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# Factors impacting use of health services by first-time/young parents: A formative research toolkit



MCSP is a global USAID initiative to introduce and support high-impact health interventions in 24 priority countries with the ultimate goal of ending preventable child and maternal deaths (EPCMD) within a generation. MCSP supports programming in maternal, newborn, and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment. MCSP will tackle these issues through approaches that also focus on household and community mobilization, gender integration, and eHealth, among others.

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# Acronyms

ANC	Antenatal care
FGD	Focus group discussion
FP	Family planning
FT/YP	First-time/young parent
IDI	In-depth interview
MNC	Maternal and newborn care
MCSP	Maternal and Child Survival Program
PPFP	Postpartum family planning
SRH	Sexual and reproductive health
USAID	United States Agency for International Development

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## Why focus on first-time/young parents?

Around the world, **13 million adolescents** aged 15-19 give birth every year and account for 11% of all births<sup>i</sup>. The majority (**95%**) of births to adolescents occur in developing countries, and most (90%) occur within the context of marriage.<sup>ii</sup>

The health consequences of early pregnancy and childbirth for mother and child are well-documented in lower and middle income countries. Early pregnancies increase the risk of maternal mortality; young women under age 20 are **twice as likely to die** in childbirth as women over 20, and women below age 15 are five times as likely to die in childbirth.<sup>iii</sup> Pregnancy- and birth-related complications are the **second leading cause of death** among girls age 15-19<sup>iv</sup>. These consequences of early pregnancy extend beyond adolescent mothers themselves; children of adolescent mothers have a 34% higher risk of death in the neonatal period, and a 26% higher risk of death by age five.<sup>v</sup>

Further, many adolescent parents will soon become pregnant again with a second or third child, and the adverse outcomes resulting from pregnancies that are too close together (less than 24 months between the last live birth and the next pregnancy) include increased risk of low birth weight, preterm birth, and newborn death. Yet only 1/3 of married adolescent women in low- and middle-income countries hoping to avoid pregnancy use a modern method of FP, leaving the majority at risk of an unintended pregnancy.<sup>vi</sup>

There is a clear need for interventions to connect pregnant and parenting adolescents and young people to health services, ensuring uptake of maternal and newborn care (MNC) and antenatal care (ANC) services as well as continued use of family planning for healthy timing of a subsequent pregnancy. Yet globally, few models and better practices for reaching first-time/young parents (FT/YPs) exist, and most programs targeting young men and women focus on delaying marriage and the first pregnancy and do not target those who have already started their reproductive lives.<sup>vii</sup>

# Formative research toolkit

The global USAID-funded Maternal and Child Survival Program (MCSP) has developed interventions to address the unique needs of FT/YPs in Madagascar, Mozambique, and Nigeria. In Madagascar and Nigeria, MCSP conducted formative research to inform the design of the interventions<sup>1</sup>. This toolkit shares details about study design and sampling methodology, modifiable versions of the tools used for this formative research, as well as guidance and lessons learned from conducting formative research to develop interventions for FT/YPs. The tools can be adapted and utilized with FT/YPs as defined by project teams; while some may choose to limit data collection to focus on adolescent parents (15-19), among whom maternal and child outcomes tend to be weaker, or expand to include the perspectives of young parents who have already entered adulthood (20-24) for comparative purposes.

Given that FT/YPs' use of health service is determined by factors within and beyond their control, it is important to use a socio-ecological model to design research and interventions. We hope that this toolkit simplifies the process of designing research to include the perspectives of first-time mothers and fathers, their families and communities, and the health system.

This toolkit has been purposefully kept brief so not to be overwhelming. The data collection tools can be used individually or in conjunction with other activities, and users can choose to replicate the full study or select only the data collection tools that best meet their needs. The goal of the toolkit is to share tools and lessons from conducting formative research to inform interventions with FT/YPs, complementing other qualitative formative research guides that exist. This toolkit will be most useful for people who are planning programs to improve uptake of SRH services by FT/YPs.

Formative research teams should include members experienced in maternal and child health and family planning programming, qualitative and quantitative research methods, and social and behavior change communication. Note that this guide is written with the assumption that users will have some prior experience with qualitative research. This toolkit is *not* intended to serve as a how-to guide for formative research; rather, it shares tools and lessons from formative research to identify the specific needs of FT/YPs. A number of existing resources provide useful cross-cutting guidance for qualitative research, including:

- Health Communication Capacity Collaborative: [How to Conduct Qualitative Formative Research](#)
- CARE: [Window of Opportunity Qualitative Research Field Staff Toolkit](#)
- The CORE Group Social and Behavior Change (SBC) Working Group: [Training in Qualitative Research Methods: Building the Capacity of PVO, NGO, and MOH Partners; and Qualitative Research Methods: A Data Collector's Field Guide](#).
- CARE: [Formative Research: A guide to support the collection and analysis of qualitative data for integrated maternal and child nutrition program planning](#).
- University of Wisconsin- Cooperative Extension, Madison, Wisconsin. [Analyzing Qualitative Data](#).

An additional resource providing guidance on creating FP messages for postpartum women is the ACCESS-FP [Guide for Developing Family Planning Messages for Women in the First Year Postpartum](#).

*For specific questions about or support with using this guide or the tools within, please contact [asrh@savechildren.org](mailto:asrh@savechildren.org).*

## Overview of formative research design and methods

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<sup>1</sup> The focus of activities in Mozambique was more narrowly-defined and limited to adapting an existing guide.

The formative research study uses a descriptive, cross-sectional study design to support developing an effective intervention. The research approach and questions are guided by the ecological model<sup>viii</sup>, in particular the ecological model of healthy adolescence<sup>ix</sup> that recognizes layers of social and institutional influences on individuals that can lead or create barriers to sustained individual behavior change.

Note that this toolkit includes all tools used for the study using an ecological approach. However, based on interest and resources, teams can choose to use only a subset of the tools rather than conduct all research activities included in this toolkit.

The study, ideally adapted based on a literature review to identify existing evidence on factors influencing SRH service use by FT/YPs, aims to inform programming through:

- developing understanding of the characteristics of first-time/young parents as individuals and couples, and as users of SRH services in specific settings
- deepening understanding of the interests, behaviors, needs and assets operating at family, peer, and community level that influence young parents' decisions and actions.
- allowing comparison of similarities and differences of first-time/young parents living, in urban / rural settings, at different ages (adolescent/youth) that reflect differing levels of autonomy and cognitive development, and/or by sex (through careful sampling).

### Why use an ecological approach?

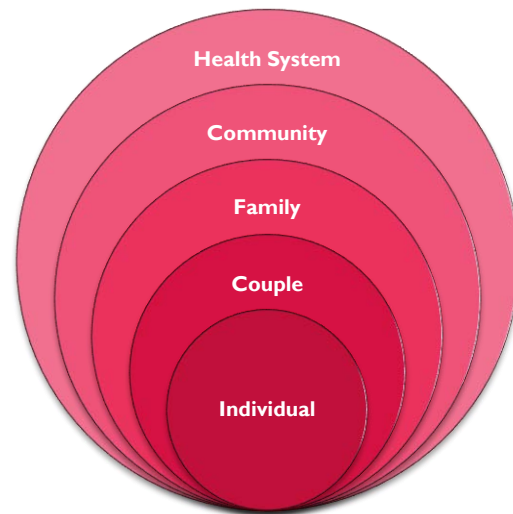
Individuals' behavior is shaped by a number of factors outside of their immediate control; this is especially true for young people, who face additional knowledge, social pressure, and access barriers.

At the *individual* level, young parents' limited knowledge and lack of resources may limit their ability to seek health services. Yet targeting individuals alone will not succeed in increasing SRH service use. At the *couple* level, relationship dynamics and gender norms may limit young mothers' desire and ability to use SRH services. Influence of *family and community* members shapes and may even outweigh individual young parents' own preferences. And the *health system* may be ill-equipped to provide services tailored to the needs of young people. Interventions must target each of these influencers to encourage behavior change and cultivate an enabling environment for ASRH.

