

PD-ABD-389

ISN 14237

**DEVELOPMENT OF THE SOCIAL MARKETING
COMPONENT OF A PERINATAL REGIONALIZATION
PROJECT IN TANJUNGSARI, WEST JAVA**

May 20-27, 1991

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**Report Prepared for the
Agency for International Development
Contract #DPE-5966-Z-00-8083-00
Project #936-5966**

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EXECUTIVE SUMMARY

The purpose of this consultancy by Mona Moore, Communication / Maternal Health consultant to The Manoff Group, was to provide technical assistance for the development of the social marketing component of a MotherCare-funded operations research project "A Pilot Study of A Perinatal Regionalization Network in Tanjungsari, West Java".

During this visit, project staff and the consultant:

- discussed the major steps and overall plan for possible social marketing activities in the project. Major topics included the composition of the research team, the focus areas of the qualitative research, and identification of local and international technical assistance needs.
- discussed and prepared a preliminary draft of a formative research plan. This plan will serve as the basis for upcoming project meetings between MotherCare/Washington and MotherCare/Tanjungsari staff next month in Washington.
- prepared a rough draft of several question guides for staff review and refinement.
- continued the process of identifying local technical assistance for oversight of social marketing/communications activities.

Project staff are still considering several options for the composition of the qualitative research team and the management team for the overall social marketing component. During the coming weeks, they will continue to review existing information about knowledge, attitude and practice of maternal and neonatal health problems among TBAs and women to allow the formative research to better focus on information needs in the project area. Implementation of project activities is expected in January 1992. Project staff expressed the desire that communications materials be finalized and produced by that time.

It is recommended that:

1. Project staff thoroughly review existing information and compare it with the sample draft interview guides developed during this visit, to identify information gaps and avoid duplication.
2. Project staff strongly consider hiring full-time, short-term, local technical assistance for the social marketing component of

the project. This is not only to strengthen the quantitative research, but also to provide guidance to the entire social marketing process.

3. Communications efforts choose among the priority maternal and neonatal problems already documented as most significant in the project area by the RAS study. The temptation to include every possible maternal and neonatal problem could dilute the effectiveness of the communication program, especially given the limited project time frame.

The focus suggested is in agreement with the priority of project staff present during this visit. It is improving early recognition and prompt appropriate action at the household level for key conditions, increasing acceptance of referral by maternal health care providers, and use of the new maternity huts to be established as part of project activities.

4. Project staff plan on the preparatory steps of the social marketing component lasting until February 1992, so that this component can be launched in March.

I. PURPOSE OF TECHNICAL ASSISTANCE VISIT

This is the second visit of a Manoff Group consultant to the MotherCare-funded operations research project "A Pilot Study of A Perinatal Regionalization Network in Tanjungsari, West Java". During the first consultancy, a two-day orientation visit in January 1991, project staff and the consultant reviewed the steps in the social marketing process and discussed a plan for implementing them in this project. At the time of that brief visit, key personnel were not available to participate in planning, and the project proposal was not yet approved by AID. Since the January visit, the young anthropologist originally responsible for oversight of social marketing activities, who had two years of interview experience in the project area, left the project team. It was therefore decided that another consultancy was needed to update and expand the social marketing workplan and further refine plans for the qualitative research. As the consultant was already in Indonesia on another assignment, a one week add-on was requested to develop a new draft of the social marketing plan and research instruments. During this week, the new anthropologist and the co-investigator were available and worked on the new plans.

The principal investigator and co-investigator will be in Washington in June 1991 to present their work at the MotherCare Technical Advisory Group (TAG) meeting. Further discussions among MotherCare and Manoff Group core staff, the AID Cognizant Technical Officer (CTO), and project staff will take place at that time to

finalize key decisions on the scope, timing and technical assistance requirements of the social marketing component of the project.

The scope of work for this visit was:

- to prepare an overall plan for the communication component, including major steps (research, strategy formulation/development of prototype materials, implementation/training, and monitoring and evaluation), timing, and additional resources required (including local and international technical assistance);
- prepare a first draft of the qualitative communications research plan;
- prepare a rough draft or outline of question guides for the qualitative research.

II. BACKGROUND: PROJECT ACTIVITIES STATUS

The Perinatal Regionalization Project is designed to test a pilot strategy to address major causes of maternal morbidity and mortality in the project area. These factors have been identified by the Risk Assessment Study conducted by the same investigators in the study area, the regency (or kabupaten) of Tanjungsari, prior to MotherCare funding. Proposed Perinatal Regionalization Project activities include:

- improving the quality of care at maternal care referral centers;
- strengthening the referral system between TBAs (dukun bayi), who attend over 80 percent of births in the project area, and the formal health system;
- establishing roadside maternity huts in ten locations to facilitate emergency transport for high-risk women identified antenatally by TBAs; and
- developing health communications using a social marketing approach to increase awareness of important maternal and neonatal health problems and of the maternity huts.

The project proposal was approved in March 1991, and Phase 1 activities (project pre-planning and coordination at the district health system and local levels) have begun. The next district level planning meeting is scheduled for 29 May. A project control area (Coggeang) has been chosen. An MCH coordinator, Dr. Hedy Sampurno, a female physician with ten years of experience at the sub-district health center (puskesmas) level, has been selected.

A full schedule of activities for all other project components has been developed. Implementation of project activities is scheduled to begin in January 1992.

An interesting facet of the project is the construction of ten maternity huts, roadside "halfway houses" for use by high risk pregnant women identified antenatally by dukun bayi. These huts were originally intended to be staffed jointly by government midwives (bidan), dukun bayi, and community health volunteers (kaders). However, it appears that not all of the huts will be staffed by bidan, as provincial health officials cannot assure so many to one area. About half of the huts, however, will be staffed according to the original design. Project staff have suggested that this will provide a "natural experiment" which will allow comparison of effectiveness of huts staffed by the bidan/dukun bayi team and those staffed by dukun bayi alone. Staff describe poorer bidan/dukun bayi cooperation in the study area than has been reported in other parts of Indonesia. Cooperation then will be another interesting dimension to the maternity hut concept.

