Supplemental Digital Content 1. Additional information on the analysis of the qualitative data.

SSIs were simultaneously translated and transcribed following a standardized transcription protocol. A team of four analysts first coded the entire transcript using two broad structural codes: 1) reasons for non-adherence, self and 2) reasons for non-adherence, others. Analysts assessed inter-coder reliability on 10% of the transcripts. Each analyst coded the same transcript independently, and then the analysts reviewed the applied codes in a group. Discrepancies were discussed and the transcripts were recoded as needed. Next, two analysts conducted an inductive analysis of the interview text segmented by the structural codes on self and others’ non-adherence. Focusing first on the interview text about perceived reasons for non-adherence among other participants, the primary analyst identified an initial group of content-driven codes (e.g., partner disapproval, large pill size) to represent themes that emerged from reading text from the initial interviews. We excluded responses where the participants’ narratives suggested a high level of speculation on the reasons that other participants were non-adherent. Additional codes were identified, as needed, based on new themes that emerged during the coding of the remaining interview text; definitions were then altered in the code book and previous interview text re-coded to better reflect the diversity of challenges discussed by participants.

The final content-driven codes identified about others’ adherence were applied by a second analyst to interview text related to reported reasons for individual non-adherence. Although participants in the high group generally adhered regularly and were asked questions in the SSIs about the reasons they adhered to the study pill, we included their responses in this analysis when they volunteered reasons for not taking the study pill at times. The same iterative process was followed as described above when coding all interview text, with new codes added as new themes emerged and all previous coded text revisited and recoded as needed after a discussion among the two analysts to ensure similar application of the codes.

Data reduction tables listing coding frequencies were created for the reasons for non-adherence among other participants and for the reported reasons for individual non-adherence (by adherence group). These tables were subsequently reviewed and verified by the secondary and primary analyst. Any discrepancies in the interpretation or categorization of themes were discussed, and final agreement on the results was reached. The overall themes and frequencies on reasons for non-adherence (based on the number of participants who were asked, probed, or volunteered information about a particular topic) were identified and summarized. Although we asked different questions and probes to participants in each adherence group by design, the main barriers identified were generally similar across the groups. We noted, however, any barrier that was described more often among a particular adherence group.

References