

## Sample Qualitative Research Objectives

### Women who have given birth in the past 6 months

#### *Overall Objectives:*

- To identify factors that contribute to current maternal careseeking behaviors, with a focus on childbirth and the early postpartum period, and determine amenability of these behaviors to change;
- To test the acceptability of key concepts and recommended behaviors related to increasing skilled attendance, and determine the specific conditions of acceptability; and
- To document social networks and communication channels that facilitate rapid dissemination of information about, and adoption of, improved practices.

#### *Specific Objectives:*

1. Document preparations that women and families currently make for birth and new baby (including traditional preparations); identify family and community members involved in preparing for birth and early postpartum, and what role they play in care seeking decision making during and after childbirth.
2. Determine the level of autonomy of women, freedom of movement to access skilled care if they prefer it, relative contribution of woman herself in decision making and initiation of action for skilled care seeking behaviors.
3. Identify factors that influence preferred birth location/birth attendant; document reasons for differences between preferred/intended/actual birth attendant and actual birth location; determine woman's perceptions of "skilled providers" vs. traditional providers.
4. Explore perceived consequences of delivering with "skilled providers" vs. traditional providers.
5. Identify factors that influence high utilization rates for formal antenatal care/ low skilled attendance at birth/extremely low skilled attendance during early postpartum; compliance with treatment and referral.
6. Explore knowledge of and attitudes toward obstetric complications and emergencies; perceived causes of and treatment for obstetric emergencies; perceived personal risk/susceptibility; current advance preparation for possibility of obstetric complications.
7. "Concept test" proposed repositioning of TBAs (and skilled providers): Explore the acceptability of new role of TBA as "link care provider" in support role compared to current role of TBA as primary care provider.

8. Identify current and potential sources of social support for preparing for birth, during birth and early postpartum; currently used and preferred information sources of women for information on birth and early postpartum; current and potential social networks of WRA, and pregnant/recently delivered women.

### **Elder Female Family Influentials (EFFIs)**

#### *Overall Objectives:*

- To determine the decision making and support roles of EFFI in household and community during normal births, obstetric emergencies, and early postpartum care;
- To determine EFFI acceptance of and potential role in the promotion and use of skilled care for normal births, obstetric emergencies, and early postpartum care; and
- To determine EFFI perspective on their own social networks; the social networks of WRA, TBAs, husbands/community leaders and influentials; and how these social networks might be best used to rapidly spread information about improved obstetric care practices among their peers and the community- at- large.

#### *Specific Objectives:*

1. To understand EFFI perspectives on birth preparedness and their own role in preparations; how birth preparedness with emphasis on use of skilled care could be improved and what role EFFIs can play.
2. To investigate EFFI perceptions on current preferences of women in their household and community for birth attendant and birth location, reasons why women do or do not use skilled care (barriers, motivators, willingness to change); EFFI role in decision making for use/non-use of skilled attendance.
3. To determine the EFFI role in decision making for careseeking for: routine birth, obstetric complications and emergencies, and early postpartum care; to determine which obstetric complications and emergencies EFFIs recognize and act upon, when and how.
4. To learn what EFFIs believe are household and community level delays in seeking skilled care and reaching skilled care; what their roles in these delays and the roles of other household and community influentials are.
5. To explore EFFI attitudes toward use of skilled care compared to TBA care, perceived costs and consequences, whether they would accept TBAs as link care providers; and the main motivations for EFFIs to promote skilled attendance in their household and community.
6. To determine the EFFI perspective on who comprise their own social networks; the social networks of WRA in their district; social networks of TBAs: social networks of husbands/community leaders and influentials, and how these social networks might

be best used to rapidly spread information about improved obstetric care practices among their peers and the community- at- large.

### **Husbands/Male partners**

#### *Overall Objectives:*

- To determine knowledge and perception of obstetric emergencies among husbands and other male influentials in household and community;
- To determine the decision making and social support roles of husbands and other male influentials in household and community during routine pregnancy, childbirth and obstetric emergencies; and
- To test the acceptability of concepts for skilled obstetric care provision among husbands and other male influentials in household and community.