Community acceptance and interest in the maternity hut concept is an important part of the selection criteria for location of the huts. The first site has been tentatively selected and may be operational as soon as September 1991, pending arrival of equipment expected by July. The rest of the sites will be selected and equipped between September and December. Project staff would like the communication materials to be developed prior to the January 1992 implementation date which means that the qualitative research should begin immediately. This timing could also have the advantage of informing the selection of other sites for the maternity huts.

It is important to note that, in addition to any qualitative research done for the communications component in July, a KAP study of maternal health care workers (community health post [posyandu] staff, hospital and referral center staff, and dukun bayi) in the control and intervention areas, is scheduled to be conducted. The instruments for the KAP study are currently being developed by project staff. It would be ideal if the KAP and the qualitative research were well coordinated.

Many of the results from the previous RAS study will be useful as background for the communications qualitative research. For example, the mid-project evaluation report in 1988 contains a small but comprehensive KAP study of TBAs in the project area, as well as quantification of all maternal and neonatal risk factors and pregnant women's awareness of these risk factors of the pregnancy, intrapartum and postpartum periods. The report also contains information on the family health decision-making process and on male community leaders' perceptions regarding reasons for noncompliance of pregnant women with referral into the formal maternal health care system. The final report, which was

unavailable during this consultant visit, contains more complete and up-to-date results and must be viewed before any further KAP or qualitative research is undertaken.

III. TRIP ACTIVITIES

A. Development of an Overall Plan for the Communication Activities

Dr. Ana Alisjhabana was unable to be present during the technical assistance visit. However, she briefed her staff thoroughly and talked at length with the consultant by telephone prior to the visit.

Project staff and the consultant reviewed the steps in a social marketing work plan, from planning and implementation of the qualitative research to design and production of the actual materials, to monitoring and evaluation. However, more emphasis was placed on the task at hand, the qualitative research component. Key areas were identified as the primary focus of the qualitative research - awareness of danger signs of pregnancy, health-seeking behavior during pregnancy and delivery, and community acceptance of the maternity hut concept.

Lengthy discussions of the requirements for implementation of the qualitative research activities, possible research methodologies, core project staff research capabilities, technical assistance requirements and possibilities for identifying local sources of needed technical assistance resulted in several preliminary decisions.

Project staff understand the challenges of putting together a group of researchers who are conversant with both the key maternal and neonatal health problems being studied and specialized qualitative research methodologies such as focussed group discussions, projective techniques and depth interviews. Examples of the possible drawbacks of using for example, bidans or medical students (both suggested by staff) as interviewers were also discussed.

In Indonesia, it is difficult to locate qualified professionals in social marketing or other health disciplines who are available for short-term, full-time assignments such as the technical oversight and implementation of the qualitative research that this project requires.

Several possibilities were suggested, and two best options put forward for further consideration:

- to subcontract a professional qualitative research group, most of which are in Jakarta, to implement the research, after development and approval of the research plans and

instruments by project and MotherCare/Manoff staff at the June meetings in Washington;

- to use UNPAD (University of Padjadjaran) staff to conduct the research, after some additional thought to the composition and qualifications of the research team using Bandung-based anthropologists and professors from the Department of Public Health. As with the suggestion above, their plan and instruments would have to be approved in Washington.

All principals felt the need for their own staff to be closely involved with whatever final research team was approved, to assure transfer of skills to be applied to future qualitative research needs at UNPAD.

The Co-Investigator expressed concern that the MotherCare suggested focus for the qualitative research -- community and maternal awareness of danger signs and resulting actions, and maternity hut acceptability -- was much more narrow than the comprehensive integrated maternal and child health components (including family planning, growth monitoring, immunization and ARI prevention for young children) contained in the approved project proposal. It was suggested that, although it was likely that MotherCare would require a focus in line with its areas of emphasis, that possible expansion of the topics for community education, and therefore qualitative research, could be discussed at the June meetings.

Technical assistance, both international and local, will be required throughout all phases of the communications activities with the possible exception of evaluation. However, due to time limitations and the need to begin planning the qualitative research component, details of this additional assistance were not finalized.

If local technical assistance will be used, time must be allowed for locating several possible qualified groups, conducting an informal bid, contracting with the local consultant or firm, briefing of consultants, etc. Project staff can continue with these efforts during the interval between the end of this consultancy and the meetings in DC, 22 June - 2 July.

Project staff indicated that there is a holiday for Independence Day in mid-August, so no research activities should be planned during that time.

The following preliminary timetable for the communications activities was discussed:

20 - 27 May	This consultancy
30 May - 15 June	Staff continues search for local consultants and to consider composition of research team. Project staff continues to translate RAS interview instruments, compare with draft guides developed during this visit, and identify gaps in data. They will begin to pretest instruments, or gather communication/media information. This can be collected easily by current staff.
15 June - 2 July	Dr. Alisjhabana, Dr. Thouw, Dr. Koblinsky meet in Guatemala, then Washington for TAG meeting to continue discussions and meet with The Manoff Group, finalize research plan, and possibly write scope of work for local consultant.
July	Principal and Co-Investigator return to Bandung with final research plan. Revise instruments if required. Locate local consultant, train project staff.
August - September	Qualitative research
October - November	Analyze results, write research report
late November	Hold strategy workshop to plan communication strategy
December	Develop draft messages and media brief appoint creative team
January	Develop draft materials and revise pretest materials
March	Materials reproduced/training and communications launched.

A revised social marketing workplan, reflecting the above dates, is attached to this report as Appendix B.

B. Prepare the first draft of the communications research plan and rough drafts/outlines of the qualitative research instruments.

Formative Research Methodology

Project staff and the consultant reviewed several examples of qualitative research guides and analyses produced by MotherCare-sponsored projects (Jamaica and Indramayu). Using these models, we developed a framework for the Tanjungsari communications research plan and instruments. Drafts of these are included as Appendix C. As mentioned earlier, these draft versions will serve as the basis for discussions of research scope and content among core MotherCare and project staff in Washington in June.

It is difficult to make firm plans regarding the qualitative research methodology until the above decisions have been made. For example, focus groups would be a most appropriate method for gathering the information needed. However, these focus groups would need to be conducted by someone with substantial experience, especially with illiterate women as group participants. If project staff decide to use a professional research firm, focus groups would be the method of choice. It might be better, however, to use depth interviews, more in line with project staff experience, if current project staff is the primary implementor of the qualitative research.

