

IN-DEPTH INTERVIEW WITH TRADITIONAL BIRTH ATTENDANT

Respondent ID:	
Name:	
Location:	
Trained / Untrained (<i>circle</i>)	
Date of last assisted birth (approx):	
Number of birth assisted per year (approx):	
Distance to closest BEOC facility (near/far):	
Distance to closest CEOC referral facility (near/far):	
TBA home/distance to closest referral facility:	

TBA Ideal Behaviors:

- Provide social support and anticipatory guidance during pregnancy, birth and early postpartum to women in the community.
- Actively participate as part of the maternal care team during pregnancy, birth, and early postpartum period (first week after birth) along with a skilled provider whenever possible.
- Function as a “link care provider”- link women and families to the closest source of skilled obstetric care.
- When attending a birth without skilled attendant present, recognize complications during birth and early postpartum and influence family to seek timely care from the closest skilled attendant.
- Accompany women and families with obstetric complications to the nearest skilled provider, and actively participate in their home-based follow-up care.
- Assist in community dissemination and acceptance of “link behaviors” and “link care providers”.

Research Objectives:

Overall Objectives:

To determine TBAs perceptions of skilled care vs traditional care.

To determine TBA acceptance of role as link care provider for skilled care for normal births, obstetric emergencies, and early postpartum care.

To determine TBA perspective on their own social networks; the social networks of WRA, EFFI, 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 determine TBA perspective on what current maternal /obstetric care situation is regarding their “service conditions” in homes where they assist births, and for other TBAs in their community; and TBA perception of an improved “enabling environment.
2. To investigate TBA perspectives on women’s current preferences for birth attendant and location, 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 explore ideas for program interventions with behavior change options to convince TBAs of the need for skilled care and motivate them to promote it to women and families.
8. To understand the TBA perspective on who comprises their own social networks; the social networks of WRA in their district; social networks of elder female family influentials: 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.

This is part of a study to learn more about how we can help women be healthier in pregnancy and childbirth. We want to ask you about TBAs ideas on how communities can keep women healthy, because we know you are very important during childbirth.

QUESTIONS PER TOPIC AREA

Birth Preparedness

Notes for the Interviewer

Key ideas to explore:

- *TBA's perceptions of types of preparations made for routine births?*
 - *Types of preparations for possible complications, if any?*
 - *Ways to emphasize skilled care within birth preparedness? What roles can TBAs play in this?*
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- What are the usual preparations women and families make for childbirth? What do TBAs do to help women prepare for a birth?
 - Sometimes even normal births can have problems. Do women/families prepare anything special in case of problems at birth?
 - Do you think women could prepare better for problems at birth? Can TBAs help in this?

Skilled Childbirth Attendance

Notes for the Interviewer

Key ideas to explore:

- *What are TBA's perspectives on the perceived advantages of using TBAs and other "unskilled attendants" in the community?*
 - *What are TBA's perceptions of the quality of care offered by "skilled providers" practicing in the community or facility?*
 - *What are TBA's perspectives on barriers to increasing skilled attendance and motivations to promote and use skilled attendance?*
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- Where do women in your community usually prefer to give birth? Do they prefer to be attended by the TBA, others in the community, or a "skilled provider" (*describe for them*)? Why is that?
 - What do you think women in your community say are the good things about giving birth with a TBA? What do you think are the good things about TBA births?

- What about if a woman gives birth with a “skilled attendant” (*describe for her*)? What kind of care does a woman get then? What are the good things? Are there any things that are not good about skilled care?
- Do you think more women should get skilled attendance when they give birth, even when the birth has no problems?
- Do you think TBAs could help women to get skilled attendance at birth? How?
- What are some other ways women can be encouraged to get skilled attendance at birth?

Skilled Care for Obstetric Emergencies

Notes for the Interviewer

Key ideas to explore:

- *What do TBAs know about major obstetric complications and emergencies; do they treat or refer?*
 - *What is the TBA perspective on household and community level delays in seeking skilled care and reaching skilled care? What are their roles in these delays? The roles of other household and community influentials?*
 - *What is the TBA perspective on provider/facility factors influencing timely receipt of quality obstetric care at the facility?*
- Sometimes women have problems during birth and in the time right after birth. Have you seen or hear about any problems?
 - Which ones are serious? Why?
 - What causes the problems?
 - Which ones do you treat?
 - Do you get additional help? Do you ever recommend that the woman be taken to a facility for care? How?
 - Are there some things that keep women with obstetric emergencies from getting skilled care in time? Do things happen in the household that makes the woman wait to go to a facility? What and why? Is there anything else that makes the woman wait to get to the facility once you and family decide for her to go? What and why?
 - When a woman goes for treatment of a birth problem at a facility, what happens? Are they prepared for birth emergencies there? Do they take good care of birth emergencies? Do women have to wait?
 - Do you go with a woman when she needs to go to a facility for skilled care? Why/why not? If yes, do staff there welcome you? How?
 - Right now, do TBAs get paid to assist births? How much? Do you think families should pay TBAs who help in the birth by getting the woman they stay with to a skilled attendant, but do not actually birth the baby? Do TBAs get paid more if there

are problems that you handle well? What about if you refer? What happens then (paid less? ashamed? loss of face?)

Early Postpartum Care

Notes for the Interviewer

Key ideas to explore:

- *What are current TBA practices during the first and second weeks after birth?*
- *Is there a perceived need for routine early postpartum care after perceived normal birth, if no problems are detected in new mother or newborn? What kind of care?*
- *Is there a perceived need for early postpartum care if complications are detected in new mother or newborn? What kind of care?*
- *What are TBA perspectives of and roles in increasing use of skilled postpartum care at home in the community or in a facility?*

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

- Do you stay with the new mother after birth? When you leave after a birth, do you come back to check? Why/why not? When?
- Not only the woman you assist, but for all new mothers, even when the mother and baby are fine, should they get a check-up right after birth? Do they?
 - Who is the best person to give the check-up?
 - What should do the person check? Do they?
 - What happens if there is no check?
- What would a woman with problems (*give example of OB problem*) after birth do?
 - Who do new mothers tell if they think there is a problem after birth?
 - Who is the best person to help her? Why?
 - What care do they give?
- Is there something TBAs can do to help more women get skilled care in the first and second weeks after birth? What things can be done? Who else can help? How?

Acceptability of “Repositioned” TBA

Notes for the Interviewer

Key ideas to explore:

- *Would the woman consider/accept new role of TBA as “link care provider” in support role compared to primary childbirth care provider now? Why/ why not?*
- *What are real and perceived costs and consequences to TBAs who would serve in a new role as “link-care provider”?*

- We have been thinking that now, in these times, TBAs could be useful to help all women get to a place where skilled childbirth care is available, instead of actually assisting in the birth herself.
- What do you think about this? What would other TBAs and families think about this idea? Why?
- Would that work? Why/why not?
- Would you do this? Would other TBAs you know be willing to serve as the link to skilled care for women, even for normal births with no problems? Why/why not?
- Would staff at facilities accept TBAs as link care provider? Why/why not?
- We talked about this before, but again, do TBAs get paid to assist births? Are they still paid if there are problems? Do they get paid if they refer?
- If you do not think TBAs could be good links care provider, what other ways could TBAs link to health care to make sure women and babies stay healthy during birth and in the time right after?
- Do you think all women can get care from a skilled provider during birth and in the first and second weeks after birth? How? What are ways to get more women to use skilled care during these times, especially women with problems?
- What do TBAs need to promote skilled attendance at birth and after birth?
- What would help TBAs do a better job and feel more supported?

Social Support/Social Networks/ Communication Channels

Notes for the Interviewer

Key ideas to explore:

- *What are TBAs perspectives on how TBAs themselves could be motivated to promote the need for and use of skilled care at birth and in the postpartum period?*
- *What are social networks of TBAs; what are social networks of WRA, EFFI, husbands/community leaders and influentials?*
- *How can we tap into the identified social networks to rapidly spread information and change behaviors about skilled attendance?*
- *How can awareness of the need and benefits of skilled care be increased through existing and new channels?*

- Is there anyone who TBAs listen well to?
 - Is there a head TBA? How can you tell they are a lead TBA?
 - Is there anyone in particular that you admire and listen to? Who? Why?

- Do you spend time with other TBAs? Where do you see each other? Are there groups or activities that TBAs belong to or attend? How often?
 - Is this what you do? How often? Where?
 - What other women in the community do you talk to and socialize with usually?
- Could information on skilled attendance be shared through these groups and activities? How else can women like yourself get information about how to link women and their families with childbirth and skilled attendance?
- 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 they attend? What activities do they do aside from assisting births?
- Who do you think men talk with and socialize with usually? Are there group that they attend? What activities are they involved with?

Thank you.