

IN-DEPTH INTERVIEW WITH ELDER FEMALE FAMILY INFLUENTIAL (EFFI) WITH A BIRTH IN THE FAMILY IN PAST 6 MONTHS

Respondent ID:	
Name:	
Address/Location:	
Relationship to Woman (if any):	
Most recent exposure to a birth in her household: <i>[If more than 6 months ago, say thank you and end the interview.]</i>	
Distance to closest BEOC facility (near/far):	
Distance to closest CEOC referral facility (near/far):	
Closest known TBA:	

EFFI Ideal Behaviors:

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| <ul style="list-style-type: none"> • Provide social support and anticipatory guidance during pregnancy, birth and early postpartum to women in the community. • Actively encourage and participate in household dialogue with other family influentials and peers regarding: <ul style="list-style-type: none"> • birth preparedness, • timely use of skilled care for normal births, • timely use of skilled care for obstetric complications and emergencies, • early postpartum care use (first 1-2 weeks after birth). • Participate in the development of household solutions as part of the maternal care team during pregnancy, birth, and early postpartum period (first 1-2 weeks after birth) along with a skilled provider whenever possible. • Accept and promote among family and peers in her community the proposed “link care provider”- to link women and families to the closest source of skilled obstetric care. • When participating in a birth without skilled attendant present, recognize complications during birth and early postpartum and influence other family influentials (husband) and TBA to seek timely care from the closest skilled attendant. |
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Research Objectives:

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.
- 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.

This is part of a study to learn more about how we can help women be healthier in pregnancy and childbirth. We want to learn about what role elder women in your village have during childbirth and in the time right after, because we know that elder women are very important in the family and the community.

QUESTIONS PER TOPIC AREA

Birth Preparedness

Notes for the Interviewer

Key ideas to explore:

- *Types of preparations made for routine births?*
 - *Types of preparations for possible complications, if any?*
 - *What is EFFI role in these preparations?*
 - *What are EFFI-accepted ways to emphasize use of skilled care within birth preparedness?*
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- What are the qualities of a good elder woman who cares for the women in her household? What should she do before a woman in her household gives birth? During birth? In the time right after birth?
 - What do you believe women should do to prepare for birth?
 - What preparations did your family actually make for the last birth in your household? When? Why?
 - Who helped in making these preparations? What did you do during these preparations? How much did you decide about what to do?
 - Are such preparations usual in this community? Why/why not?
 - Sometimes even normal births can have problems. Should women do anything special to prepare in case of problems at birth? Why/why not?
 - Did your family actually prepare anything special in case of problems at birth? Why/why not?
 - Who helped in making these preparations? What did you yourself do to help prepare for problems during the birth, if anything? To help prepare for problems in the first 2 weeks after birth, if anything?
 - Are such preparations usual in this community? Why/why not?
 - How do you think families can prepare better for problems at birth? What could you yourself do?
 - What do you think would help women and families remember what a woman needs to do to prepare for birth?

Skilled Childbirth Attendance

Notes for the Interviewer

Key ideas to explore:

- *Contribution of EFFIs in seeking skilled care?*
- *Perceptions of “skilled” vs. traditional providers? (specific terms and concepts that define perceived skill, perceived “caring” or quality of care of TBAs/skilled providers)?*
- *Perspectives on medical & cultural barriers to skilled attendance?*
- *Motivations to promote use of skilled attendance?*
- *Perceived costs and consequences of birth at home vs. with skilled attendant?*

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

- Where do the women in your household 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 for her*]? Why?
- Which did you advise to women in your household without problems? Why?
- Did she follow your advice? Why/ why not?
- Which would you advise to women in your household with obstetric problems? Why?
- Where do most women in this community give birth?
 - [*If she says TBAs or other traditional providers, ask:*] In your opinion, why do some women use TBAs? What kind of women are they?
 - [*If she says skilled providers, ask:*] Do you know anyone who has used a skilled birth attendant? What kind of women are they?
- Do you think more women want to give birth in a facility than do now? If yes, would elder women in their households support this? Why/why not?
- In your opinion, is the obstetric care good at facilities? Do they welcome women from this community?
- 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?
- What are ways to get more women to use skilled care during these times, especially women with problems? What could elder women do to help women use skilled care during and after birth?