Formative Research Content

Unlike other areas where MotherCare is sponsoring qualitative research, the Tanjungsari area already has documented useful background material. Results of KAP and other studies carried out as part of the RAS project clearly indicate the priority causes of maternal and neonatal mortality in the project area.

In a paper by Dr. Thouw and Dr. Alisjahbana, "Causes of Maternal Deaths in Subdistrict of West Java: Are they Preventable?", nearly half of the 20 maternal deaths during the study period were found to be due to postpartum hemorrhage/retained placenta. Prolonged labor, postpartum sepsis and eclampsia were the next most common maternal mortality causes; low birthweight and sequelae, malpresentation/ birth trauma/asphyxia the main causes for mortality for newborns. Neonatal tetanus is not listed in RAS study reports reviewed as among the major causes of mortality in the neonatal period, although it has been mentioned in other studies and is responsible for a significant portion of neonatal mortality in other parts of Indonesia.

Compliance with referral was originally suggested by the project team as a focus of the IEC component of this project. Review of RAS data shows that in 20 cases of maternal death, TBAs referred 17 for further treatment, and 12 women accepted referral but still died. Most maternal deaths did not occur until more than two hours after birth, in many settings an adequate time to allow transport to a referral facility for treatment.

This supports a communications emphasis on early recognition and prompt referral of the major causes of death already documented in the project area - postpartum hemorrhage, prolonged labor, sepsis and eclampsia for women; low birth weight/hypothermia, malpresentation and birth trauma/asphyxia for newborns.

Based on some of this information, but not all, a comprehensive sample in-depth interview guide, using projective techniques, was developed for review by project staff. However, depending on the full scope of available information, it does not seem necessary, and may in fact be duplicative, to conduct such extensive qualitative research on knowledge of maternal and neonatal health problems. In the case of TBAs, much information on their knowledge and practice has already been collected by project staff during the RAS study. Staff will review the existing information to determine adequacy of the attitudinal content.

The draft in-depth interview guidelines developed during this consultancy can probably be streamlined to focus only on the documented priority causes of maternal mortality with emphasis on attitudes, health decision-making pathways, and causes of delay in seeking care and referral.

Staff will compare the draft sample interview guidelines for pregnant women, elder women and husbands developed this visit with the instruments used in the previous study, to determine areas of overlap and those areas requiring further investigation. This was not possible to accomplish during this visit, as the previous study instruments are in Sundanese language only.

During our meetings, some staff questioned the utility or appropriateness of projective techniques suggested, citing negative personal experience using similar techniques (roleplaying, etc.) with PKK members on the subject of Pancasila (nation building/unity). They feel that these techniques might be more appropriate for urban than rural respondents. This will require careful pretesting because other work in Indonesia has indicated that it is difficult but useful.

C. Preliminary Identification of Local Technical Assistance

Preliminary contact was made with staff at the Center for Social Marketing (CSM) in Jakarta, Heddy Buftheim, Director. Should project and MotherCara staff agree on the option involving use of a professional consulting firm, discussions can proceed with the Center as one of the possible implementing firms. At present, CSM staff are engaged in work with UNICEF on the national breastfeeding social marketing strategy, among other projects. It is also possible that CSM could provide assistance on the production of messages and materials phases of the social marketing activities, if the research is conducted using primarily project staff.

During June, project staff will continue planning the composition of the qualitative research team.

IV. CONCLUSIONS AND RECOMMENDATIONS

1. Much information already exists on knowledge attitudes and practices regarding maternal and neonatal risks in the study community as a result of the RAS study in 1988. This wealth of information is not all reported formally, especially in English. To avoid duplication of work, project staff should concentrate efforts in the coming month on comparing the draft interview guides developed during this visit with existing instruments to see what information is already available, and what methods were used to collect previous data.

This can be discussed at the June meetings in Washington.

2. Staff should strongly consider the option of hiring full-time short-term local technical assistance for the social marketing component of the project. This is not only to facilitate quality qualitative research, but also to provide oversight of the entire social marketing process. Provision of MotherCare technical assistance is less effective if there is no experienced communications counterpart to participate on a daily basis in the social marketing planning, implementation and follow up on a daily basis. Particularly important are the translation of research results into a communication strategy and messages, and the message-to-materials development parts of the social marketing process.

Development of the messages and materials will require a combination of substantial health technical input and communication expertise if they are to be developed using an innovative, creative format but still maintain the necessary health content.

The development of "key facts" for community maternal and neonatal health education could begin here. This base could be used to provide guidance to projects on what MotherCare feels are the essential health content/information required for effective behavior change efforts.

3. The RAS study clearly pinpoints the priority maternal and neonatal health problems in the study area. The qualitative research should be kept narrowly focused on a few key problems which are known to cause maternal and neonatal deaths in the area. There is always the strong temptation to try to address every possible cause of maternal and neonatal morbidity and mortality, but this dilutes the effectiveness of the communications effort.

Improving early recognition and prompt appropriate action for these few key conditions, reducing known delays in initiation of referral, increasing acceptance of referral when it is initiated

by a maternal health provider, and awareness and use of the maternity huts to be established by the project may represent the maximum communication/behavior change goals manageable for a project area, and budget of this size and for the remaining length of time to complete project activities.

Although TBAs will be a target group for the communications activities, they may not have to be included in the qualitative research, as the RAS project extensively studied and documented their KAP of obstetric risks/dangers. This research objective should be deleted or modified after further review of the RAS information to determine quality of existing attitudinal information.

4. Potential outcomes of education for increased community awareness of their local causes of maternal mortality should include: mobilization of communities to overcome the already documented transportation-related referral delays, and linking use of the roadside maternity huts as another way of reducing transport delays in obstetric emergencies (by having known high-risk deliveries already several hours closer to the main road).

5. MotherCare could consider the reallocation of central resources available for the support of the social marketing component of this project (and the Indramayu project) to support a local-hire, full-time (preferably Indonesian speaking) communication person to split time between the two projects, or some other arrangement which can provide needed on-site skills and supervision.