This research toolkit uses an ecological approach that recognizes each of the influences on young people's health behaviors, including at the individual, interpersonal, family, community, and health system levels.

However, note that each of the data collection tools provides useful information on their own; users can choose to use only one or a subset of the data collection tools, rather than replicate the full study using an ecological approach, based on budget or need.

Figure 1: Ecological model of levels of influence for first-time/young parents





## Study objectives

What factors influence FT/YPs' household practices and use of ANC, MNC, and FP (including postpartum FP) services at relevant times in their reproductive life course?

- What are important individual and social factors operating at family, peer, and community/institution levels that influence FT/YPs to seek health services in general and to use ANC, MNC, and FP services at appropriate moments in their reproductive life course?
- How does the young couple's communication and decision-making vis-a-vis SRH influence intentions to seek and use services at appropriate life course moments?
- What are primary and trusted sources of ANC, MNC, and FP information for FT/YPs?
- What are the experiences of FT/YPs who receive ANC, MNC, and FP services?
- What are local health facility responses to FT/YPs seeking services?

## Who are first-time/young parents?

Prior to adapting the data collection tools and identifying a plan for sampling, your team will need to define "first-time/young parents". In particular, you will need to determine a) the minimum and maximum ages for inclusion in the study, and b) the maximum number of children.

A sample definition is: ***"First-time/young parents" in this study are defined as: women and men aged 15-24, who have one or two children or are pregnant (first or second pregnancy), and who may or may not be in a traditional, civil, and/or religiously-sanctioned union.***

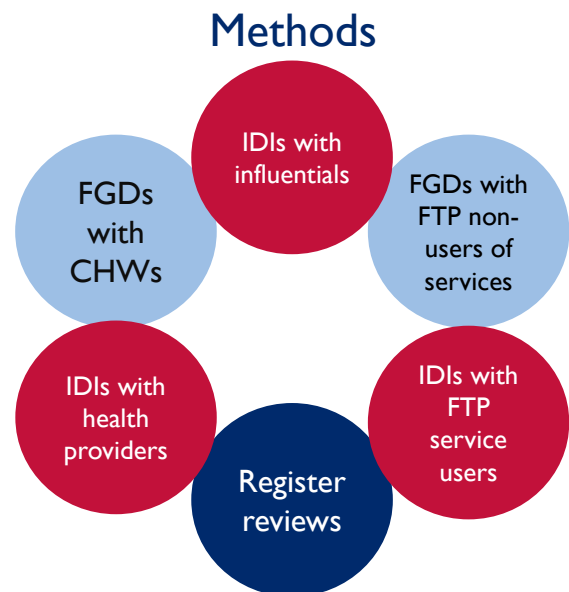
## Data collection methods and tools

Data collection focuses on identifying the experiences and systems responses to first-time/young parents who have used ANC, MNC, and/or FP services in the previous 12 months. IDIs with FT/YPs and service providers, and FGDs with CHWs, provide information on the groups of people who have influenced FT/YPs' decisions to use or not to use services, the experiences of users when accessing those services, and the experiences of providers in providing services to FT/YPs. First-time/young parents who did not use ANC or MNC services during their last pregnancy and childbirth (or those who have used ANC services only once or twice during their last pregnancy) are consulted through FGDs. In addition, using IDIs with community influentials and family and kin 'types' who play important roles supporting FT/YPs (identified through IDIs with first-time/young parents) are used. Focus group discussions with family and kin provide insight into what drives their views of the needs of FT/YPs and the support they offer, or do not offer.

Data collection tools include:

- Recruitment script
- Consent form

Figure 2: Data Collection Methods



- Cover sheet for documenting data collection type, date, location, and completion status
- Description of preparatory steps, necessary tools and materials, and process
- Demographic data to collect from participant(s)
- Data collection tool

Data collection methods and tools include:

**Health facility register reviews (Register review tools):** Secondary data available in health facility registers are collected to help understand to what extent services are reaching young parents as well as to create a descriptive profile of young parents who are currently accessing ANC, MNC, and FP services. The tool is a sample; research teams should consider adapting or creating a new tool that resembles the registers available in local facilities to facilitate the collection of data.

Facility reporting forms can be reviewed to extract the percentage of clients who are adolescents, if the forms disaggregate numbers of ANC, maternity, and FP clients by age. However, reporting forms may not disaggregate clients by age, in which case the ANC, Delivery, PNC, and FP Registers should be reviewed to extract the percentage of clients in the past month (or other period of time) that were adolescent or have parity of 0.

**FGDs with first-time mothers and fathers who have not used SRH services (FGD Tools #1 and #2):** explore perceptions of young couples who did not use SRH services and the support that young couples receive from their family and others throughout pregnancy and birth and for birth spacing. These FGD guides use a participatory method of asking participants to respond to a vignette about a young couple.

**FGDs for CHWs (FGD Tool #3):** identify the organization and training of community health workers and the use of SRH services by young parents.

**FGDs with parents and other influential kin of FT/YPs (FGD Tool # 4):** identify the roles and responsibilities of the family in supporting young parents and the use of SRH services by young parents. The FGD guide uses a participatory process to engage participants in discussion about the family members who support FT/YPs, and their specific roles. See box at right.

### Identifying Influential Family Members

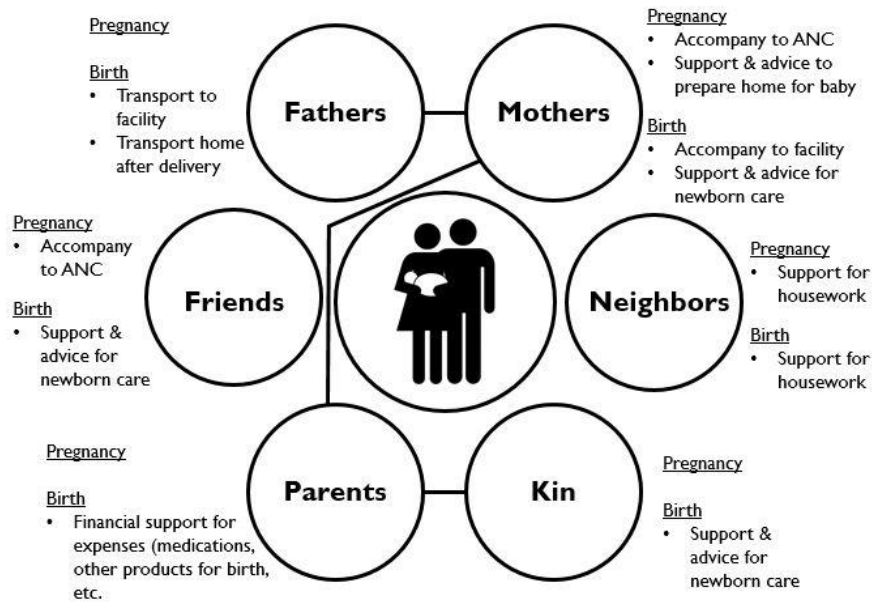
The FGDs with parents and other influential kin of FT/YPs (FGD Tool #4) use a participatory process to identify the nature of their perceived influence to contrast with that identified by the FT/YPs themselves. (see example in Figure 3).

The facilitator shows participants a sheet of paper with an icon representing a couple who are FT/YPs. Surrounding them are four circles that represent fathers, mothers, and kin. As participants discuss, the facilitator writes next to each of the four circles what the group says are the main responsibilities of different family members in supporting their children as they move from pregnancy to childbirth to becoming FT/YPs, continuing to add responsibilities until no new ideas emerge.

The facilitator then asks who in the community supports FT/YPs, and what their responsibilities are, adding these individuals and their roles to the same sheet.

