Contraceptive use dynamics beyond the ECHO trial (CUBE)

In-Depth Interview Guide, Women

PARTICIPANT ID NUMBER	DATE (DD/MMM/YY)	START TIME	END TIME	INTERVIEWER INITIALS

Note to interviewer: Review participant's survey data to confirm:

a.	Which method is participant currently using?	
b.	Which method has participant discontinued/ switched from?	
c.	Has participant ever wanted to remove IUD or implant?	
d.	Was IUD/implant actually removed?	

[Turn on recording device]

Interviewer to read out:
This is [interviewer name] conducting interview with [participant ID #] on [date]. The start time of the interview is [insert start time].

	Main questions	Probes
1.	**WARM-UP / INTRODUCTION**	
1.1	Can you tell me a bit about yourself?	• *Probe for where she is from, how long she has lived here, age*
1.2	Could you tell me about the people you live with?	• *Probe about husband/partner, children, own family, husband's/partner's family, other*
1.3	What does a typical day look like for you?	• *Probe for work, other activities or responsibilities*
Note to interviewer: *The following section is only for method continuers. If this participant has discontinued/switched methods,* ***SKIP TO SECTION 3*** *Confirm which method participant is using with survey data.*		

2.	**CONTINUERS**	
2.1	What do you like about _____ (*insert method name*)?	
2.2	What do you not like about _____(*insert method name*)?	• Did you experience any side effects or challenges with your method that improved or changed over time? *Explore*
2.3	How long have you been using _____*(insert method name)?*	
2.4	Have you thought about discontinuing use of _____ (*insert method name*)?	• Why or why not? • <u>If yes</u>, when would you think of doing this?
Note to interviewer: *The following section is only for method switchers and method discontinuers. If this participant has not discontinued/switched methods,* ***SKIP TO SECTION 4*** *Confirm which method participant most recently stopped using, check with survey data.* **3.** **DISCONTINUERS and METHOD SWITCHERS**		
3.1	Why did you quit using _____ (*insert method name*)?	• When did you quit using it? • *If participant stopped using method to fall pregnant:* Would you ever go back to using this method?
3.2	Did you start another method?	• Why/why not? • <u>If yes</u>, which method did you start using/switch to? • Do you think you'll continue to use the method you have switched to in future?
3.3	Would you ever go back to using _____ *(name of method most recently stopped)* that you stopped?	• <u>If yes</u>, why?
3.4	Do you think you'll use another method in the future?	• Why or why not? • <u>If yes</u>, which method/s do you think you will you use in future? Why?
Note to interviewer: *<u>All</u> participants to be asked questions in this section.* **4.** **METHOD EXPERIENCES**		

4.1	Would you recommend any method you have used to friends/family?	• Which method? • Why/why not? •
Experience of side effects		
4.2	***Note to interviewer:*** *Only ask this question if it hasn't already been discussed.* Have you ever experienced side effects with _____ (*insert method name – one continued with, or one discontinued/ method switched from as discussed above*)?	• *Probe on frequency, severity, additional side effects, effect on lifestyle*
4.3	Have you experienced any changes to your period while using _____ (*insert method name*)?	• <u>If yes:</u> What menstrual changes have you experienced? • *Probe on frequency, duration, amount of bleeding, spotting, etc.* • *Probe over full experience using the method: has it changed over time, e.g. when first started using it versus current use? (if not covered already)*
Note to interviewer: *Only ask the following question if participants reported changes in their period/menses, or any other side effects whilst on their method. If none reported,* ***SKIP TO SECTION 5.***		
4.4	When you started using your method, did the provider tell you that these side effects may happen?	• What did the provider tell you to do if you had side effects? • What, if anything, did you do/do you do about your side effects?
Note to interviewer: *The following section is only for participants who use LARCS (IUD/implant). If this participant did not use the implant or IUD,* ***SKIP TO SECTION 6.*** **5. LARC USERS**		
Decision to remove		
5.1	Have you ever wanted to remove your (implant/IUD)? (*should match survey*)	
5.2	When did you decide you wanted to remove your (implant/IUD)?	
5.3	Why did you decide you wanted to remove your (implant/IUD)?	• Did someone else influence you to remove it? Who? Why? • *If participant wanted to remove method to fall pregnant:* Would

		you ever go back to using this method?
5.4	If participant has a partner: Did you talk with your husband/partner about wanting to remove your (implant/IUD)?	• **If yes** - Did your husband/ partner want you to get your (implant/IUD) removed? Why or why not? Who made the final decision? • **If no** - Why not? Did he know that you were using an (implant/IUD)?
5.5	Who else among your family or friends did you speak with about wanting to remove your (IUD/implant)?	• What did they say?
Care seeking		
5.6	Did you ever go somewhere to have your (implant/IUD) removed? *(should match survey form)*	
5.7	If participant attempted implant/IUD removal: Where did you first go remove your (implant/IUD)?	• What happened?
5.8	Why did you choose this place for removal?	• How easy or difficult was it for you to go there? • *Probe for travel time, distance, use of transportation, costs, hours/schedule* • *Probe for interactions with healthcare provider- were they supportive/not?*
5.9	Was your (implant /IUD) removed at the first place you went?	• If not, elaborate – why not? • *Explore similar story for where else they went and where it was actually removed.*
5.10	When you went for implant/IUD removal who did you tell that you were going?	• Why?
5.11	Did anyone else come with you?	• Who? Why?
5.12	**Was your implant/IUD removed? Y/N** *(should match survey)*	
Note to interviewer: *The following questions are only for those participants whose implant/IUD was removed*		