There are similar skills requirements in the two projects, and current unavailability of full-time experienced social marketing counterpart to oversee and implement on a daily basis the full social marketing process in both. This compromises the ability of either project to fully absorb external MotherCare technical assistance, as well as to proceed at the rapid pace required in each project for the development of communications materials. The six-month period between July 1991 and February 1992 requires almost continuous activity if the social marketing cycle is to proceed as it must to result in quality materials for both projects by the end of this year.

V. FOLLOW-UP REQUIRED

Tanjungsari Project Staff

1. Staff should proceed with efforts to compose an appropriate qualitative research team. In addition, continued review of the RAS instruments and results and comparison with draft interview guides developed during this visit will help to identify information overlap and gaps.

This can be presented and discussed in Washington meetings in June.

MotherCare/ Manoff Group

1. Core staff should review the draft instruments and trip report thoroughly prior to the June meetings, and set aside adequate time for the extensive decision-making. It is expected that input from Marcia Griffiths, other Manoff/MotherCare staff, and TAG meeting participants at this time will clarify some of the remaining details of the qualitative research plan and instruments that this consultant developed in the field. Based on the final research plan agreed to by the group, a fuller schedule for Manoff/MotherCare technical assistance can be developed.

2. The consultant, or other individual of Manoff Group choice, should continue to develop/refine the question guides and other components of the qualitative research plan (especially development of the neonatal problems interview guide), for which time in country was inadequate. This will probably be more effective after all decisions regarding the scope of research, content areas and especially the research team are made jointly at the end of June.

Drs. Scheiber and Bartlett of the Guatemala project will be present at those meetings, and will have recently hosted the Tanjungsari team on site in Guatemala. The benefit of their joint review of both projects and the well designed neonatal questionnaires from Guatemala should aid in production of suitable final research instruments for use in Tanjungsari.

APPENDIX A
Contact List

Tanjungsari Project

**Dr. Ana Alisjahbana
Principal Investigator, MotherCare Project
University of Padjadjaran
Bandung
tel: 87218**

**Dr. James Thouw,
Co-Principal Investigator, MotherCare Project**

Dr. Soeprapti Thaib

Dr. Sutedja, Skm.

**Dra. Maya Lubis
Sociologist/Research Assistant**

**Yudi Nugraha
Interviewer Supervisor**

APPENDIX B
Revised Social Marketing Workplan

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**APPENDIX B
REVISED SOCIAL MARKETING WORK PLAN (TANJUNGSARI)**

STEP	TIME REQ'D/ DATES	1991												1992		Technical Assistance		
		J	J	A	S	O	N	D	J	F	M	A	M	J				
. <u>PRETEST MESSAGES AND MATERIALS</u> - Design pretest protocol and instruments - Train staff - Conduct pretest - Analyze results	4 weeks																	
										X								
										X								
										X								
. <u>REVISE MESSAGES</u>	3 weeks																	
											X							
. <u>PRODUCE FINAL MATERIALS/AND FINAL MEDIA PLAN</u>											X							
0. <u>TRAIN USERS OF MATERIALS</u>	2 weeks										X	X						
1. <u>LAUNCH (IMPLEMENTATION)</u>											X	X						
2. <u>MONITOR ----->EVALUATE</u>	ongoing																X	X

**Proposed Budget (Local Costs) of
Social Marketing Component
Tanjungsari**

	<u>Rupiah</u>	<u>US \$</u>
1. Formative Research		
• Local consultant to oversee research (2 months)	9,500,000	5,000.00
• Local transport/interviewer per diem	300,000	158.00
2. Concept testing		
• Local consultant (1 month)	3,800,000	2,000.00
• Local transport/per diem	300,000	158.00
3. Strategy workshop (in Bangdung)	2,000,000	1,053.00
4. Communication Materials ILLUSTRATIVE - MATERIALS DETERMINED AFTER RESEARCH		
• Production		
Counselling materials		
100 dukun bayi 600 copies	2,500,000	1,316.00
500 kaders		
Other print materials	2,500,000	1,316.00
Radio spots		
2/day x 9 months (270 days)		
2 stations 20,000/spot	10,800,000	5,684.00
• Design of print materials	975,000	500.00
• Radio scripts	975,000	500.00
5. Pretest materials		
local costs	800,000	421.00
consultant	3,800,000	2,000.00
6. Training		
600 kader and dukun bayi x 5,000	3,000,000	1,579.00
7. Field Monitoring (2)	2,000,000	1,052.00
TOTAL	45,250,000	22,737.00

APPENDIX C

**Qualitative Research Plan and
Draft Question Guides for Depth Interview**

APPENDIX C

Qualitative Research Plan and Draft Question Guides for Depth Interviews

Regionalization of Perinatal Care Project in Tanjungsari, West Java

Qualitative Research Objectives:

- 1a. To document the current level of awareness and attitudes of pregnant women and family and community influentials toward common risks and complications of the antepartum, intrapartum and postpartum (maternal and neonatal) periods, and how this affects their use of care.
- 1b. To document the current level of awareness and attitudes of TBAs (dukun bayi) toward common risks and complications of the antepartum, intrapartum and postpartum (maternal and neonatal) periods, and how this affects referral for formal maternal health care. - POSSIBLY DELETE THIS IF RAS STUDY ALREADY HAS INFORMATION
2. To identify current patterns of health care seeking behavior of pregnant women, and factors influencing their use of maternal care (formal and nonformal) during the antenatal, intrapartum and postpartum periods.
3. To identify behavioral, attitudinal and other factors which influence pregnant women's compliance with referral for treatment of antepartum, intrapartum and postpartum problems.
4. To investigate factors which influence decision-making for choice of childbirth location, and determine how amenable current childbirth location practices are to change.
5. To determine acceptability of proposed alternative childbirth location (maternity huts) to pregnant women and family and community influentials, and specific terms/conditions of acceptability.
6. To identify sources of pregnancy-related information and advice and individuals who could influence use of maternity hut and compliance with referral.
7. To identify channels of communication/ media exposure and preferences among pregnant women, family and community.