Finally, the facilitator asks the group to indicate where lines should be drawn to represent linkages between the different groups (see example in Figure 3). See *Data Collection Tool B* for a tool that can help teams to analyze information from the influence mapping.

Figure 3: Sample completed influence map from focus group discussions with family and kin



\* 2 participants said that the young parents they know did not receive any support

**IDI guides for first-time mothers and fathers who have used SRH services (IDI Tools #1 and #2) identify:**

- Household context (age of couple, number of children, household members, etc.)
- People who supported during pregnancy, birth, and FP use (using participatory influence mapping process; see box at right)
- Support of mother by father, couple dynamics
- Experiences with SRH service use (satisfaction, suggestions)
- Barriers to SRH service use for young mothers and mothers-to-be

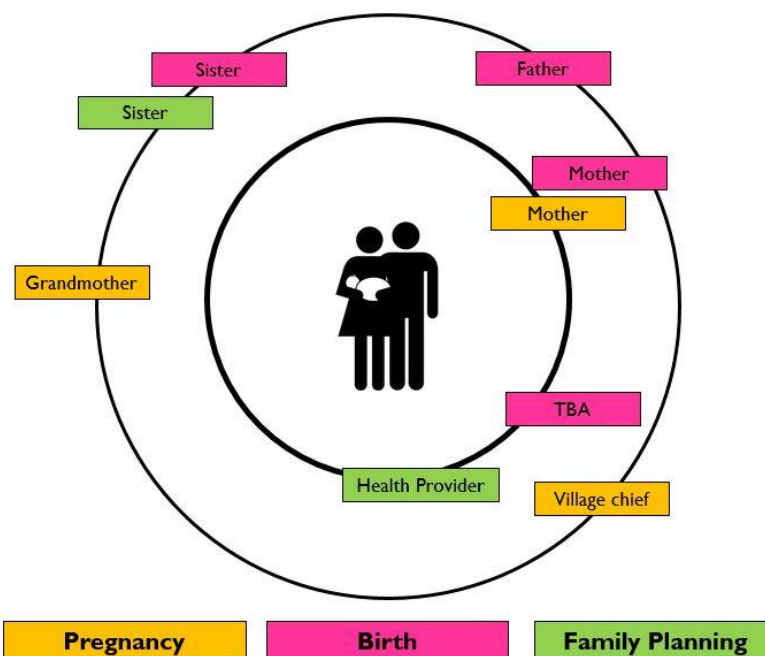
**Influence mapping**

The IDIs with first-time/young parents use a participatory influence mapping process to identify the individuals that were influential in their pregnancy and experience as new parents. The interviewer should have a piece of paper with two concentric circles and a set of post-it notes with three different colors to represent different stages or SRH services.

First, they should write a nickname for the participant inside the small circle, then ask him or her to think about their most recent pregnancy and identify influential people in their family or community. The interviewer helps the participant write the relationship to them (like aunt, friend, on a yellow post-it and ask the participant to place it on the paper to with the proximity to the center corresponding to how helpful this person was to them. The interviewer continues to ask whether other people were helpful in pregnancy until no more individuals are named, then explore the nature of their influence. The process is repeated using post-it notes of different colors for birth and for FP (see example as Figure 4).

**See Data Collection Tool C for a tool that can help teams to analyze information from the influence mapping.**

Figure 4: Sample completed influence map from IDIs with FT/YPs



**IDs for health service providers (IDI Tool # 3):** explore their experiences with the service delivery context, services for young parents, and problems affecting new or young parents.

**Pause after conducting the influence mapping exercises using IDI tools #1 and 2 and FGD tool #4 for a “mini-analysis” of the findings from the participatory influence mapping processes; use the *Influence Mapping Analysis* and the *Summary of Influence mapping Tools* to guide this process.**

**IDs with influential individuals (IDI Tool # 4):** identify their role in community and support of young people/couples, community views on first-time/young parents, and issues facing first-time/young parents. These influential “types” should be identified based on a mini-analysis of the influence mapping conducted using IDI Tools #1 and 2

Focus groups	In-depth interviews and facility assessment
<ul style="list-style-type: none"> <li>Community health workers serving catchment area of selected health facilities and providing community outreach services</li> <li>Young mothers/mothers-to-be who did not use/had limited use of SRH services (only one or two ANC visits) during the last pregnancy/delivery</li> <li>Young fathers (partner/spouse of young mothers/mother-to-be)</li> <li>Parents and significant kin with children who are first-time/young parents</li> </ul>	<ul style="list-style-type: none"> <li>Facility-based providers of ANC, MNC, or FP facilities (may be the same person in small health facilities)</li> <li>Young mothers who used ANC, MNC, or FP services in last 12 months</li> <li>Young mothers-to-be (pregnant) who used ANC, MNC, or FP services in last 12 months</li> <li>Young fathers (partner/spouse of Young mothers) who used or whose partners' used ANC, MNC, or FP services in last 12 months (not spouses of first-time mothers being interviewed)</li> <li>Young fathers-to-be (partner/spouse of pregnant Young mothers-to-be) (not spouses of first-time mothers being interviewed)</li> <li>Influential community members in young parents' health and social wellbeing issues ('types' Identified through IDIs with FT/YPs)</li> <li>Heads of health facilities</li> </ul>

## Identification, recruitment, and consent of participants

This section shares lessons from our experience in recruiting and consenting each participant group. However, you may want to modify the procedures according to the local context.

### Young parents

Two different options for identifying and recruiting young parents are provided. The first approach, used in Madagascar, involves recruiting SRH service users from facility registers and non-users in collaboration with CHWs. The second, used in Nigeria, involves the use of a voucher system to recruit young mothers and fathers through snowball sampling.

Note that prior to sampling, you will need to define the age range of first-time/young parents to be sampled. In Madagascar, the study team used a broad definition of first-time/young parents, including those between the ages of 15 and 24, while in Nigeria, the study team chose to focus on adolescent parents, ages 15-19. Note that some countries may place additional restrictions on enrolment of participants younger than the age of 15.

#### Option One:

##### Recruitment through CHWs (non-users for FGDs)

A member of the study team works with CHWs to identify first-time/young parents who have **not** used SRH services for their last pregnancy (or if this is not possible, first-time/young parents who have made one or two ANC visits but no other visits during the last pregnancy). Study team members should ask the CHW to create a list of households with young parents who have not used services (if they do not already have lists) and then decide together who to approach. Each CHW contacts proposed mothers to reach the targeted number of young mothers, explaining the purpose of the study using the recruitment script, and invites them to participate in the FGD, sharing the time and location.

Separately, each CHW should also contact other young mothers to request their permission to invite their husbands or boyfriends to participate in the study.

##### Recruitment through facility registers (users for IDIs)

Work with a provider in the sampled facility to identify a list of young women who have accessed ANC, FP, and/or MCH services in the past year. From these lists, select two women who received services and two men whose partner received services to participate in IDIs (rather than recruiting the male partners of study participants; see box above).

For male respondents (husbands/spouses/partners), health providers should contact selected women who have used services, explain the study using the recruitment script, and ask if they would invite their husband/spouse/partner to participate. If women agree, the health provider should contact the husband/spouse/partner directly.

#### Option Two:

##### Recruitment of both users and non-users through voucher system

Collaborate with members of youth groups, community health workers, health providers, and/or other stakeholders likely to have contact with young parents. Provide vouchers to invite acquaintances or clients to participate in the study, and information on who qualifies to participate as well as instructions to emphasize that study participation is voluntary and will have no impact on their ability to access health services. Each study participant recruited in the manner described will then be given vouchers to invite their acquaintances, and information on who qualifies to participate. The voucher should include information about how to contact the study team, by phone or in person, and how to volunteer for the study.

#### Sampling Consideration

If logistically feasible, we suggest sampling male partners and parents/kin who are not related to the young mothers who participate in the study. This allows a broader view of parental issues outside the immediate family of interviewed young parents.