- 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:

- *Recognition of obstetric complications and emergencies; beliefs about how to handle complications – by treating or referring; differences by type of emergency?*
- *Perspective on delays in seeking skilled care and reaching skilled care; roles of influentials in these delays?*
- *Perspective on provider/facility factors influencing timely care?*

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.

- How can you tell if there is a problem?
- Have you heard about any illness or sickness that occurs as a result of the problems? If yes, what causes the illness or sickness? Why? 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?
- Did the last woman who gave birth in your household have any problem during or right after birth?
 - If yes, what happened? How did you know there was a problem?
 - Who did the new mother tell there was a problem, if anyone?
 - Did you or someone else call somebody? When?
 - Who made the decision about what to do? What did you do to help?
 - Did you take the new mother and baby somewhere?
 - What happened?
 - If no, what happens if a woman gives birth at home with a TBA, and these illnesses or sicknesses occur? What should the TBA do for each one? When should additional help be summoned? How?
- What would you do if a woman in your household had a problem during birth or in the time right after birth? Would this be easy or difficult to do?
- If there is a birth problem, why is it that some women do not get skilled care in time when they need it?
- Do elder women in your community 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:

- *Perceived need for routine early postpartum care 1 and 2 weeks after birth (skilled care or traditional care)?*
- *Perceived need for early postpartum care 1 and 2 weeks if complications are detected in new mother or newborn (skilled care or traditional care)?*
- *Ways to increase early postpartum skilled care coverage?*

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.

- Even when the mother and baby were fine after the last birth by a woman in your household, did they get a check-up right after birth? Why/why not?
[If yes, ask:]
 - Where?
 - Who gave the baby a check-up? The mother?
 - How soon after birth?
 - How many times?
 - What happened during the check-up?
 - Did someone call them to come? (or tell her to go?)
- In your opinion, who is the best person to give the check-up? Why?
- What could elder women 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:

- *Would the EFFI consider/accept new role of TBA or other traditional provider as “link care provider” in support role compared to primary childbirth care provider now? Why/why not?*
[Be sure to tell the woman that the skilled attendant can be in the home or can be in clinic/facility.]

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?
- What would other EFFIs and families think? Why?
- Do you think that staff at facilities would accept TBAs (or other traditional providers) as link care providers? Why/why not?
- Right now, do TBAs (or other traditional providers) get paid to assist at births? How much?
- 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 Support/Social Networks/Communication Channels

Notes for the Interviewer

Key ideas to explore:

- *Information, guidance and support that EFFIs provide to younger women?*
- *Willingness to consider new ideas to increase use of skilled attendance?*
- *Social networks and ways to use these networks to rapidly spread information?*
- *Ways to raise awareness of skilled care and improved obstetric practices?*
- What do you tell women in your household about pregnancy, childbirth, and the time after birth before they give birth?
- Do you think they would like to know more? If yes, what kinds of things?
- Who do women elders your age talk with and socialize with usually? Are there groups that women your age attend? What other activities are women your age involved with?
- Is this what you do? How often? Where?
- Could information on skilled attendance be shared through these groups and activities?
- How else can elder women like yourself get information about how to help 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 TBAs talk with and socialize with usually? Are there groups that they attend? What activities do they do aside from assisting births?
- Where do you get information on health practices?
 - Do you listen to the radio?
 - If yes, how often? What times?
 - What programs are your favorites?
 - Do you ever talk with others about what you hear on the radio?
 - Do you read or look at any newspapers or magazines?
 - If yes, how often?
 - Which ones?
- Where would you prefer to get information on health practices?
- Who do you believe knows the most about birth practices? Why?

Thank you.