Technical Focus Areas

Antenatal

anaemia
malposition
preeclampsia (swelling, HTN)
antenatal bleeding

Intrapartum

malpresentation
prolonged labor
eclampsia

Maternal Postpartum

excessive blood loss
sepsis (fever, foul discharge)
retained placenta

Neonatal Postpartum

low birth weight
hypothermia
neonatal tetanus
sepsis
birth trauma/ hypoxia

Topic Areas

1. Risk/Complications

- knowledge of medical risks and problems of antepartum, intrapartum, and postpartum (maternal and neonatal) periods
- knowledge of historical risks (multiparity, age over 35, etc)
- symptoms and definitions of risks/ problems
- perceived etiology, severity, susceptibility, consequences of problems
- recognition of danger signs
- triggers to action
- personal experience with risks/problems

2. Health-Seeking Behavior (antenatal, postpartum)

- knowledge of need for/benefits/content of care
- reasons for seeking care
- expectations of care/ definition of treatment success or failure
- preference for maternal care source/provider
- previous experience with care
- value of preventive care
- perceived consequences/dangers of non-use of care
- barriers/resistances to seeking care

3. Compliance with Referral

- knowledge of need for/benefits of referral for further care
- recognition of danger signs/severity/triggers to action
- role of influentials/decision-makers/social support
- perceived benefits of compliance/consequences of non-action
- barriers/resistances
- expectations of care/definition of successful outcome of care

4. Childbirth Location Choice

- knowledge of benefits of attended birth/ dangers of unattended birth
- attitude toward childbirth attendants (doctor, bidan, dukun bayi)
- reasons for seeking birth attendance
- expectations of care (parameters of perceived quality of care)
- attitude toward birth locations (home, puskesmas)
- previous experience with birth locations (satisfaction with care)
- hopes, fears about birth (fear of pain, long labor) or birth location (fear of obstetric intervention, etc)

5. Acceptability of Maternity hut

- reaction to description of proposed alternative birth location (maternity hut)
- perceived benefits of use
- barriers and resistances to use
- specific conditions of acceptability

Tanjungsari Perinatal Regionalization Project

Depth Interview Guide/Pregnant Women

We should ask these questions to about 20 women who are currently in their second or third pregnancy; 20 women who have given birth to their first or second child within the past six months; and perhaps five women pregnant for the first time (women in their first pregnancy usually do not have as much experience and are not as good respondents).

These questions should be used in combination with projective techniques/ flashcards drawings of pregnant women with problems of pregnancy and storytelling. (We will need to have some drawings made of pregnant women with various pregnancy, intrapartum and postpartum (maternal and neonatal problems from our chosen technical focus areas. Perhaps the same artist who drew the pictures for the risk card?)

Please tape record the interview. Pay special attention to the exact words which the women say. These so-called "verbatim" are very important for social marketing.

Greet the women, and briefly introduce yourself and the project.

We would like to talk with you and ask some questions about your knowledge and experience about pregnancy. This is a picture of Ibu Noor. She is pregnant with her first child.

Do you remember when you were pregnant with your first child? How did you feel? How do you think Bu Noor feels?

Will Bu Noor have any changes in her body, her health or the way she feels while she is pregnant? What changes?

How do women usually discover that they are pregnant? When in the pregnancy does this happen?

What is the first thing you (or Bu Noor) will do when she thinks/knows she is pregnant? Why?

Do pregnant women (will Bu Noor) talk to anyone for advice or help /assistance of any kind while she is pregnant? Who? For what advice or help?

When will she do this during her pregnancy? How often? Why?

Anything else pregnant women (Bu Noor) should do? Why?

Knowledge Risks/ Danger Signs

Have you ever heard of any illnesses or sicknesses that pregnant women can have? Which ones?

Note all responses which the woman gives without prompting. For each answer she gives, ask the following questions:

You say you know that pregnant women can have (example: swelling of legs).

How do you know about this problem?

Have you ever had it yourself? Do you think it could happen to you now that you are pregnant, or if you become pregnant again?

Do you know anyone else who has had it?

Is it very common for pregnant women to have this?

Is it a serious problem?

What can happen to a pregnant woman with this problem?

Do you know what causes this to happen to pregnant women?

Do you know how to prevent this problem?

Health Care Seeking Behavior

If a pregnant woman, like Bu Noor, has this problem, what should she do?

(REMEMBER, these questions should be repeated to thoroughly explore each individual problem or risk on the list)

Maybe Bu Noor has noticed this problem for some time, days or weeks, and it is not improving. Maybe it is getting worse. How will she know if it is serious enough to take action?

Who else will help her decide if it requires action?

What is the first action she will take? (After the woman answers without help, PROMPT with the following questions:)

Will Bu Noor get help from her family or someone else at home? What kind of help?

Will she go to someone outside of the family for help? Who? What kind of help will she receive there? From who?

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What is the next thing she (Bu Noor) would do? How will she know if the problem is solved/cured?

Where else would she go for help?

(If no answer, PROMPT Posyandu? Puskesmas? Private clinic or doctor? Dukun Bayi? Warung for obat or jamu? Anything else?

For each possible answer about health seeking action, be sure to ask :

Why will she go there? Who will help her there? What kind of help will they provide? How will Bu Noor know if the problem is now solved/cured?

What might happen to Bu noor if she does not do anything else about the problem?

For what reasons might Bu Noor (or those who make the decision for her) decide not to take action?

So, while you are/ when you were pregnant, will you/did you do any of these things? why, why not?

When pregnant women go to the dukun bayi for care, for what reasons do they go to her?

Why do pregnant women prefer to go to dukun bayi for these things?

What will she do for them? Are pregnant women (will Bu Noor be) satisfied with the care she gets from the dukun bayi? What will she do if she is not satisfied, or if there is something the dukun bayi cannot help her with?

Are there some things which pregnant women need to see someone other than the dukun bayi for? What things?

Where do they go for this other care? When? Why?

PROMPT here: maternal tetanus toxoid immunization, iron tablets, nutrition or other advice, blood pressure, weight, and other regular prenatal care offered at posyandu, puskesmas)

What are some reasons why Bu Noor/ pregnant women might not go to posyandu/puskesmas for these things?

Did you go to pos/pus in your pregnancy? Why, why not?