Potential participants will call the study team to confirm their interest to volunteer and will be briefly screened over the phone or in person to assess their eligibility and to identify whether they should be invited for a FGD (non-user) or IDI (user). Those who are found to be eligible will be invited to participate in a focus group discussion or in-depth interview at a particular date and time that will be agreed upon. Additionally, study participants may provide names and telephone numbers of other potential participants to the study team, and the study team may contact them directly. If the study team makes the first contact, they will do so in a manner that ensures the privacy of potential participants.

### **For both options:**

The study team member working at the site should explain the purpose of the study and request first-time/young parents' participation in the study prior to proceeding to the FGD or IDI. In some countries, to enroll mothers or pregnant women under the age of 18, the provider must also ask for permission to contact the parents for permission to participate. Verify what is permitted by local law and ethics boards; if parental permission is required, participants under the age of 18 may not be able to participate in the study if women do not agree to have their parents contacted for permission, or if their parents do not give permission.

The *Job Aid for Data Collectors* provides a visual reference for the process for identifying, recruiting, and consenting study participants

## **Community Health Workers (FGDs)**

A member of the study team explains the aim of the research to the person responsible for supervision of CHWs, and works with that individual to identify all CHWs who are affiliated with the health facility. All CHWs should be invited to participate. However, if there are more than eight CHWs (which is the maximum number desired for the FGD), the research team should work with the supervisor to either randomly select eight CHWs or purposively select a mix of male and female CHWs and/or junior and senior CHWs. The supervisor invites CHWs to the health facility or other location for the FGD using the recruitment script. The study team member working at the site explains the purpose of the study and request CHWs' participation in the study prior to proceeding to the FGD.

## **Parents/kin of young parents (FGDs)**

Similar procedures should be followed for parents/kin of young parents as for young parents.

## **Service providers (IDIs)**

In sampled small health facilities, recruit one provider of ANC, MNC and FP services using a recruitment script, obtain their informed consent, and conduct the interview. In large health facilities, invite providers in maternity and FP services (one per service) for IDIs. If more than one provider provides each service, select the longest-serving provider; if he/she is not available the day of the IDI then recruit another provider based on time served in the particular service. Consider scheduling IDIs for the afternoon after most clients have been served to avoid disruptions to services.

## **Community influentials (IDIs)**

The research team should determine the "types" of community members to interview based on the preliminary results from the IDIs with young parents (for example, these "types" may include mothers, fathers, older sisters, grandmothers, and aunts). Once the study team has identified the types, based on Round 1 IDIs, they should ask CHWs, who should know about the inhabitants of households that they support, to recruit individuals representing each of the "types", explain the study purpose using a recruitment script, and request participation in the study. Prior to proceeding to the IDI, the study team member working at the site should explain the purpose of the study and request participation in the study.

# Data analysis and intervention development

This Toolkit is intended for use by team with existing qualitative research capacity and does not provide detailed “how-to” guidance on data analysis; see the resources listed on Page 7. However, the following tips from MCSP’s experience may be relevant.

## Analysis starts while data are being collected

- Immediately after each IDI or FGD, the interviewer & note-taker should debrief on key themes, interpretations, and emerging ideas, particularly to identify influential “types” to sample.
- Pause to analyze the influence maps collected with IDI Tools 1 and 2, using the “Summary of Influence Mapping” tool. This step allows for identification of the influential community and family “types”, critical both for sampling purposes to complete the study and for targeting participants with program activities.

## Plan ahead for analysis

- Given that multiple types of stakeholders will be sampled and that the study may yield a high volume of transcripts, use of a qualitative analysis software (such as ATLAS.ti or NVivo, rather than free-coding), will allow more streamlined coding that allows exploration of themes by respondent type. We suggest having a team code transcripts rather than an individual.
- Ensure that the codebook prioritizes the exploration of codes related to program design and program messages. Consider categorizing codes by “barriers” to SRH service use versus “facilitating factors” and including codes to identify potential program activity and message recommendations.

## Think about program intervention design

- Consider holding a workshop with national, regional, and district stakeholders, including representation of local and international NGOs and Ministries of Health and Youth, as applicable, to review key findings of the research and to brainstorm activities and messages. Think big; encourage participants to think creatively and to brainstorm all possible activities, rather than only those that are most obvious or most feasible within the project scope. Key questions may include:
  - What messages are most likely to resonate with FT/YPs and their key influencers to reduce barriers to service use? Who might be the most effective messengers for those messages; who are the key influencers who drive decisions about service use?
  - Who are the most influential community member “types” who should be targeted? What is the nature of their influence?
- Consider inviting youth representatives/delegation for this workshop to ensure a diversity of perspectives including a mix of youth representing rural/urban, cultural groups, etcetera.

# Tools for Study Preparation

These tools are provided to help teams to prepare for data collection by adapting the data collection tools and conducting a training of data collectors.

## Tool Adaptation Checklist (*Study Preparation Tool A*)

Teams should carefully review the suggested study design to determine the design and sample best suited to their needs and means. The adaptation checklist suggests modifications to the sample data collection tools that may be required for adaptation to different contexts. However, the checklist is not intended to be exhaustive; teams should carefully review the sample tools to identify any adaptations that may be needed and to identify any questions that are not relevant.

## Sample Data Collector Training Agenda (*Study Preparation Tool B*)

The provided data collector training agenda suggests a plan for a 2.5-day participatory workshop to orient the team of data collectors to the study objectives and the research methods and to identify necessary changes to finalize the data collection tools through practice and pre-testing. We suggest conducting a pre-test in a community that includes the same or similar population to that of the study population that will not be sampled as part of the actual study to further familiarize data collectors with the tools and procedures and to identify final changes needed to the study tools. This pre-test should aim to use as few resources as possible: e.g., where possible, the team should not make special travel arrangements to distant locations for the pilot tests.

## Job Aids for Data Collectors (*Study Preparation Tool C*)

The process of identifying and recruiting each participant type for each data collection type has multiple steps and can be complicated. The *Job Aids for Data Collectors* use a flow chart to guide data collectors through the process. This tool can be adapted for a specific study to make it easier to determine eligibility and interest of participants in the study. During data collector training, data collectors should use the job aid in pairs to walk through the consenting and recruitment components of a study. It should be clear to the data collectors whether or not consenting and/or recruiting is one of their responsibilities.

## Sample budget for data collection and analysis (*Study Preparation Tool D*)

To support study planning, an illustrative budget, including budget lines only, is provided. As costs will vary significantly by country, only units are provided; teams will need to budget based on actual local costs. This budget assumes that study tools are prepared by the research team and does not include lines for research consultants



# Study Preparation Tool A: Tool Adaptation Checklist

## Getting started

- Identify definition of first-time/young parents (age range, number of children, marital status)
- Identify reimbursement amount, if any
- Assemble relevant example study tools, consent forms and recruitment scripts
- Conduct a literature review of existing evidence (qualitative and quantitative study reports and briefs, program reports) to identify existing evidence related to FT/YP influences, challenges, programs, etcetera
- Research local regulations around human subjects research to identify whether local ethical approval will be needed and whether participants under the age of 18 will require parental consent
- If you will use the *Job Aid for Data Collectors*, carefully review and adapt to meet your purposes.

## Adapt the data collection tools

Data collection tools must be carefully reviewed and adapted to ensure that they reflect your setting and that they collect only information that is available in your setting and applicable to your study. The following checklist highlights suggested and required changes to adapt data collection tools but may not be an exhaustive list of changes required.

### Consent forms

- Add organization name and affiliation
- Add Principle Investigator name and contact information
- Add description and reason for your specific study
- Tailor the consent form to the specific group of participants identified in your study protocol (e.g., first time/young parents, providers, users of services). Be aware of specific groups who need their own separate consent forms.
- Revise participant reimbursement amount if applicable

### Recruitment scripts

- Add organization name and affiliation
- Add Principle Investigator name and contact information
- Tailor the recruitment script to the specific group of participants identified in your study protocol (e.g., first time parents, providers, users of services). Be aware of specific groups who need their own separate consent forms.

