yes	No
Contact with blood	Yes	No
Saliva	Yes	No
Sharing utensils	Yes	No
Sharing razor blades	Yes	No
Breast-feeding	Yes	No
Sores on the breast	Yes	No
During pregnancy	Yes	No
During delivery	Yes	No
Kissing	Yes	No
Hugging	Yes	No

Any other/ specify \_\_\_\_\_

9. HIV is transmitted from mother to the child through the following methods:

Complementary breast-feeding	Yes	No
Exclusive breast- feeding	Yes	No
Exclusive formula feeding	Yes	No
Mixed feeding	Yes	No

Any other/ specify \_\_\_\_\_

10. What is your understanding of the following feeding methods?

10.1. Complementary breast-feeding

Giving the child mainly breast milk and formula milk	Yes	No
Giving the child only breast milk	Yes	No
Giving the child formula milk, breast milk and other foods	Yes	No
Giving the child mainly formula milk, breast milk and other foods	Yes	No
Giving the child only formula milk	Yes	No

Any other/ specify \_\_\_\_\_

10.2. Exclusive breast –feeding

Giving the child mainly breast milk and formula milk	Yes	No
Giving the child only breast milk	Yes	No
Giving the child formula milk, breast milk and other foods	Yes	No
Giving the child mainly formula milk, breast milk and other foods	Yes	No
Giving the child only formula milk	Yes	No

10.3. Mixed feeding

Giving the child mainly breast milk and formula milk	Yes	No
Giving the child only breast milk	Yes	No
Giving the child formula milk, breast milk and other foods	Yes	No
Giving the child mainly formula milk, breast milk and other foods	Yes	No
Giving the child only formula milk	Yes	No

10.4. Complementary formula feeding

Giving the child mainly breast milk and formula milk	Yes	No
Giving the child only breast milk	Yes	No
Giving the child formula milk, breast milk and other foods	Yes	No
Giving the child mainly formula milk, breast milk and other foods	Yes	No
Giving the child only formula milk	Yes	No

## 10.5. Exclusive formula feeding

Giving the child mainly breast milk and formula milk	Yes	No
Giving the child only breast milk	Yes	No
Giving the child formula milk, breast milk and other foods	Yes	No
Giving the child mainly formula milk, breast milk and other foods	Yes	No
Giving the child only formula milk	Yes	No

11. In your own reckoning/understanding how do you rate the risk of HIV transmission to the child through the following infant feeding methods?

Method	None	Mild 2	Moderate 3	Severe 4	High 5
Breast- feeding					
Exclusive breast –feeding					
Complementary formula feeding					
Exclusive formula feeding					
Mixed feeding					

Any other specify \_\_\_\_\_

12. How does HIV gain entry into the child during breast-feeding?

Breast milk contaminated with HIV	Yes	No
Broken skin on the breast	Yes	No
Cracked nipples	Yes	No
Sores in the baby's mouth	Yes	No
Diarrhea	Yes	No

Any other specify \_\_\_\_\_

13. Do you agree that HIV can be transmitted through breast-feeding?

Yes 1      No 2

14. If you agree that HIV can be transmitted through breast-feeding how do you think the transmission can be prevented?

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15. Do people associate HIV status of mother with infant feeding method of baby?

Yes 1              No 2

Comment on your response \_\_\_\_\_

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## PART C: FACTORS THAT INFLUENCE CHOICE OF INFANT FEEDING METHOD

16. How many children do you have?

None	1
One	2
Two or more	3

17. If 1 or more children, what methods did you use to feed your previous baby / babies?

Formula feeding	Yes	No
Complementary Breast feeding	Yes	No
Exclusive breast-feeding	Yes	No
Exclusive formula feeding	Yes	No
Mixed feeding (formula& breast)	Yes	No
Nursing mother	Yes	No

Any other specify \_\_\_\_\_

\_\_\_\_\_



18. Who influenced your choice of infant feeding method?

Self	Yes	No
Spouse	Yes	No
Relatives	Yes	No
Health workers	Yes	No

Any other specify \_\_\_\_\_

\_\_\_\_\_

19. What method are you planning to use to feed the expected child?

Complementary breast feeding	Yes	No
Exclusive breast- feeding	Yes	No
Exclusive formula feeding	Yes	No
Mixed feeding (formula& breast)	Yes	No
Nursing mother	Yes	No
Cows milk	Yes	No
Goats milk	Yes	No

Comment on your response \_\_\_\_\_

\_\_\_\_\_

20. What would be the reason for the choice of infant feeding method?

Nutritious for the baby	Yes	No
Has less risk of transmitting HIV to the baby	Yes	No
Cheap and readily available	Yes	No
Mother did not have enough milk	Yes	No
Mother too ill or too weak to breastfeed	Yes	No
Baby left in others' care while mother went to work	Yes	No
Cosmetic reasons	Yes	No
Any other .....	Yes	No

21. Do you have any cultural beliefs associated with infant feeding methods?

Yes 1      No 2

Comment on your response \_\_\_\_\_  
\_\_\_\_\_

22. Do you have any religious beliefs other than those mentioned above associated with infant feeding methods?

Yes 1      No 2

If yes, specify \_\_\_\_\_

23. Did the income cited in item 7 influence your choice of infant feeding method?

Yes 1      No 2

Comment on your response \_\_\_\_\_  
\_\_\_\_\_

24. By what feeding method would your family members expect you to feed the new child?

Breast-feeding	Yes	No
Exclusive breast- feeding	Yes	No
Formula feeding	Yes	No
Mixed feeding	Yes	No
I don't know	Yes	No

Comment on your response \_\_\_\_\_

\_\_\_\_\_

25. Why would they prefer that method?

Has less risk of transmitting HIV to the baby	Yes	No
Nutritious for the baby	Yes	No
Cheap and readily available	Yes	No
Cultural reasons	Yes	No

If other, specify \_\_\_\_\_

26. How would your family members feel about formula feeding?

Accepting	Yes	No
Rejecting	Yes	No
Inquiring	Yes	No

If other, specify \_\_\_\_\_

27. Do you think confidentiality needs to be maintained when issuing milk supplies?

Yes 1

No 2

If other, specify \_\_\_\_\_

## PART D: SOURCES OF INFORMATION ON HEALTH ISSUES AND HIV

28. What are the sources of acquiring information on HIV and breast-feeding?

Radio	1	Yes	No
Friends	2	Yes	No
Health workers	3	Yes	No
Pamphlets	4	Yes	No
News letter	5	Yes	No
Television	6	Yes	No
Internet	7	Yes	No
PMTCT	8	Yes	No

Any other, specify \_\_\_\_\_

29. Have you been part of Prevention of Mother to child transmission (PMTCT) programme?

Yes 1      No 2

**THANK YOU FOR PARTICIPATING IN THE STUDY**