

Table S1. In-depth interview guide

1	Please define what the term “reproductive health” means to you.
2	Please define what the term “family planning” means to you. What do you consider to be included in “family planning”?
3	Do you think that HIV-positive women should have children? For example, should a woman who has children and becomes HIV-positive have more children? Should a woman who has no children and becomes HIV-positive have any children? Why or why not?
4	Tell me about the last encounter you had with, or if you cannot think of a specific encounter, what you would say to: • An HIV-infected woman with whom you talked about having children. • An HIV-infected man with whom you talked about having children. • A couple (man and woman, either one or both being HIV-infected) with whom you talked about having children.
5	How comfortable do you feel discussing family planning with your HIV-positive clients?
6	Please describe any prior training you have had in family planning.
7	What factors do you think most influence whether an HIV-positive woman uses or does not use modern contraception (i.e. barriers and facilitators)?
8	In an ideal practice setting, who among providers do you think should address family planning with HIV-positive clients? Why?
9	Who do you think should be present when discussing family planning with an HIV-positive client? For example, should the conversation be only with the client? Or should the partner or family be present as well?
10	What do you think is the best method for prevention of pregnancy in HIV-positive women? Why?
11	What factors do you think most influence whether a provider offers modern contraception to a reproductive-age HIV-positive woman (i.e. barriers and facilitators)?
12	Please describe what you see as the biggest barrier to providing family planning options to your HIV clients and any possible solutions to overcoming this barrier.
13	Can you think of anything else that would help you to better provide family planning for your HIV clients?