### Tools

- Review the example tools that you believe to be relevant to your study. Adapt all aspects of the tools so that it collects the information identified in your study protocol. Cut all additional, irrelevant or superfluous information. Try not to collect information that you will not use, even if you think it is interesting. Make sure all aspects of the tools fit within the local context of the country in which you are conducting the study.

**Throughout the data collection tools, language in red must be changed; language in green indicates language that likely needs to be revised to fit the context.**

- Change “community health worker” to the local term as needed and if applicable
- Change “traditional birth attendant” to the local term as needed and if applicable

- Change references to age of first-time/young parents as needed
- Choose local names for vignettes about the young mother and father
- Adapt the name of the village where the young mother and father live
- Add a name or type of a health facility as appropriate (e.g. hospital, health center)
- Make sure the tools are as clear as possible to avoid problems with data quality

### **Register review data collection tools**

Sample register review data collection tools must be carefully modified to ensure that they align with the information collected in facility registers in your country. Alternatively, you can develop register review forms based on the structure of the registers in your country.

- Specify the birth date after which clients' information should be recorded (for example, if the study includes only women under the age of 18, and data are collected in January of 2020, service data should be recorded only for women born after January of 2002).
- Add the health facility classifications to be included in your study.

### **Revise the following elements as needed based on the information collected in facility registers in your setting.**

- Age ranges
- Services: Remove any services that are not offered or recorded in facility registers. Add any services included in facility registers that are of interest.
- Outcomes: Revise the sections for recording referrals, maternal and newborn outcomes, and complications based on what is available in local registers
- Family planning methods available

### **Obtain ethical approvals as required**

- Submit study protocol and tools for local and national ethical approval as required

## Study Preparation Tool B: Sample Data Collector Training Agenda

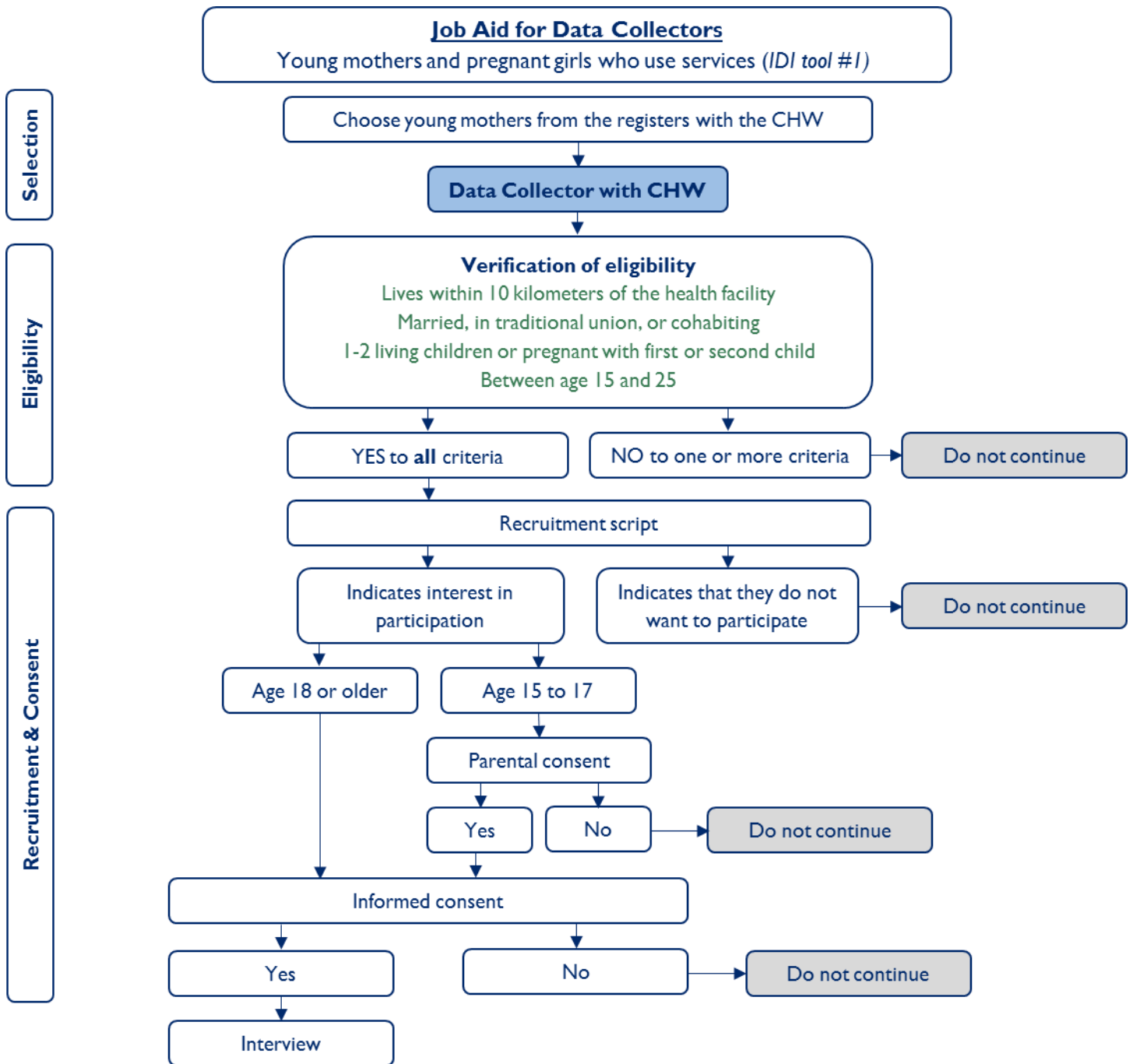
### Training for data collectors: Formative Research on Factors Affecting Use of SRH Services by First-time/young parents

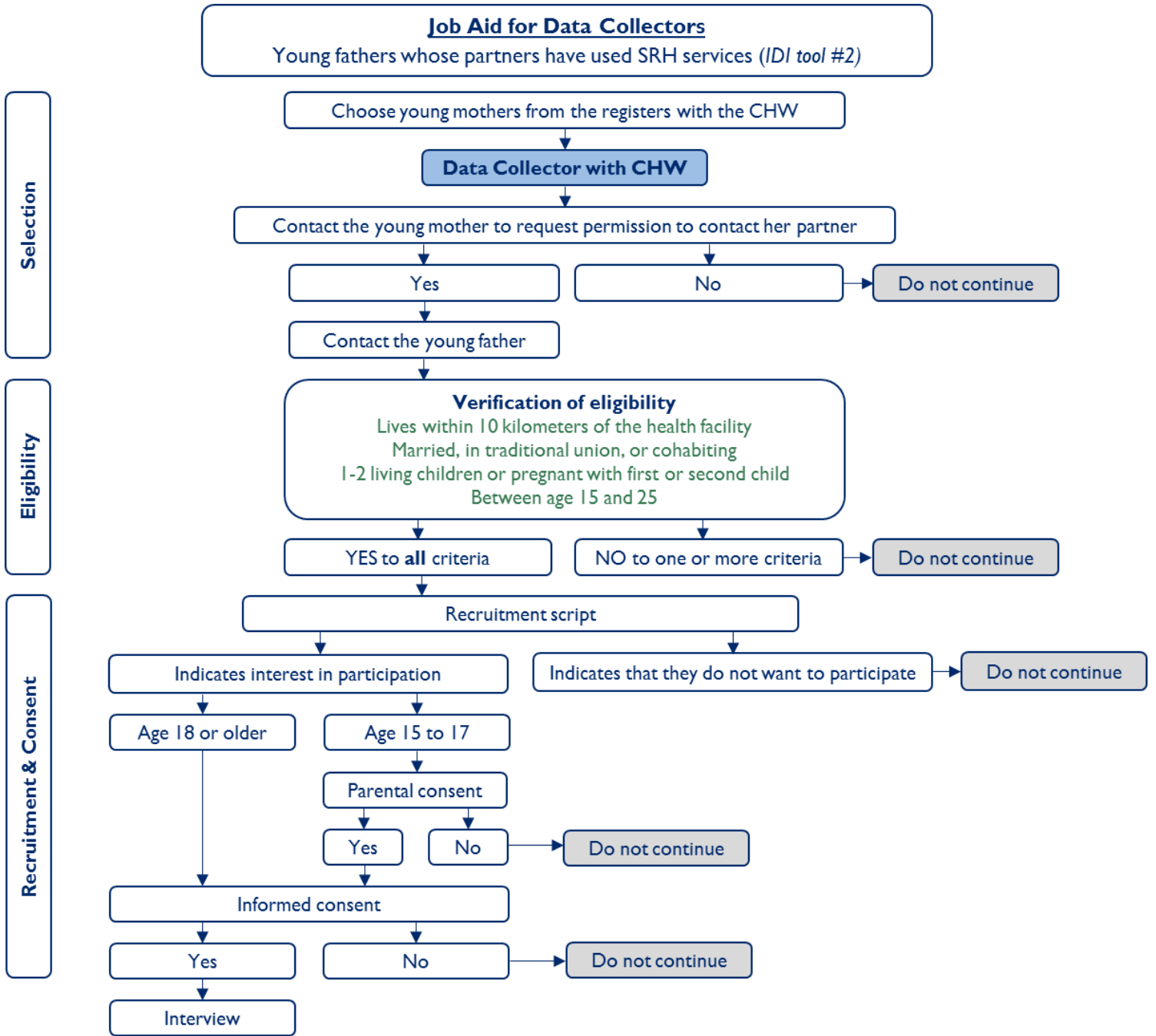
#### Training Objectives:

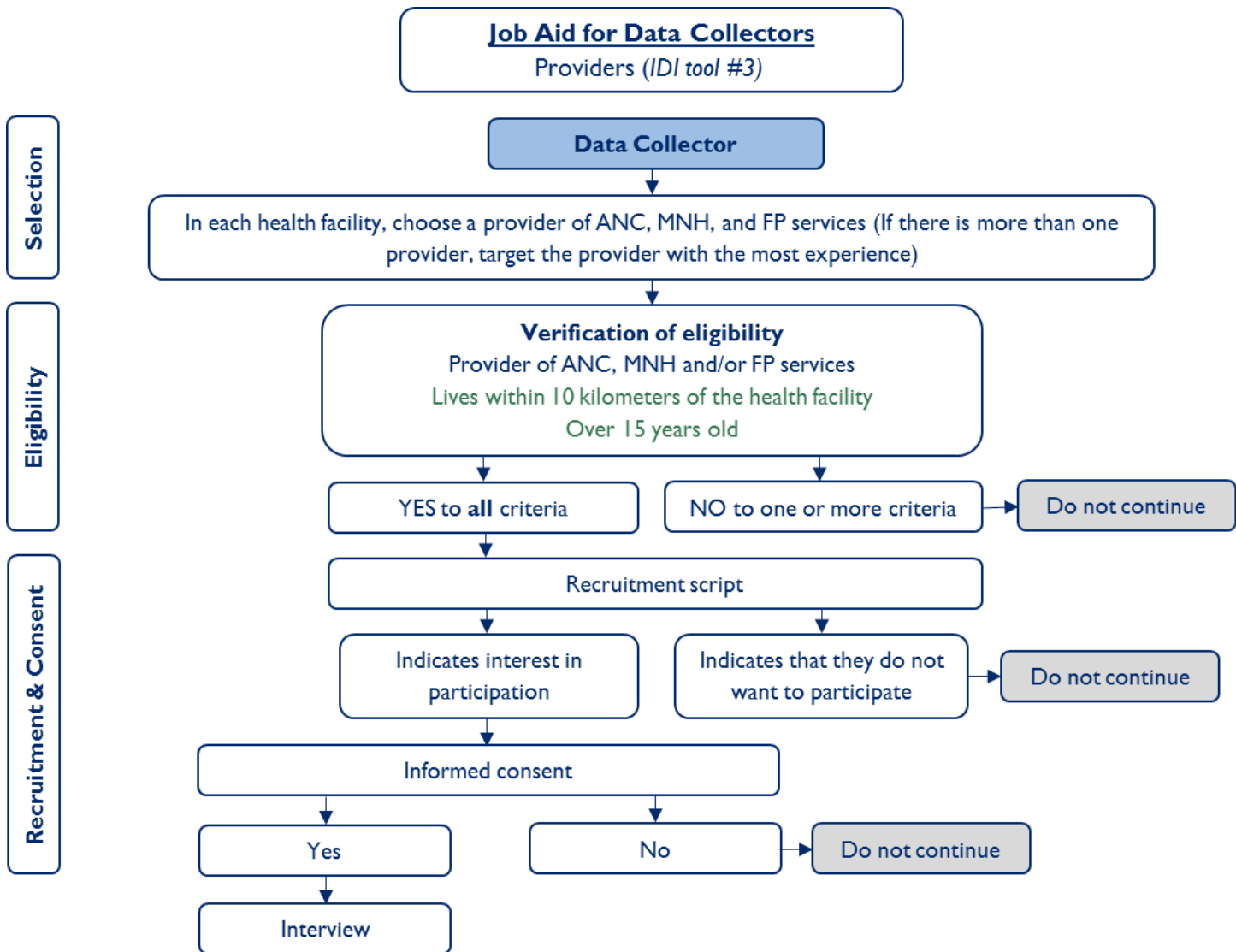
1. Orient the team of data collectors to the study objectives and the research methods
2. Identify necessary changes to finalize the data collection tools through practice and pre-testing

Hour	Session
<b>Day 1</b>	
8:30 to 9:00	Opening remarks and welcome
9:00 to 9:30	Introductions and objectives of the training
9:30 to 10:15	Introduction to project
<b>10:15 to 10:30</b>	<b>Break</b>
10:45 to 11:45	Overview of research ethics
11:45 to 12:45	Research direction: objectives, methods
<b>12:45 to 13:45</b>	<b>Lunch break</b>
13:45 to 15:30	Procedures for informed consent
15:30 to 15:45	<b>Break</b>
15:45 to 16:30	Guidance tools for the collection of data and methods
16:30 to 16:45	Summary of the day Distribution of roles for group practice
16:45 to 17:00	Closing
<b>Day 2</b>	
8:30 to 8:35	Welcome
8:35 to 10:00	Practice groups: interviews with mothers and fathers
10:00 to 10:30	Discussion
<b>10:30 to 10:45</b>	<b>Break</b>
10:45 to 12:00	Practice groups: IDIs with providers and community members
12:00 to 12:30	Discussion
<b>12:30 to 13:30</b>	<b>Lunch break</b>
13:30 to 14:45	Practice groups: FGDs with mothers and fathers
14:45 to 15:00	Discussion
<b>15:00 to 15:15</b>	<b>Break</b>
15:15 to 16:00	Tool for the collection of data in health facilities
16:00 to 16:45	Discussion and summary of the day Distribution of roles for group practice
16:45 to 17:00	Closing
<b>Day 3</b>	
8:30 to 8:35	Welcome
8:35 to 9:45	Practice groups: FGDs with parents and community
9:45 to 10:15	Discussion
<b>10:15 at 10:45</b>	<b>Break</b>
10:45 to 12:00	Next steps for pre-testing of tools
12:00 to 13:00	Procedures for data collection
13:00 to 13:30	Final remarks and closing discussions
<b>13:30</b>	<b>Lunch</b>

# Study Preparation Tool C: Job Aids for Data Collectors







### Job Aid for Data Collectors

Influential Individuals (IDI tool #4)

