**Phase 3- YPLHIV interview**

Explain that this is the last interview and time we will probably meet. Thank participants for all that they have shared in previous interviews.

The key concern to bear in mind is that we will be aiming to follow- up on what we already know to explore it more in-depth. We will not be repeating the same ideas of questions, but adapting them to generate further insights. Integrate the individually relevant issues and questions throughout the interview – rather than leaving to the end.

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| **Key area of investigation** | **Rationale** | **Themes** | **Example questions** | **Individual questions/issues to add in- in preparation for interview** |
| **Opening Discussion** | Catching up since the last interview | * Update | * How have you been since our last interview? * Have there been any changes in your life since then?   (adapt questions to any issues that may have come up during last interview to explore current situation)  Particularly explore any changes in school year/attendance etc, as changes in school timetable appear to make a difference to capacity to adhere |  |
| **Adherence** | Changing adherence patterns overtime and versus other changes in life | * Changing adherence patterns and effect of life changes   ( explore the strategic missing of days – dilemma which is the bigger risk – missing the drug for the day or missing the paper/class to take drugs) | * How has growing up, school work, paid work, illness management affected adherence for you? * When was the easiest time to take drugs?   E.g. MEMSCAP easier when you are young because you have fewer responsibilities   * If you could choose the time that you take your drugs each day (or five days a week) when would they be? * Would you like to discuss the timing of your drugs each school term to accommodate your new timetable? * Recognise that many young people’s challenges around adherence are connected to other challenge. How can you imagine that practically the clinic experience could be arranged so that you would be willing to discuss it with the Doctors/ Counselors? * Some people say that they have poor adherence because they forget to take their drugs. Do you think that most people actually do forget or is it something else?   I.e. do you think some people forget intentionally? Why? What do you think can be done about that? What about for you?   * Some people mention that once they remember that they have missed a dose (unintentionally) that they get worried about their viral load increasing. Does this worry make any difference to whether you would remember the next time? How long does the effect last? * Young people talk about wanting to be treated with patience and humility by the doctors and counselors should they miss drugs. They say that this would help them want to be honest with the staff at the clinic and this would help them access support. What do you think about that? What should clinic staff do if someone keeps missing them, even though the staff are being kind and patient? * When do you expect that adherence may become more difficult in the future? How do you think it might be when you leave the pediatric clinic to go to the adult clinic? * Do you think that it would be important to you to know that you could have a break sometime in your treatment at some point in your life? Why? Would it make any difference to your adherence? Do you think that it is possible to take treatment everyday for a whole life time without a break? I.e. do you think that there is a limit for how long someone can take treatment everyday for? |  |
| SCT |  |  | * What do you think about SCT? |  |
| For those changes back from SCT to continuous | Not able to remember to take again on Mondays – suggesting that it is only for good adherers. Need to learn more about this if we are able provide valuable learning about how and to whom this intervention should be rolled out to. |  | * Given your experience, do you think that SCT is for everyone? If not, who do you think it is for? * You mentioned that missing more than just weekends affected your health. How do you think it affected you? Why do you think that? Were you aware of it before the doctors / tests said anything? |  |
| For those on the continuous arm |  |  | * Now we know that those on SCT are going to stay on it, which arm would you prefer to be in? why?   (really press for reasons and understanding on their answer. This is a key question) |  |
| For those on SCT |  |  | * SCT “is like giving you an opportunity in your life to be successful” – why? * You mentioned that having a break was like being able to “breathe”. Can you explain this? * What does it feel like ‘normally’? Has it felt like this since you started taking the drugs, or has it felt different at different times? * People talk about not taking the drugs they “feel normal again”. Is there anything other than the drugs which mean that you don’t feel normal? * “I need those (SCT) days” – why? What do you mean by need? |  |
| **Experience of trial** | Explore process of understanding  Access to more information / greater understanding |  | * What was the trial about? * Have you always thought that is what it was about? * How did you come to better understand it? * Did you ever feel that you could ask anyone about it? Did you ask anyone? How did that go? ( if they didn’t ask) why not? * Can you remind me how you came to take part in the trial? Whose decision was that? * Looking back, did you have any concerns when you started the trial? |  |
| **How make decisions about whether to stay in trial** | SCT intervention |  | * Who do you think SCT works best for? * How do you think it should be explained to other people? * Are there any risks in suggesting that young people go on SCT, do you think? * Do you think that this trial ( that they are going to do SCT) should affect how the doctors/ counselors treat other young people who miss drugs for a few days? * Do you think that it might affect how young people take their drugs if they hear about the success of the trial? In what way? What do you think about that? * Had they said that you needed to go back on continuous, even though you had thought it was safe, what do you think that you would do? *Some people imply that they would carry on* doing *SCT anyway.* * Has your adherence been affected by being in the trial? Does it have any effect on your motivation? How do you think it will be after the trial when there is less monitoring of your adherence? |  |
| **Post trial** | Understanding the trial |  | * What do you think that your relationship with the doctors will be like once you are back in the standard clinic? * Having been in the trial and experienced it, is there anything that you had wished that you had known at the start? Or had been explained to you differently? * Do you think that the explanation that you were given of SCT and the risks/ benefits fitted with your experience? E.g. interprets result of randomization as an act of faith * Most people mentioned that they only met other people in the trial at the meeting when we spoke about Matilda leaving. Would you like to have had the opportunity to meet with other people in the trial? Why/not? * Has being part of the trial made any difference to how you feel about the treatment that you will need to take for the rest of your life? Do you think that it will be the same as it is now in ten years time? Did you think the same before the trial/ Why has it changed your thinking/ how you imagine the future? * Some people have spoken about experimenting with their drugs. Having done the trial, does it make any difference to how you feel about conducting your own little experiments? More/ less likely to do it? How would you decide what would be an Ok experiment to do and what would be too risky? What is too risky? |  |
| **Memscap** | This could help us to understand whether they have thought about it, even if we can’t information about whether they have done it? | * Experiences and impressions of monitoring adherence | * Does it help? How or why/not? * The fact that it’s monitoring you, what effect does this have? * Would you like to have got feedback about how you were doing on Memscap? * Would that have been an incentive if you were told how you are doing? * Do you think that it is an effective measure of adherence? Do you think that there is a way that you can cheat on Memscap? * Do you think that Memscap could make any difference to someone who is struggling with their adherence? |  |
| **Growing up with HIV** |  | * Experiences of living with HIV | * “ Being cool” with HIV and “ being over it” – what does this mean? How is it different to when you wept about it when you were first told? * Do you think that your life is any different because of HIV? How do you think that it affected your growing up? |  |
| Relationships |  | * Attitudes towards being infected and expectations of disclosure to partner | * Some people mention that they want to find a person of the same status to be their partner. What do you think about that? What about for you? * Many young people are concerned to tell their partners and either hide it from them or break up with them to avoid getting more serious. How would you be able to know that this person was also HIV positive? * Would you like to have a family? Why? How do you think that will be? Do you have any concerns? Have you spoken to anyone about this ( to get info/address concerns)? |  |
| **Transition to adult clinic** |  | * Moving from pediatric to adult clinic services – and the effect this may have on them | * Have you ever thought of a time when you will move to the adult clinic? What do you think it will be like? * What do you think can be done to prepare young people for this transition? |  |
| **Experience of qualitative study** |  | * To understand experiences of tools/methods | * What has it been like being in the study over these three interviews? * How did you feel about keeping an audio diary? ( Experiences/ Challenges) * Would anything have made keeping an audio diary easier? |  |