

FOCUS GROUP DISCUSSION WITH COMMUNITY LEADERS

FGD: #

Number of Participants:

Address/Location:

Community Leaders 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 explore community leaders perceived roles in promoting and using skilled attendance.

To explore community leaders motivations to being involved in: birth preparedness, promoting skilled attendance, using skilled attendance.

To explore community norms and other barriers to leaders being involved in: birth preparedness, promoting skilled attendance, using skilled attendance.

To test the concept of TBAs as link care providers.

To explore program interventions to improved practices related to skilled attendance.

Specific Objectives:

1. To determine CL perspective 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)
 - routine skilled care for all births
 - emergency care;
2. To explore perceived reasons why women continue to rely on the TBAs and other “unskilled birth attendants” who now deliver many women in their community.
3. To elicit CL 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 perceived quality of care by skilled providers practicing in the community or facility-based.
4. To determine CL perspective on 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) and what 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.
5. To explore in-depth the perceived barriers, motivators, enabling factors and CL’s willingness to establish links between the community and skilled care.
6. To get CL perspectives on realistic skilled care options for women in their district – what are obstetric care realities.
7. To get CL 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.

8. To determine if CLs think repositioning them as “links to skilled care” and support providers is acceptable, feasible, from their perspective and how they think women and families will react to that proposed change.
9. To assess CL’s perception of the willingness of skilled providers to interact with CLs and various other types of potential “link care providers” in their community/district.
10. 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.
11. To determine the CL perspective on how skilled care awareness creation/IEC could be improved through existing and new channels.
12. To determine awareness of CLs 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.
13. To get the CL 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.

Basic Line of Questioning	Probing Questions
BIRTH PREPAREDNESS	
<ul style="list-style-type: none"> What do women and families do to prepare for a birth? 	<ul style="list-style-type: none"> In your opinion, is this good or not? Why? What do you think they should do?
SKILLED ATTENDANCE AT BIRTH	
<ul style="list-style-type: none"> Who usually assists at births? Do new mothers usually get check-ups in weeks 1 and 2 after birth? Who do women prefer to use during and after delivery? Do some women who need skilled attendance not reach it in time? In your opinion, how willing would women be to use skilled attendants? What could be done to help more women get to skilled care during birth? In weeks 1 and 2 after birth? 	<ul style="list-style-type: none"> What kind of women use skilled attendants [<i>please describe</i>]? Why/why not? Who usually gives the check-ups? Where? What is preventing more women from using skilled attendants? If yes, why is this? Where are the delays happening? Why is this? What might help women make a change? What could communities do? What could leaders like yourselves do?
SKILLED CARE FOR OBSTETRIC EMERGENCIES	
<ul style="list-style-type: none"> What do you think about emergency care providers? What could be done to increase women's access to skilled care in obstetric emergencies? 	<ul style="list-style-type: none"> Do they give appropriate care? Timely? Respectful? Easy to access? What could communities do? What could leaders like yourselves do?
EARLY POSTPARTUM CARE	
<ul style="list-style-type: none"> How do you think early post-partum care could be increased and promoted? 	<ul style="list-style-type: none"> What could communities do? What could leaders like yourselves do?

CONCEPT TESTING: TBA AS LINK CARE PROVIDER	
<p>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.</p> <ul style="list-style-type: none"> • What do you think about this? 	<ul style="list-style-type: none"> • Would that work? • Why/why not? • Would this be easy or difficult? • What would other leaders think? Why?
SOCIAL SUPPORT/SOCIAL NETWORKS/COMMUNICATION CHANNELS	
<ul style="list-style-type: none"> • What, if any, are community leaders' sources of information about pregnancy, birth, and obstetric complications? • What are the social networks for community leaders? • What are other communication channels that could promote greater involvement/support for skilled care to men? 	<ul style="list-style-type: none"> • Is there interest in learning more about these topics? If so, how could this information best be communicated? • How could these social networks be best used to spread information about the importance of skilled attendance?