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Compliance with Referral

Sometimes when pregnant women have the problems we talked about before, the dukun bayi/bidan tells them to go somewhere else for more treatment. (Show drawing of Bu Noor at the home of the dukun bayi)

Bu Noor was just told by the dukun bayi that (example: the position of the baby was not good) and that she should go to the puskesmas.

Do you think Bu Noor will go? Why, why not?

(After the woman finishes her answers, prompt barriers like cost, transportation, attitude of posyandu/puskesmas staff, other)

Who else will help her decide? How will they help her decide?

What else might Bu Noor do if she does not follow the advice of the dukun/ bidan?

What do you think might be the benefit to Bu Noor if she follows the advice and seeks further care?

What might happen to Bu Noor if she does not follow the advice to go for further treatment?

(Repeat the same questions for each individual problem on the list to see which problems women think require referral, and which do not.)

Communication Channels/Media Exposure and Preferences

Where do/did you get information or advice about pregnancy?
(after the woman responds, PROBE mother or other family member, friends, dukun bayi, bidan, doctor, kader, husband or other male, community member, other)

What kind of advice/information did they give you?

Did you believe what they told you? Why, why not?

Did you follow their advice? Why, why not?

Did you ever see/hear any information about pregnancy at the posyandu? puskesmas? What type? (PROBE posters, education from bidan or kader, etc.)

Did you ever hear any information about pregnancy on radio? What did you hear? On TV?

Do you listen to radio? Do you have one in the house?

- How often? What stations? What times? What programs are your favorites?
- Do you usually listen to radio alone or with others? Do you ever talk with others about what you hear on radio?

Do you watch TV? Do you have one in the house?

- How often do you watch? Which stations? What times? Which programs are favorites? How often do you watch? Who watches with you? Do you ever talk with others about what you see on TV?

Do you read or look at newspapers or magazines? How often? Which ones?

When you go out of the house each day, where do you usually go? How often do you usually go out each week?

- market (weekly market or warung)
- mosque
- cinema
- PKK
- selamatan
- arisan
- traditional performances (wayung, others)
- other?

Do you go out alone or with others? Who else? What do you usually do or talk about when out with others?

How often do you go to posyandu? Puskesmas? To dukun bayi? Apotik? Other?

Is this the same as before you were pregnant? Why, why not?

Depth Interview for Pregnant Women

Part 2: Intrapartum Risks/Dangers, Childbirth Location Choice, Acceptability of Maternity Hut

This interview should be conducted with about 20 women pregnant for at least their second time, 20 who have given birth within the last six months, and a few who are pregnant for the first time.

To be used with projective techniques - flashcards drawings of woman giving birth attended by dukun bayi at home, attended by bidan, and at maternity hut. The drawing of the maternity hut should look like the hut actually will inside and outside as much as possible. Drawings for each intrapartum problem on the list are also needed.

Greet the woman, explain the project briefly. I would like to talk with you about your knowledge and experience of childbirth, and talk about a new idea for a place to give birth.

Show the picture of a very pregnant woman, about eight or nine months.

This is Ibu Noor. She is almost ready to give birth to her second child.

Do you think she has thought about the coming childbirth, or made any plans for the birth? What plans? When will she make the plans? Who will help her to plan?

Where do you think she will give birth? Why?

Who will assist with the birth? Why?

(If the answer is dukun bayi) How will she choose a dukun bayi? Is it important if the dukun has been trained by the MOH? Why, why not?

How will Bu Noor know that it is time for the birth? What will she do first? Next? When will she or someone in the family call for the dukun to come?

What does the dukun bayi do to assist with childbirth? Why?

Who else is present at the birth?

Are there other places where Bu Noor could give birth? Where? Who would assist her with the birth there?

Why would she choose/not choose to give birth there?

Do you know anyone who has given birth someplace other than at home? What happened there?

Why do you think Bu Noor or other women prefer birth at home? birth attended by dukun bayi? Do you feel this way also?

Risks/Dangers of Childbirth

Do you know of any problems that Bu Noor could have during the birth? After the birth? What problems?

(After the woman has answered, PROBE for each problem on the list.)

Hemorrhage, prolonged labor, sepsis (infection with fever and foul discharge), retained placenta, eclampsia, malpresentation, etc.

For each individual problem, ask the same questions as for antenatal problems... this includes, severity, susceptibility, consequences, etc.

(this can be added here)

Now I would like to ask you to remember back to when you most recently gave birth. Do you remember?

How was the experience? Why do you say that?

What happened? Any problems?

What did you like most about it? Why? What did you like least about it?

Was it different from what you expected? How?

If/when you give birth again, is there anything you would like to be different?

What are some things you think that Bu Noor, or other pregnant women like her, or yourself, would call a good childbirth experience? What makes it better than birth away from home?

Can this only happen at home? Why, why not?

What if Bu Noor gives birth somewhere other than home, like puskesmas, or bidan home? What would happen there? Do you think she would be satisfied? Why, why not?

Do you think bidan is as good as dukun bayi to assist with birth? Why, why not? Would you choose bidan to help you?

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Response to Maternity Hut

Some bidan and dukun bayi are working together to make childbirth more safe for pregnant women. They are building some small houses close to the road where pregnant women can go with the dukun bayi to give birth there. A bidan will also be there, to help if there are any problems. The woman's family can also attend the birth. Woman can return home the next day with the baby. The family can bring food and some of the things for the new baby, etc... (Add more to describe the features you will provide, or things the woman/family would be expected to provide.)

Do you think this would be a good place to give birth? Why, why not?

Would you give birth there? Why? PROBE (safety, clean, private, etc.)

Why not? PROBE distance, cost, fear (of what?), family would not agree, etc.

Why do you think women prefer home birth delivered by dukun bayi?

Do you think it would be good for pregnant women with problems to give birth there? Why, why not?

What do you think might make women want to give birth there?

What would make it more comfortable, more like birth at home?

Would you tell your friends who are pregnant, especially if they are having problems, to give birth there? Why, why not?

(If this interview is conducted with different women than part 1 - to avoid "interview fatigue", we may want to add communication/media questions here as well.)

Elder Women Family Member Depth Interview - Tanjungsari Project

This interview should be conducted with about 20 older women who live with women who are currently pregnant.