#### *Specific Objectives:*

1. To elicit husband/male influential perspective on preparation women and families now make for birth, particularly their current role in preparations/support and potential roles; feasibility and acceptability of birth preparedness; and to understand motivations of men to participate in preparing for the birth and ensuring skilled attendance at delivery.
2. To explore husband/male influential support and perceived consequences of TBA compared to care by a skilled attendant during and after delivery, and their perspective on the preferences of women **now** for birth attendant and birth location, and reasons why women do or do not use skilled care (barriers, motivators, willingness to change).
3. To explore husbands/male influentials' knowledge and perceptions of problems, complications, and emergencies in birth and early postpartum, when and where they should be cared for, and perceptions of emergency care providers.
4. To understand husbands/male influential role as gatekeeper to skilled care and how this can be re-patterned if necessary, and to determine factors that underlie household and community level delays in seeking skilled care for normal births and in obstetric emergencies, particularly their own role but also the specific role of other household and community influentials.
5. To determine awareness of husbands/males of the need for and content of early postpartum care (within one week following birth); when/if and what they do now during first week after birth; get ideas on how early postpartum care coverage (both in -home and by a skilled provider in facility) could be increased.
6. To get husband/male perspective on their own social networks, and how these social networks might be best used to rapidly spread information about improved obstetric care practices among their peers and the community- at- large.

## Women and families who have experienced a birth or early postpartum complication in the past 6 months

### *Overall Objectives:*

- To provide a detailed, step-by step analysis of the type of events and timing of household-level events that occur during an obstetric complication or emergency; and document the precise roles of specific individuals in the household and community in deciding to seek care;
- To document the factors that influence reaching a skilled care source during an obstetric emergency; and
- To define the role of skilled providers/facilities in delays in receipt of quality care for obstetric emergencies.

### *Specific Objectives:*

1. To identify the steps in the **recognition of the specific obstetric complication** that occurred in this family, perceived causality of the complication, and perceived appropriate action/chain of care seeking actions) for that complication.
2. To describe the dimensions of care seeking decision making in obstetric emergencies -who decides, how decisions are made, how long it takes to decide, what the specific “triggers to action” or “tipping points” are, when a problem is seen as severe enough to require action, etc.
3. To document the reasons behind health seeking behavior/ care choices **per specific complication**, and differences between behavior patterns for each complication, if there are any.
4. To explore the specific steps, timing and decision-makers involved in **reaching care source(s)** during obstetric emergencies.
5. Provide individual and household perspectives on the events involved in **receiving quality care** for the emergency once skilled care source was reached.
6. Determine what **follow up care** instructions, information and advice the woman and family were given at skilled care facility.

## Community Leaders

### *Overall Objectives:*

- To determine community leaders' perspectives on what preferences of women in their community are **now** for birth attendant and birth location, and reasons why women do or do not use skilled care (barriers, motivators, willingness to change) for routine skilled care for all births and emergency care;

- To understand perceived reasons why women continue to rely on the TBAS and other “unskilled birth attendants” who now deliver many women in their community;
- To elicit community leaders’ perspective on barriers and motivators to increasing skilled attendance - both their own point of view, and their perception of what women and families think and do and why; and
- To explore perceived quality of care by skilled providers practicing in the community or facility-based.

*Specific Objectives:*

1. To determine community leaders’ perspectives on the reasons behind household and community level delays in seeking skilled care for normal births and in obstetric emergencies (delay 1: recognizing/deciding to seek skilled care and delay 2: reaching skilled care).
2. To document the types of preparation women and families now make for birth; how birth preparedness with emphasis on use of skilled care could be improved; what role CL can play; feasibility and acceptability of birth preparedness card.
3. To explore perceived barriers, motivators, enabling factors and community leaders’ willingness to establish links between the community and skilled care.
4. To get community leaders’ perspectives on realistic skilled care options for women in their district.
5. To learn community leaders’ perspectives on potential program strategies to increase the use of skilled care by all women, with special focus on women with obstetric complications and emergencies.
6. To determine if community leaders think repositioning traditional birth attendants as “links to skilled care” and support providers is acceptable and feasible, and how they think women and families will react to that proposed change.
7. To get ideas from CL perspective of how they themselves and other CLs could be convinced of the need for and use of skilled care; and how they think CLs could help convince women and families of the need for skilled care.
8. To learn community leaders’ perspectives on how skilled care awareness creation/IEC could be improved through existing and new channels.
9. To determine the awareness of community leaders of the need for and content of early postpartum care (within one week following birth); get ideas on how early postpartum care coverage (both in -home and by a skilled provider in facility) could be increased.
10. To explore community leaders’ perspectives about who comprises their own social networks; the social networks of women of reproductive age, elder female family influentials, and husbands in their district, and how these social networks might be best used to rapidly spread information about skilled care.

## **Traditional Birth Attendants (TBA)**

### *Overall Objectives:*

- To determine traditional birth attendants' perceptions of skilled care vs traditional care; and
- To determine traditional birth attendants' acceptance of role as link care provider for skilled care for normal births, obstetric emergencies, and early postpartum care.

### *Specific Objectives:*

1. To determine TBA perspectives on current maternal /obstetric care situations regarding their "service conditions" in homes where they assist births, and on improved "enabling environments."
2. To investigate TBA perspectives on women's preferences for birth attendants and locations, and the barriers and motivations to increasing skilled attendance.
3. To investigate focused areas of TBA knowledge, skills, and practice, only as relevant to TBA recognition of major obstetric complications and emergencies, and current practice of TBAs in treating or referring when these situations occur.
4. To determine TBA perspective on reasons behind household and community level delays in seeking skilled care for normal births and in obstetric emergencies, and on provider/facility factors influencing timely receipt of quality obstetric care; their perception of facility/provider barriers, motivators, willingness of providers to change.
5. To determine TBAs awareness of the need for and content of early postpartum care (at 1 and 2 weeks following birth); when and what TBAs do now during first week after birth; get ideas on how early postpartum care coverage (both in-home and by a skilled provider in facility) could be increased.
6. To determine whether TBAs believe repositioning them as "links to skilled care" and support providers is acceptable/feasible to TBAs and women and families; explore in-depth perceived barriers, motivators, enabling factors.
7. To determine traditional birth attendants' perspective on their own social networks; the social networks of women of reproductive age, husbands, community leaders and other influentials, and how these social networks might be best used to rapidly spread information among their peers and the community- at- large.

## **Skilled Providers**

### *Overall Objectives:*

- To determine skilled provider perspectives on current quality of facility-based obstetric care, service conditions, enabling environment factors; and what/how providers think could be changed;

- To test concepts for strategies to increase use of skilled attendance for all births, for obstetric emergencies, and during the early postpartum period; and
- To document skilled provider perspective on social networks and medical hierarchy of skilled care providers, and how these could be used to rapidly disseminate new concepts and improved.

*Specific Objectives:*

1. To understand the skilled provider perspective on what types of preparation women and families now make for birth, how birth preparedness with emphasis on use of skilled care can be improved, and the feasibility and acceptability of birth preparedness card.
2. To determine skilled provider perspectives on preferences of women in their district **now** for birth attendant and birth location, reasons why women do or do not use skilled care (barriers, motivators, willingness to change).
3. To understand skilled providers perspectives of women and families perceptions of the quality of care delivered at facilities and their own perception of current service conditions at the facility where they work and other facilities in their district.
4. To investigate skilled provider perspectives of individual, household and community recognition of danger signs/awareness of obstetric complications and need for rapid access to skilled care.
5. To determine skilled provider perspective on reasons for household and community level delays in seeking skilled care for normal births and in obstetric emergencies (delay 1: recognizing/deciding to seek skilled care and delay 2: reaching skilled care), and reasons for provider/facility delays in receiving skilled care for normal births and in obstetric emergencies (delay 3: receiving quality skilled care).
6. To determine awareness among skilled providers of the proportion of maternal and newborn deaths that occur during the first week and first two weeks after birth in Kenya and worldwide (60-80% of all maternal deaths) and awareness of the need for and content of early postpartum maternal care (one and two weeks after birth).
7. To explore the concept of “links to skilled care” and assess the willingness of skilled providers to interact with various types of potential “link care providers” (TBAS or other community members) in their district.
8. To get skilled provider perspectives on potential program strategies to increase the appreciation and use of skilled care by all women, with special focus on women with obstetric complications and emergencies.
9. To understand the provider perspective on who comprise the social networks and medical hierarchy of skilled care providers, and how these could be used to rapidly disseminate new concepts and improved obstetric care practice.

10. To learn about provider perspectives on social networks of WRA in their district, elder female family influentials, husbands/community leaders and influentials, and how these social networks might be best used to rapidly spread information about improved use of skilled obstetric care.
11. To document skilled provider perspective on current effectiveness of communication to women and families to promote birth preparedness and skilled care, and on how additional channels and social networks could increase behavior change.oved obstetric care practices