Concept Note

For IDEAS Qualitative Study “Family-Frontline Interaction” within the Maternal Neonatal and Child Health programme of the Society for Family Health (SFH)

# Background

Over the past decades numerous studies have been carried out to test the effectiveness of interventions and intervention packages targeting pregnant women, newborns and their families. Many of these interventions rely on families adopting and maintaining behaviours, yet we have a poor understanding of the mechanisms of maternal and newborn behaviour change, and how interactions with front line workers (FLW) – including (junior) community health extension workers (CHEWs and J-CHEWs), traditional birth attendants (TBAs) and members of the Federation of Muslim Women’s Associations in Nigeria (FOMWANs) – influence these. Proven interventions exist, but implementation and scale up of these interventions outside research settings has yielded varying successes. Where outcomes have been poor this has sometimes been attributed to low intervention coverage, but in other cases there has been low levels of uptake of behaviours by families. In this part of the IDEAS project we will collect qualitative data to understand to what extent, and through what mechanisms, interactions between families and front line workers lead or do not lead to increased coverage of critical interventions. This will be done for a small sub-set of behaviours. The main research questions are:

* What are the mechanisms for behaviour change in the family
* What contextual factors enable or hinder the triggering of these mechanisms?
* What role do interactions with FLWs play in these mechanisms?

Unravelling and mapping these mechanisms, and determining the role of contextual factors such as education level, religion and parity, is essential information for understanding how we can maximize the impact of interventions, and predicting whether their impacts will be replicated in different settings.

# Methods

We will work with one grantee in Northeast Nigeria, Ethiopia and Uttar Pradesh. A sub-set of critical interventions (behaviours) that are addressed by the grantees will be selected based on set criteria in collaboration with the grantees (see below). The study will focus on this sub-set only and study the selected behaviours in depth: it will not measure project performance. Data collection will be guided through a set of Context-Mechanisms- Behaviour hypotheses, that will be informed by a behaviour change theory and through discussions with the grantees.

Data will be collected through group discussions and interviews with family members, including mothers, fathers, and mothers-in-law. FLWs will also be interviewed to understand their perspectives and experiences. By using novel and creative interviewing techniques and group exercises we will try to minimise social desirability bias. We will use techniques that help informants think through the drivers of their behaviours and the role of the FLW, along with methods to elicit hidden or intrinsic reasons for behaviours. Several of these methods have already been piloted in Ethiopia.

It is important that the project activities addressing the behaviours under study are in the implementation phase during data collection, and that implementation has been ongoing for several months. Sampling strategies and sizes will be determined when study sites and specific behaviours will have been selected, but we estimate that a maximum of 40 interviews and 10 focus groups will be conducted in each setting.

# Proposed research activities with SFH

We would like to collaborate with the SFH for our data collection in Nigeria. The project actively addresses family behaviour change through the CHEW, J-CHEW, TBAs and FOMWANs reaching out to families in Gombe and Ademawa. They deliver health messages to the families throughout the pregnancy, during delivery and during the postpartum/postnatal phase. Through these messages they try to encourage families to adopt behaviour changes, such as health seeking in case of complications/dangers, immediate and exclusive breastfeeding and adequate thermal and cord care.

We would like to study the mechanisms for family behaviour change, the role that the CHEW, J-CHEW, TBAs and FOMWANs play in these mechanisms, and the contextual factors that trigger these mechanisms.

Project implementation started in Gombe in June 2012 and will continue to be fully operational until November 2017. Data collection is currently planned for April – June 2015.

**Behaviours to consider in this study**

A selection will be made from behaviour messages within the SFH that are communicated to the mothers/families though interaction with the visiting WGL/SHG-member. A variety of behaviours will be selected varying in the following characteristics:

1. Continuum of care
2. Coverage levels at baseline
3. Commodities families require to carry out the behaviours
4. Level of interaction with the health system that families require to carry out the behaviours
5. Prior family awareness of recommended behaviour
6. Previous in-depth studies to the behaviour
7. Successes in changing the behaviour - reported in other studies