APPENDIX – II:

INTERVIEW SCHEDULE
INTERVIEW SCHEDULE
Socio-Economic, Health and Family Profile of Mothers living with HIV/AIDS

1. Socio-Economic Status:

1. Age:

2. Educational Qualification:
   i) Illiterate
   ii) Primary
   iii) Elementary
   iv) High School
   v) Collegiate

3. Domicile (Specify the place)
   i) Urban
   ii) Rural
   iii) Slum

4. Occupation:
   i) Employed
   ii) Unemployed
   iii) Self-Employed

4 (A). If Employed,

a) Income Level:
   i) Below Rs. 1,500/- p.m
   ii) Between Rs. 1,501/- to Rs. 3,000/- p.m
   iii) Between Rs. 3,001/- to Rs. 5,000/- p.m
   iv) Above Rs. 5,001/- p.m

b) Nature of Job: (Please specify)
c) Duration of Work:
   i) 8 hours
   ii) More than 8 hours
   iii) Convenient timings

d) Are you able to work continuously?
   i) Yes
   ii) No

e) Do you receive any special consideration in terms of leave during your Sickness?
   i) Yes
   ii) No

f) Do you face any discrimination in your workplace?
   i) Yes
   ii) No

4 (B). If unemployed,

a) Source of Income:

b) Reason for not working:

5. Is your spouse employed?
   i) Yes
   ii) No

5 (A). If yes,

a) Income Level:

b) Nature of Job:

6. Assets, if any,
   i) Movable (specify)
   ii) Immovable (specify)
   iii) Nil
II - Family Profile:

7. Marital Status:
   i) Single
   ii) Married
   iii) Widow
   iv) Divorced
   v) Separated

8. Is there any Conflict in the family which disrupts the upbringing of your children?
   i) Yes (specify)  ii) No

9. What is your opinion regarding the support of your spouse in the upbringing of children?
   i) Very Important
   ii) Necessary
   iii) Not Necessary

10. What is your family type?
    i) a Nuclear family
    ii) a Joint family
    iii) Alone

III - Health Profile:

11. Year of testing:

12. Reason for testing for HIV:
   i) Prolonged illness
   ii) Spouse infected with HIV
   iii) Routine check-up during pregnancy
<table>
<thead>
<tr>
<th>Q.No</th>
<th>Sickness</th>
<th>Frequency</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>Fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Skin Problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Mouth &amp; Throat problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Genital Problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. Do you suffer from any other opportunistic infections? (like Tuberculosis)
   i) Yes  ii) No

19. Are you under any medication with side effects that hinders your routine work?
   i) Yes (Specify)  ii) No

20. How frequently do you visit the hospital for check-ups?
   i) Once a week  
   ii) Once a month  
   iii) Trimester  
   iv) Whenever necessary

21. Do you have easy access to medical care provided by Corporation Hospitals and Government hospitals nearby your locality?
   i) Yes  ii) No

22. Have you taken the AZT pills rendered in GH at the time of pregnancy?
   i) Yes  ii) No

22 (A). If Yes,

<table>
<thead>
<tr>
<th>Order of the child</th>
<th>No. of months taken</th>
<th>HIV status of the infant</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
23. Do you feel that it is necessary for a person (Social worker) to guide you, render counselling and guidance and provide moral support in the hospital?
   i) Yes             ii) No

24. How much expense do you incur for your medical care per month?
   i. Self:
   ii. Spouse:
   iii. Children:

25. If the stated expenditure is above your income, how do you manage the deficit?
   i) Help from NGO
   ii) Debts
   iii) Help from GH
   iv) Religious institutions (Specify)
   v) Others (Specify)

26. Is your diet in accordance with the doctor's advice?
   i) Yes             ii) No (Specify reasons)

27. Does your diet include body building food, energy giving food and food that provides immunity against infections?
   i) Yes             ii) No (Specify reasons)

28. Have you undergone any training on healthy food habits?
   i) Yes             ii) No

IV - Details of children:
29. Number of children:
30. Details of delivery (in terms of number):

<table>
<thead>
<tr>
<th>Abortion</th>
<th>Live - Birth</th>
<th>Still - birth</th>
</tr>
</thead>
</table>
31. Details of children:

<table>
<thead>
<tr>
<th>Ordinal position</th>
<th>Age (in years)</th>
<th>Sex</th>
<th>HIV Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

31. (A) If you have a child less than age one, are you able to breast-feed it?
   i) Yes ii) No

31 (B). Are you aware of the substitute for breast milk (Infant formula)?
   i) Yes ii) No

31. (C). If the child is not tested, reason for not testing.