5.13	How satisfied were you with the procedure that the provider performed to remove your implant/IUD?	• Explain why you feel this way. • *Probe for length of procedure, any pain experienced*
5.14	How satisfied were you with the information/ counselling the healthcare provider gave you about the procedure?	
5.15	Was there a fee for getting your implant/IUD removed?	• How much was it? • Was this what you expected to pay? Why or why not?
5.16	Did you face any other challenges or difficulties in getting your implant/IUD removed?	• Can you describe?
5.17	Overall, how easy or difficult was it for you to get your implant/IUD removed?	• Explain.
5.18	What changes would you recommend to make it easier for women like you to get their implant/IUD removed when they want to?	
Note to interviewer: *This section is only for participants whose implant/IUD was NOT removed. It can also be asked of participants who had to go to multiple places before it was removed.*		
5.19	*(If not clarified above)* Why was your implant/IUD not removed?	
5.20	Was there a fee for this visit to the healthcare facility?	• How much was it?
5.21	Did the provider tell you that you could go somewhere else to get your implant/IUD removed?	• Where?
5.22	After this visit, did you try to get your implant/IUD removed some other time?	• <u>If no:</u> Why not?
5.23	Do you think that you will try again to get your implant/IUD removed?	• <u>If yes:</u> Where do you think you will go to try and get it removed? Why there? • <u>If no:</u> Why not?
5.24	Did you ever go somewhere for other sexual and reproductive health care (not related to your implan/IUD removal), e.g. HIV testing, STI care, pap smear?	*Explore*

5.25	In your opinion, what could be done to make it easier for women like you to get their implant/IUD removed when they want to?	

6. Additional COVID-19 questions for qualitative interviews with women

The government of South Africa declared a National State of Disaster on 15th March 2020, which has been followed by several stages of lockdown since 27th March 2020. A number of measures have been implemented designed to control the spread of the Coronavirus (COVID-19), which have changed over the course of the pandemic. We would like to ask you some questions about how this has affected you and your experience with family planning and contraception services.

Would you be prepared to continue with this interview to answer these questions?

Yes _____

No _____

If yes, thank you so much.
If no, thank you so much for your time. The interview is now over.

You've already told me a bit about yourself and your contraceptive use. Now I'd like to hear a bit more about how things may have changed since the COVID-19 pandemic.

6.1	Can you tell me a bit about how life has changed for you since the South African government declared a National State of Disaster on 15th March 2020?	*(Probe for any changes in job, income, studies, living situation, gender-based violence, etc.; probe for changes as lockdown levels have gone down from level 5 to the current level.)*
6.2	What do you know about the coronavirus and how you can protect yourself from it? *(Probe for: social distancing, handwashing, masks)*	a. What have you heard about the use of traditional medicines to treat or prevent COVID-19? i. Are you using any of these medicines? ii. Do you know anyone who is using these medicines? iii. How do you believe these medicines help? How do others believe these medicines help?
6.3	Have you or anyone you know tested positive for COVID-19?	
6.4	How worried are you about getting COVID-19?	(*Probe for reasons why they have that level of worry)*

We'd like to know how the government measures to control the spread of COVID-19 have impacted your decisions and experiences related to family planning.		
6.5	Have you accessed any reproductive health care, such as family planning, HIV testing and counselling, PrEP, ART, STI testing/treatment, pregnancy testing and pregnancy care, since 27 March?	a. **If YES**: i. Can you tell me more about that experience? *(Probe for: different protocols, limited services, feelings while accessing care, staff demeanor)* ii. Were you able to get all of the services you wanted? If no, why not? (*Probe for: lack of providers, supplies, desired FP method)* iii. Did you have any trouble visiting the facility? *(Probe for: COVID restrictions on movement, limited hours, fear of infection)* b. **If NO**: i. Did you want to access services? What were your reasons for not doing so? *(Probe for: COVID restrictions on movement, limited hours, fear of infection, fear of police, fear of retaliation from partner, unsure of services provided)*
6.6	When the government announced the State of Disaster on 15 March, were you using a family planning method?	
6.7	Since then, have you been using a family planning method on a regular basis?	*a.* Why or why not? *(Probe for: gaps in use of a method, method discontinuation, ability to see partner)* b. If yes, what method? Why did you choose this method?
6.8	Have you switched methods at any point since 27 March?	If yes, what was your reason?
6.9	How has COVID-19 influenced your thoughts about which family planning method to use (if any)?	
6.10	Has a provider given you any advice about contraceptive use specific to COVID-19?	

6.11	Have you used emergency contraception since 27 March?	a. If yes, how easy was it to obtain? b. Where did you obtain it?
6.12	"Self-care" includes health practices that you can use yourself without needing to access them from a health provider. Have you made use of any self-care options related to family planning during the pandemic?	*Probe for HIV self testing, pregnancy testing, contraceptive options (including fertility awareness methods, male and female condoms, EC, birth control pills).*
6.13	Can you tell me about your desires for having children in the future?	a. Has COVID-19 influenced your opinion about whether or not you want to get pregnant in the next year? In the next 2 years? More long term?
6.14	**LARC USERS only:** At any point since 27 March, did you want to have your implant/IUD removed?	a. Why/why not? b. If yes, were you able to get it removed? If removed, what was that experience like? *(Probe for: number of attempts, challenges)* c. If not removed, why? *(Probe for: barriers, referrals)*
If you feeling are feeling sick with any of the following symptoms: fever, cough, shortness of breath or a sore throat, or have had contact with someone who has been suspected or confirmed by a healthcare professional of having the COVID-19 virus, or if you think you may have the COVID-19 virus, please contact your local health provider for information about testing and treatment. You can also learn about COVID-19 by sending "Hi" on the WhatsApp NDoH hotline: 0600 123 456		
7.	**CONCLUDING QUESTION**	
7.1	This is the end of our questions – do you have anything else you would like to tell us about your contraceptive method use since you have exited the ECHO trial?	

Thank you for your participation and time.