Please tape record the interviews. Pay special attention to the exact words used by the women. These so-called "verbatim" are very important for social marketing.

Intro/Greeting

We would like to talk with you and ask you some questions about your knowledge and experience about pregnancy and some problems of pregnant women.

How many children do you yourself have?

What is your relationship to the pregnant woman in this household?

Overall, how would you say she has been feeling during this current pregnancy? If this is not her first pregnancy, is it different than her other pregnancies?

Does she ever tell you about problems she is having with her pregnancy? What problems?

What advice do you give her?

Do you advise her to talk with/ see someone else? Who? Does she follow your advice?

Is there someone else you think pregnant women should talk with when they have these problems? Who?

Do you think pregnant women should talk with someone about the pregnancy or receive care during the pregnancy even if they are not having a problem? Who? Why?

Anything else pregnant women should do?

Knowledge Risks/Danger Signs

Have you heard of any illnesses or sicknesses that pregnant women can have? Which ones?

(Note all responses which the woman gives without prompting. For each answer she gives, ask the following:

You say you know that pregnant women can have (example: swelling of legs/high blood pressure).

How do you know about this problem?

Have you ever had it yourself or heard of someone who has had it?

Is it very common for pregnant women to have this?

Is it a serious problem?

What can happen to a pregnant woman with this problem?

Do you know what causes this to happen to pregnant women?

Do you know how to prevent this problem?

Health Care Seeking Behavior

If a pregnant woman has this problem, what should she do?

(Remember, these questions should be repeated for each individual problem)

Maybe she has had the problem for some time or has noticed that it is getting worse. How do pregnant women know if a problem is serious enough to take action?

Will anyone else help her decide if action is required, or what action to take to help with the problem?

What will she do first? Next?

(After the woman answers without help, PROMPT with the following questions)

Would the pregnant woman get help from her family or someone else at home?

What kind of help?

Will she go to someone else outside of the family for help? Who? What kind of help will she receive there?

What is the next thing a pregnant woman would do for this problem if it is not cured/ solved? How will she know if the problem is solved?

Where else would she go for help?

(If no answer, prompt, puskesmas, posyandu, district hospital? Private doctor? Dukun bayi? Warung for jamu or obat? Anything else?)

For each possible answer above about health seeking action, be sure to find out:

What might happen to the pregnant woman if she does not do anything about the problem?

These are the things you say a pregnant woman might do if she has the problem of _____. Is this what you yourself would advise the pregnant woman in this house to do?

Who will make the final decision? How long will it take for this decision to be made?

For what reasons might a pregnant woman (or those who decide for her) decide not to take action for this problem?

Remember back to when you yourself were pregnant.

Did you have any of these problems?

Did you do as you said above pregnant woman should do? Why, why not? Is it different for pregnant women now? How different?

When pregnant women go to the dukun bayi for care during pregnancy, for what reasons do they go to her? What will she do for them?

Why do you think pregnant women prefer to see dukun bayi?

Are pregnant women satisfied with the care they receive from dukun bayi? What will she do if she is not satisfied? If there is something the dukun bayi cannot help her with?

Are there some care which pregnant woman need from someone other than dukun bayi? What things?

Where do they go for this other care? When? Why?

(PROMPT here; maternal tetanus toxoid immunization, iron tablets, other medicines, nutrition or other advice, blood pressure, etc.)

Are these things important for pregnant women? Why, why not?

What are some reasons why pregnant women might not go to the puskesmas/posyandu for these things?

Compliance with referral

Sometimes when pregnant women have the problems we were talking about, the dukun bayi or someone else advises them to go somewhere

else for more treatment.

Let's say a pregnant woman was just told that (example: the position of the baby is not good and she may have difficult delivery), so she should not deliver at home.

Do you think she will follow the referral advice? Why, why not?

Do you think she should follow the advice? Why, why not?

Who else will help her decide? How will they decide?

What do you think might be the benefit if she follows the advice?

What might happen if she does not go for further care?

(Repeat the questions for each individual problem on the list)

Risks/Dangers Childbirth

We have been talking about the problems of women during pregnancy. Now I would like to ask you about childbirth.

Has (the pregnant woman in this household) made any plans for the childbirth? How far in the pregnancy is she now? When will she begin planning for the birth?

What plans (if any) will she make? Who will help her to plan?

Where will you advise her to give birth? With whom attending? Why?

Do you think she will do as you advise?

What, if anything, would make her choose something other than what you advised?

(If woman recommended dukun bayi) Why do you recommend dukun bayi for attending birth?

How did you/ will you chose the dukun?

(PROBE Does the woman know about MOH trained TBAs? Does it make any difference in her choice?)

How will you and the pregnant woman know it is time for the birth to begin?

What will you do first? Next?

When will you or someone in the family call for the dukun to come?

What does the dukun bayi do to assist with childbirth? Why?

Are there other places where women can give birth? Where?

Who would assist with the birth there? Would you advise a pregnant woman with normal delivery to give birth there? Why, why not?

Do you know anyone who has given birth other than home? Why did they go there? What happened to them there?

Do you think women prefer to give birth at home? Attended by dukun bayi instead of bidan? Why?

Do you feel this way also?

Birth Risks/Problems

Do you know of any problems a woman can have during her childbirth? what problems?

(After the woman has answered without help, PROBE for each problem: hemorrhage, prolonged labor, retained placenta, sepsis (fever with foul discharge), eclampsia, etc)

You say you know about a problem of childbirth called (example: hemorrhage):

How will the pregnant woman, or those who are attending her, know that the bleeding is more than normal, and has become serious?

Who will decide what to do?

What will they do first? Why?

What will they do next, why? etc.

What might happen to the woman giving birth if she does not take action on this bleeding?

What might be done to help her if she does go for more care?

What are some reasons why she might not go for care if the bleeding is too much?

Is it very common for women giving birth to have the problem of too much blood lost?

Do you know anyone who has had it? What happened to them?

Do you know what causes hemorrhage? Do you know what can prevent it?

Acceptability of Maternity Hut

(Use same questions as for pregnant women here)

Communication Channels/ Media Exposure

(Modify questions from pregnant woman interview. Communication media here.)

Husbands - Elder Male household Member Depth Interview -
Tanjungsari Project

This interview should be conducted with about ten husbands and ten elder men in the family of a woman who is currently pregnant.

Please tape record the interviews. Pay special attention to the exact words used by the women. These so-called "verbatim" are very important for social marketing.

Intro/Greeting

We would like to talk with you and ask you some questions about your knowledge and experience about pregnancy and some problems of pregnant women.

How many children do you yourself have?

What is your relationship to the pregnant woman in this household?

Overall, how would you say she has been feeling during this current pregnancy? If this is not her first pregnancy, is it different than her other pregnancies?

Does she ever tell you about problems she is having with her pregnancy? What problems?

What advice do you give her?

Do you advise her to talk with/ see someone else? Who? Does she follow your advice?

Is there someone else you think it is good for any pregnant women to talk with when they have these problems? Who?

Do you think pregnant women should talk with someone about the pregnancy or receive care during the pregnancy even if they are not having a problem? Who? Why?

Anything else pregnant women should do?

Knowledge of Risks/Danger Signs

Have you heard of any illnesses or sicknesses that pregnant women can have? Which ones?

(Note all responses which the woman gives without prompting. For each answer she gives, ask the following:

You say you know that pregnant women can have (example: swelling of legs/ high blood pressure).

How do you know about this problem?

Have you ever heard of someone who has had it?

Is it very common for pregnant women to have this?

Is it a serious problem?

What can happen to a pregnant woman with this problem?

Do you know what causes this to happen to pregnant women?

Do you know how to prevent this problem?

Health Care Seeking Behavior

If a pregnant woman has this problem, what should she do?

(Remember, these questions should be repeated for each individual problem)

Maybe she has had the problem for some time, or has noticed that it is getting worse. How do pregnant women know if a problem is serious enough to take action?

Will anyone else help her decide if action is required, or what action to take to help with the problem?

What will she do first? Next?

(After the man answers without help, PROMPT with the following questions)

Would the pregnant woman get help from her family or someone else at home?

What kind of help?

Will she go to someone else outside of the family for help? Who? What kind of help will she receive there?

What is the next thing a pregnant woman would do for this problem if it is not cured/ solved? How will she know if the problem is solved?

Where else would she go for help?

(If no answer, prompt, puskesmas, posyandu, district hospital? Private doctor? Dukun bayi? Warung for jamu or obat? Anything else?

For each possible answer above about health-seeking action, be sure to find out:

What might happen to the pregnant woman if she does not do anything about the problem?

These are the things you say a pregnant woman might do if she has the problem of _____. Is this what you yourself would advise the pregnant woman in this house to do?

Who will make the final decision? How long will it take for this decision to be made?

For what reasons might a pregnant woman (or those who decide for her) decide not to take action for this problem?

When pregnant women go to the dukun bayi for care during pregnancy, for what reasons do they go to her? What will she do for them?

Why do you think pregnant women prefer to see dukun bayi over bidan?

Are pregnant women satisfied with the care they receive from dukun bayi? What will she do if she is not satisfied? If there is something the dukun bayi cannot help her with?

Are there some care which pregnant woman need from someone other than dukun bayi? What things?

Where do they go for this other care? When? Why?

(PROMPT here; maternal tetanus toxoid immunization, iron tablets, other medicines, nutrition or other advice, blood pressure, etc.)

Are these things important for pregnant women? Why, why not?

What are some reasons why pregnant women might not go to the puskesmas/posyandu for these things?

Compliance with Referral

Sometimes when pregnant women have the problems we were talking about the dukun bayi or someone else advises them to go somewhere else for more treatment.

Let's say a pregnant woman was just told that (example: the

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position of the baby is not good and she may have difficult delivery), so she should not deliver at home.

Do you think she will follow the referral advice? Why, why not?

Do you think she should follow the advice? Why, why not?

Who else will help her decide? How will they decide?

What do you think might be the benefit if she follows the advice?

What might happen if she does not go for further care?

(Repeat the questions for each individual problem on the list)

Risks/Dangers of Childbirth

We have been talking about the problems of women during pregnancy. now I would like to ask you about childbirth.

Has (the pregnant woman in this household) made any plans for the childbirth? How far in the pregnancy is she now? When will she begin planning for the birth?

What plans (if any) will she make? Who will help her to plan?

Where will you advise her to give birth? With who attending? Why?

Do you think she will do as you advise?

What, if anything, would make her choose something other than what you advised?

(If man recommended dukun bayi) Why do you recommend dukun bayi for attending birth?

How did you/ will you chose the dukun?

(PROBE Does the man know about MOH trained TBA's? Does it make any difference in his choice?)

How will you and the pregnant woman know it is time for the birth to begin?

What will you do first? Next?

When will you or someone in the family call for the dukun to come?

What does the dukun bayi do to assist with childbirth? Why?

Are there other places where women can give birth? Where?

Who would assist with the birth there? Would you advise a pregnant woman with normal delivery to give birth there? Why, why not?

Do you know anyone who has given birth other than home? Why did they go there? What happened to them there?

Do you think women prefer to give birth at home? Attended by dukun bayi instead of bidan? Why?

Do you feel this way also?

Birth Risks/Problems

Do you know of any problems a woman can have during her childbirth? What problems?

(After the man has answered without help, PROBE for each problem: hemorrhage, prolonged labor, retained placenta, sepsis (fever with foul discharge), eclampsia, etc)

You say you know about a problem of childbirth called (example: hemorrhage):

How will the pregnant woman, or those who are attending her, know that the bleeding is more than normal, and has become serious?

Who will decide what to do?

What will they do first? Why?

What will they do next, why? etc.

What might happen to the woman giving birth if she does not take action on this bleeding?

What might be done to help her if she does go for more care?

What are some reasons why she might not go for care if the bleeding is too much?

Is it very common for women giving birth to have the problem of too much blood lost?

Do you know anyone who has had it? What happened to them?

Do you know what causes hemorrhage? Do you know what can prevent it?

Acceptability of Maternity Hut

(Use same questions as for pregnant women here)

Communication Channels/ Media Exposure

(Modify questions from pregnant woman interview communication/media here)

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