32. If both HIV positive and HIV negative children exist, is the HIV negative child informed about the HIV status of its sibling?
   i) Yes ii) No

32 (A). If Yes, what is the attitude of the HIV negative child toward the HIV positive child?
   i) Normal
   ii) Sympathetic
   iii) Indifferent
   iv) Angry
   v) Any other, specify
32 (B). If No, what is the reason for not disclosing?
   i) Child is too young to understand
   ii) Fear of discrimination
   iii) Any other, specify.

33. Do you have any feeling of discomfort in having both the HIV positive and HIV negative children under the same roof?
   i) Yes  ii) No

33 (A). If Yes, what is the reason for discomfort?
   i) Fear of the HIV negative getting infected.
   ii) Unable to provide consistent care to the HIV positive and HIV negative children.
   iii) Fear of sibling rivalry due to the extra care provided to HIV positive children.
   iv) Any other, specify.

34. Are the children aware of the HIV status of the mother?
   i) Yes  ii) No

34 (A). If Yes, has it affected the relationship between the mother and the child?
   i) Yes  ii) No

35. Have you undergone any difficulties where you differentiated between HIV positive and HIV negative children?
   i) Yes, specify.  ii) No

V - Ability of HIV infected Mothers to provide Basic Care and Support Needs for the Children

36. Have you been trained on First Aid and Home Care to handle emergency situations?
   i) Yes  ii) No
36 (Å). If Yes, on what aspects?

37. If you fall sick and lack in caring for the children, what will be the outgoing feeling?
   i) Guilt
   ii) Sadness
   iii) Dissatisfaction
   iv) Crying
   v) Irritability
   vi) Any other, specify.

38. Are you able to provide the child with opportunities and facilities to enable him/her to develop physically and mentally in a normal manner despite your HIV status?
   i) Yes  
   ii) No (specify reasons).

39. Are you taking your children to religious institutions in order to develop the spiritual health of the child?
   i) Yes  
   ii) No (specify reasons).

40. Do you take the children to any social gatherings and public meetings?
   i) Yes
   ii) No (specify reasons).

41. Are you able to receive adequate medical assistance from corporation hospitals and government hospitals for the children whenever required?
   i) Yes
   ii) No (specify reasons)

42. Are you able to provide substantial nutrition required for the growing children?
   i) Yes
   ii) No (specify reasons)

43. Are you able to provide proper housing facilities to your children?
   i) Yes
   ii) No (Specify reasons)
44. Are you able to indulge your children in recreational activities?
   i) Yes  
   ii) No (Specify reasons)

45. Are you able to help your child grow under your care and responsibility?
   i) Yes  
   ii) No (Specify reasons)

46. Are you able to provide education from a formal institution for your child?
   i) Yes  
   ii) No (Specify reasons)

47. Are you able to protect your child from exploitation (like child labor, sex traffic, etc)?
   i) Yes  
   ii) No (Specify reasons)

VI - Support Systems:

48. Family details of your spouse:
   i) Details of Parents  
   ii) Details of Siblings

49. Family details of self:
   i) Details of Parents  
   ii) Details of Siblings

50. Details of help provided by relatives:

<table>
<thead>
<tr>
<th>No.</th>
<th>Relationship</th>
<th>Nature of help</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Physical</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
51. Support rendered by neighbors:

i) Physical

ii) Economical

iii) Psychological

iv) Nil

52. Support rendered by Health Care Professionals and Social Workers:

53. Support rendered by School Authorities:

54. Is there any discrimination in schools on grounds of your child's HIV positive status?

i) Yes

ii) No

iii) HIV status not disclosed

55. Are there any NGOs / GOs / Religious Institutions involved in reducing your burden in bringing up your children?

i) Yes  ii) No

55 (A). If Yes, is it sufficient and satisfactory?

i) Yes  ii) No

56. Any comments and suggestions: