

## IN-DEPTH INTERVIEW WITH COMMUNITY LEADER

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| <b>Respondent ID:</b>                               |                                  |
| Name:   |                                  |
| Age:  |                                  |
| Address/Location:                                   |                                  |
| Position in community:                              | Political<br>Ethnic<br>Religious |
| Estimated population of community/<br>congregation: |                                  |
| Length of term in office:                           |                                  |
| Closest CEmOC referral facility (near/far):         |                                  |
| Closest BEOC referral facility (near/far):          |                                  |

### Leader Ideal Behaviors:

- Provide social support and anticipatory guidance during pregnancy, birth and early postpartum for the use of household birth preparedness plan.
- Function as a “link support person”- to assist in linking women and families to the closest source of skilled obstetric care.
- Assist in community dissemination and acceptance of “link behaviors” and “link care providers.”
- Have a designated person maintain an on-going list of women from the village who have died from obstetric complications.
- Participate in a pregnancy monitoring system which tracks the woman from pregnancy to the end of the post-partum period.

### Research Objectives:

*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. How birth preparedness with emphasis on use of skilled care could be improved; what role leaders 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 leaders' perspectives of how they themselves and other leaders could be convinced of the need for and use of skilled care; and how they think leader 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.

## QUESTIONS PER TOPIC AREA

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### Birth Preparedness

#### **Notes for the Interviewer**

*Key ideas to explore:*

- *Leaders' potential roles in supporting birth preparedness?*
  - *Acceptability of linked birth preparedness card?*
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- What is usually done to prepare for births in this community? Who makes the preparations? When?
  - Do preparations usually involve planning for skilled attendance at birth (*describe skilled attendance*)? Why/why not?
  - In your opinion, what could be done to increase planning for birth that includes seeking skilled attendance?
  - Have you heard of a birth preparedness card? (*If not, explain.*) Do you think a card like this could be helpful to families in your community to plan for births? Why/why not?
  - What could leaders like yourself do to help women and families prepared for birth?

### Skilled Attendance for All Women

#### **Notes for the Interviewer**

*Key ideas to explore:*

- *Preferences of women 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?*
- *Reasons why women continue to rely on the TBAs and other "unskilled birth attendants"?*
- *Perspective on barriers and motivators to increasing skilled attendance?*
- *Perceived quality of care by skilled providers?*

Since we talked about preparing for birth, now I would like to ask you about the time at birth.

- Where do women in your community usually prefer to give birth, at home or at a facility? Why? Do they prefer to be attended by a TBA (or other traditional provider) or a "skilled provider" [*describe*]? Why?
  - [*If the leader says TBAs or other traditional providers, ask:*] In your opinion, why do some women use TBAs? What kind of women are they?

- *[If the leader says skilled providers, ask:]* Do you know anyone who has used a skilled birth attendant? What kind of women are they? In your opinion, is the obstetric care good at facilities? Why/why not?
- Do you think more women want to give birth in a facility than do so now? If yes, would you support this? Why/why not? What might be difficult about this?
- How do you think leaders like yourself could support more women to give birth in a facility?
- Do you think all women could get care from a skilled provider during birth and in the 1-2 weeks after birth? What might be difficult about this?
- How do you think leaders like yourself could support more women to get skilled care in the first weeks after birth from a skilled provider?
- What do you think could help convince other leaders of the need for all women to give birth with skilled attendance? Why might it be difficult to convince other leaders?
- What would you say to women and families to make sure they get skilled attendance during birth and after birth?

### **Skilled Care for Obstetric Emergencies**

#### ***Notes for the Interviewer***

*Key ideas to explore:*

- *Perspective on delays in seeking skilled care and reaching skilled care; roles of influentials in these delays?*
- *Perspective on provider/facility for emergencies?*

Sometimes women have problems during birth and in the time right after birth. Now I would like to talk with you about what happens in case of these problems.

- What can happen to a pregnant woman with this problem? What should be done for her? Who is the best person to help her? Why?
- If there is a birth problem, why is it that some women do not get skilled care in time when they need it?
- Is there anything that leaders like yourself could do to help women go for skilled care when there is a problem? Why/why not? Other community influentials? Why/why not?
- When a woman goes for care of a birth problem at a facility, what happens? Are they prepared for birth emergencies there? How well do they take care of birth problems and emergencies? How do they treat women? Why do you say that?

## Early Postpartum Care

### **Notes for the Interviewer**

*Key ideas to explore:*

- *Awareness of the need for and content of early postpartum care (within one week following birth);*
- *Ideas about how early postpartum care coverage (both in -home and by a skilled provider in facility) could be increased.*

We talked about preparing for birth, and about giving birth. Now I would like to ask you a few more questions about the time right after birth.

- Do most women in your community get a check-up right after birth? Why/why not?  
[If yes, ask:]
  - Where?
  - Who gives the baby a check-up? The mother?
  - What happens during the check-up?
  - How soon after birth?
- In your opinion, is a check-up in the first and second week after birth important if there are no problems? Why/why not?
- Who is the best person to give the check-up? Why?
- Where is the best place for a check-up? Why?
- What could leaders like yourself do to help more women get skilled care 1 and 2 weeks after birth? What other things can be done? By whom?

## Acceptability of “Repositioned” TBA

### **Notes for the Interviewer**

*Key ideas to explore:*

- *Acceptability of a new role for TBAs or other traditional providers as “link care providers” in a support role? Why/why not? [Be sure to explain that the skilled attendant can be in the home or in the clinic/facility.]*
- *Willingness to support linking women to skilled care through TBAs?*
- *Perceptions of what could be difficult about establishing a link care provider to skilled care?*
- *Perceived benefits of having link care providers in their community?*

We have been thinking that now, in these times, TBAs or other people in the community could be useful to help all women get to a place where skilled childbirth care is available, instead of actually helping the women give birth.

- What do you think about this?
- Would that work? Why/why not?
- Do you think you would support this? Why/why not?
- What might be difficult about this? What might be good about this?
- In your opinion, what would other leaders think? Why?
- If a TBA (or other traditional providers) does not actually birth the baby, but helps the woman by getting her to a skilled attendant, do you think she should still be paid? Why/why not?
- If you do not think TBAs (or other traditional providers) could be good link care providers, who else could link skilled care to communities to make sure women and babies stay healthy during birth and in the time right after?

## **Social Networks/Communication Channels**

### ***Notes for the Interviewer***

*Key ideas to explore:*

- *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.*
  - *Ways to raise awareness of skilled care and improved obstetric practices.*
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- How would you recommend that information about skilled care be communicated to women and families?
  - Where do you usually see other leaders like yourself? Is there any regular activity that you participate in?
  - Could information on skilled attendance be shared to leaders through these groups and activities? Which ones would be best?
  - Who do you think younger women talk with and socialize with usually? Are there groups that younger women attend? What activities do they do?
  - Who do you think elder women talk with and socialize with usually? Are there groups that elder women attend? What activities do they do?

- Who do you think men talk with and socialize with usually? Are there groups that they attend? What activities do they do participate in?
- Could information on skilled attendance be shared through these groups and activities? Which ones would be best?

**Thank you.**