The research team will identify categories of influential community members to be interviewed based on preliminary results of in-depth interviews with young parents

#### Data Collector with CHW

Identify two influential persons who live in the catchment area of the health facility

#### Verification of eligibility

Type of person identified as influential in Phase I  
Lives within 10 kilometers of the health facility  
Over 15 years old

YES to all criteria

NO to one or more criteria

Do not continue

Recruitment script

Indicates interest in participation

Indicates that they do not want to participate

Do not continue

Informed consent

Yes

No

Do not continue

Interview

Selection

Eligibility

Recruitment & Consent

**Job Aid for Data Collectors**  
 Young mothers/pregnant girls who did not use services (FGD tool #1)

**Data Collector with CHW**

Selection

Identify 8 young mothers or pregnant women who did not use SRH services for their last pregnancy (if impossible, young parents who made no more than 1-2 prenatal visits)

Eligibility

**Verification of eligibility**  
 Lives within 10 kilometers of the health facility  
 Married, in traditional union, or cohabiting  
 1-2 living children or pregnant with first or second child  
 Between age 15 and 25  
 Non-user of SRH services (or low use)

YES to **all** criteria

NO to one or more criteria

Do not continue

Recruitment & Consent

Recruitment script

Indicates interest in participation

Indicates that they do not want to participate

Do not continue

Age 18 or older

Age 15 to 17

Parental consent

Yes

No

Do not continue

Invitation to participate in FGD

**Data Collector**

Informed consent

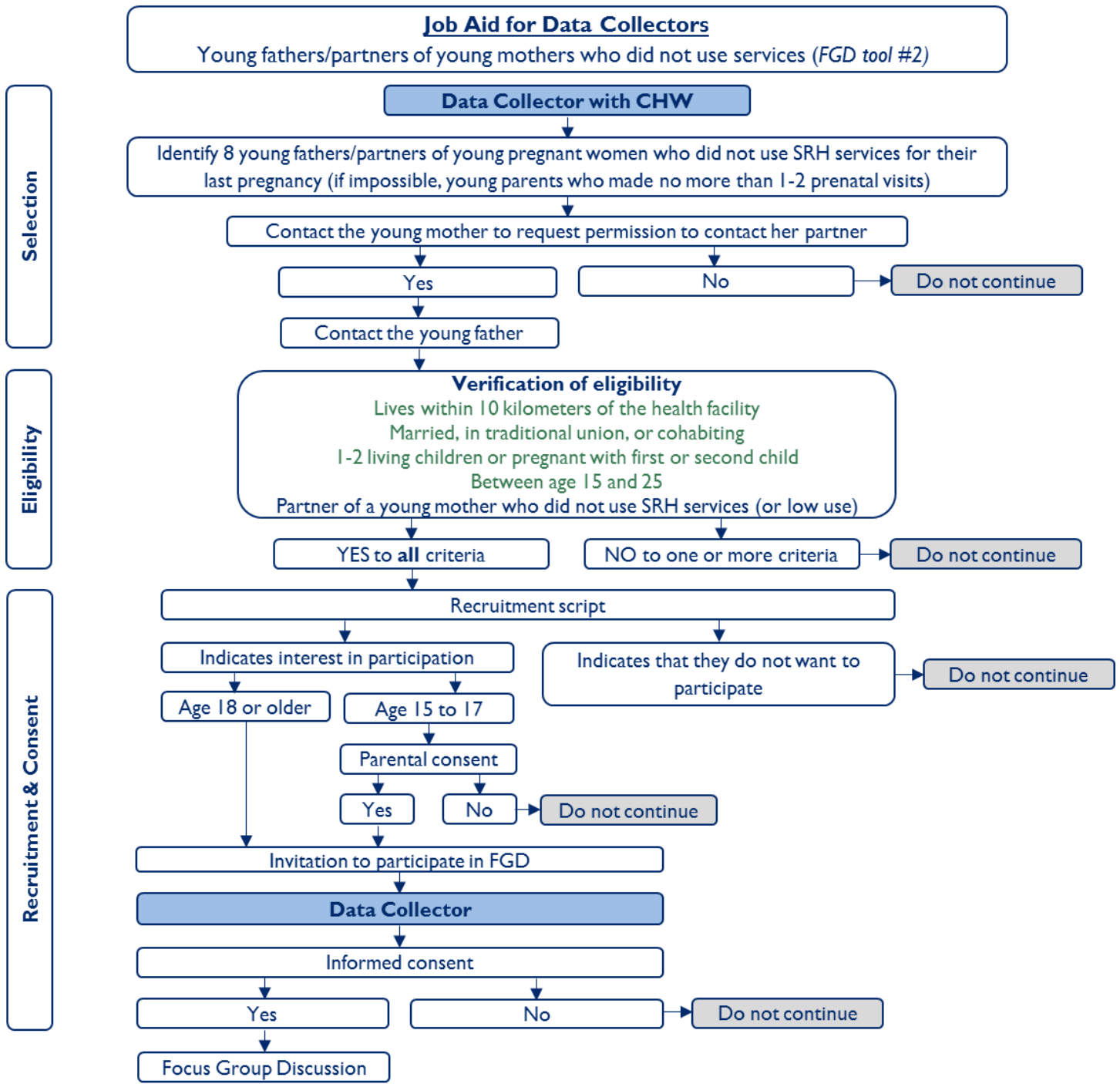
Yes

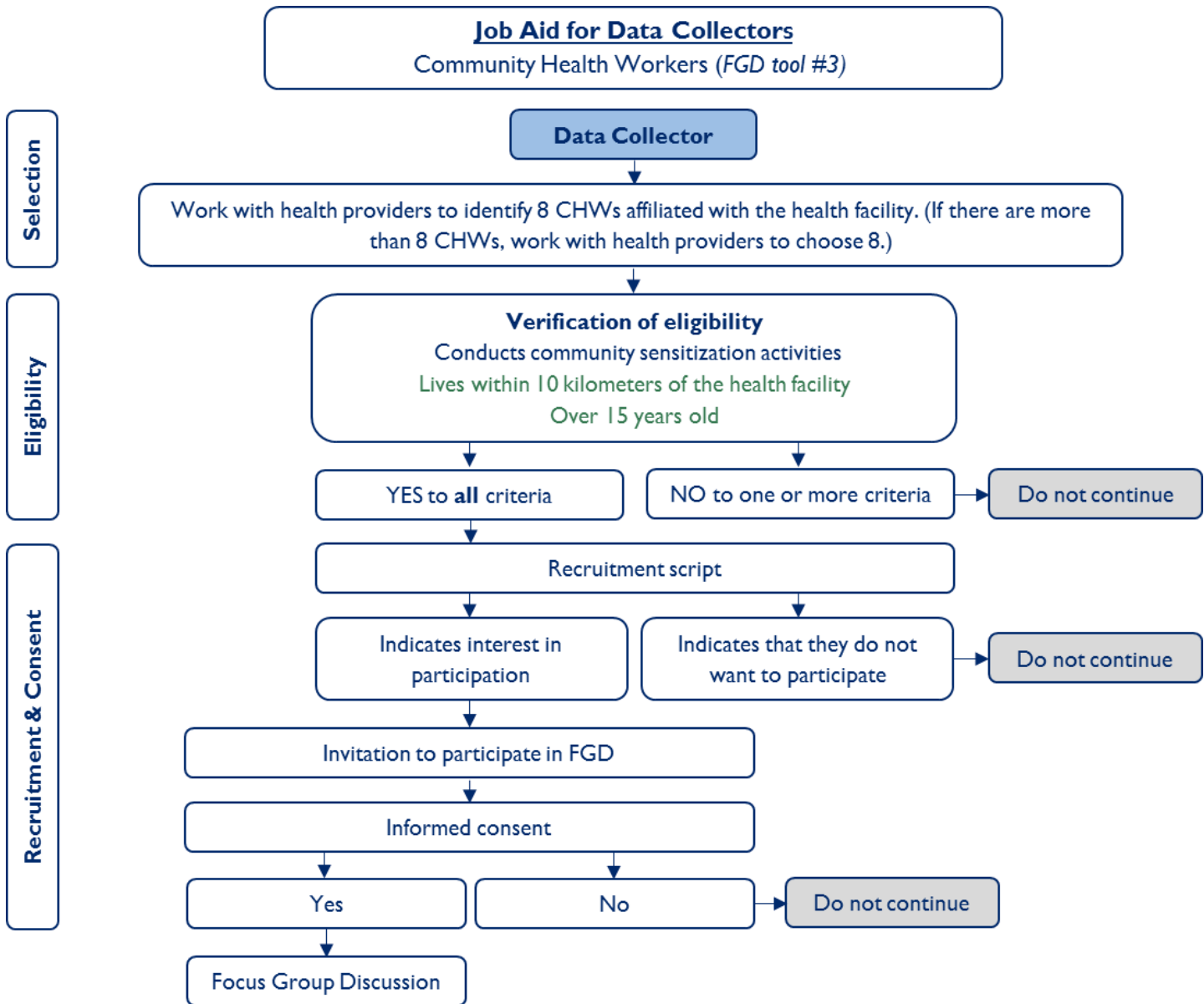
No

Do not continue

Focus Group Discussion









## Study Preparation Tool D: Sample budget for data collection and analysis

The following sample budget is to help research teams plan for the line items that may need to be included to allow for quality data collection and analysis.

Quantity	Description	Units
<b>Personnel</b>		
1	Co-Principal Investigator	85 days
1	Technical Coordinator	80 days
1	Senior Analyst	75 days
1	Senior Statistician	55 days
1	Supervisor Analyst	45 days
8	Data Collectors	12 days
6	Data entry Specialists	6 days
8	Translator/Transcribers	20 days
2	Administration support	15 days
<b>Administrative Costs</b>		
32	Incentives for participants during focus group discussions	Incentives
8	Incentives for Health workers	Incentives
11	Dictaphone Rental	Dictaphones
32	Room rental during focus group discussions	Rooms
32	Snacks and drinks during focus group discussions	Refreshments
1	Car rental and fuel	16 days
12	M&IE and Lodging for data collectors and supervisors during data collection	15 days
3	Mobile phone credits	
1	Training supplies and printing of data collection tools	

# Data collection tools

## Data Entry Sheet: SRH Service User Satisfaction (*Data Collection Tool A*)

For use with IDI tools # 1 and 2 or as a stand-alone tool, the *data entry sheet* allows data collectors to document service users' satisfaction with each element of the SRH services received (the activity with the Likert scale using faces). Data collectors should complete one sheet by circling the responses provided by participants during each IDI with young parents; data can be entered into Excel or a quantitative analysis package for analysis.

## Summary of Influence Mapping sheet (*Data Collection Tool B*)

To facilitate analysis of information gleaned from the participatory influence mapping process conducted with parents and other influential kin (FGD tool #4), data collectors should complete this sheet following each focus group discussion with family and other influential kin.

## Analysis form: Influence mapping (*Data Collection Tool C*)

To facilitate analysis of information from in-depth interviews with FT/YPs (the activity with the post-it notes in IDI tools #1 and 2), we recommend that data collectors complete one *analysis form* immediately following each in-depth interview. The form allows data collectors to document the individuals named by FT/YPs as providing support in pregnancy, during delivery, and for postpartum FP, the nature of their influence, and the strength of their influence (relative proximity to the FT/YP in the center of the circles).

If your study design includes data collection with influential community members, look for patterns in these data to identify influential community member “types”, for purposive sampling.

## Data collection tools include:

**Sample permission form for parents of minors** if parental consent is required for participation of young parents under the age of 18. Tailored consent forms for each participant and data collection type are available in Word format here: <http://www.mcsprogram.org/resource/ftyp-formative-research-toolkit/>.

## Quantitative data collection

- Register review forms

## Qualitative data collection

### *Focus group discussion guides*

- FGD Guide #1 for young mothers who have not used SRH services
- FGD Guide #2 for young fathers whose partners have not used SRH services
- FGD Guide #3 for community health workers
- FGD Guide #4 for parents and other influential kin

### *In-depth interview guides*

- IDI Guide #1 for young mothers who have used SRH services
- IDI Guide #2 for young fathers whose partners have used SRH services

- IDI Guide #3 for health service providers
- IDI Guide #4 for significant community people identified through the mapping of influential “types” using IDI Guide s #1 and #2

Editable Word versions of each data collection tool and their customized consent forms are available here: <http://www.mcsprogram.org/resource/ftyp-formative-research-toolkit/>. Each tool includes a recruitment script; consent form; cover sheet for documenting data collection type, date, location, and completion status; description of preparatory steps, necessary tools and materials, and process; demographic data to collect from participant(s); and the IDI/FGD questions.

## Register Review - ANC Consultations

Name of health facility: \_\_\_\_\_

Type of health facility:  OPTION 1  OPTION 2  OPTION 3

Location:

Date of data collection:

Instructions:

- Count ALL recorded cases in the last six months of service (cases beginning in **MONTH** and ending in **MONTH**) and record here [            ]
- Transfer information from registers only for cases of women under age **SPECIFY** [born after **DATE**]

No.	Pg No	Age		ANC Visits		Services Received				Tests		
	1 <sup>st</sup> pg Y/N	<18 yrs	>18 yrs	Made in first 16 wks of pg Y/N	Completed 4 ANC visits Y/N	Iron and folic acid Y/N	At least 2 TT vaccinations Y/N	Insecticide treated bednet (ITN) Y/N	Albenadazole Y/N	Chlorhexidine Y/N	Tested positive for syphilis Y/N	Tested for HIV Y/N

## Register Review - Delivery and Post-Natal Care

Name of health facility: \_\_\_\_\_

Type of health facility:  OPTION 1  OPTION 2  OPTION 3

Location:

Date of data collection:

Instructions:

- Count ALL recorded cases in the last six months of service (cases beginning in MONTH and ending in MONTH) and record here [                    ]
- Transfer information from registers only for cases of women under age SPECIFY [born after DATE]

No	Age			Reason Delivery or Abortion D/A	Maternal Outcome Y/N	Complications Y/N	Newborn Outcome Y/N	Complications Y/N	1st post-natal visit			
	10-14	15-17	18-24						First 6 hrs	First 6 days	First 6 wks	Other



## Register Review - Family Planning

Name of health facility: \_\_\_\_\_

Type of health facility:  OPTION 1  OPTION 2  OPTION 3

Location:

Date of data collection:

Instructions:

- Count ALL recorded cases in the last six months of service (cases beginning in MONTH and ending in MONTH) and record here [                    ]
- Transfer information from registers only for cases of women under age SPECIFY [born after DATE]

No	Age			FP method used	Experiencing side effects	Case referred	Method codes:
	Actual	10-14	15-17				
							1 - Lo-Femenal/Pills oestro-progestative
							2 - Ovrette/Pills progestative
							3 - Megstron/ injectable
							4 - Depo-Provera/injectable
							5 - IUD
							6 - Spermicide
							7 - Condom
							8 - Implanon/implant
							9 - Standard Days Method/Cyclebeads
							10 -LAM
							11 -Fertility monitoring: temperature, cervical mucus
							12 -Tubal ligation
							13 -Vasectomy

# Sample Permission Form

## Parents of minors

Good Morning/Afternoon,

My name is \_\_\_\_\_, and I am working on a project with the **PROJECT NAME AND AFFILIATION**. I would like to invite your son or daughter to participate in a research study that aims to understand how communities and health services support young parents in this district. He or she is being invited to participate as we believe that he or she will have valuable insights to share.

If you agree to allow your son or daughter to participate, a researcher will contact him or her to invite them to participate in either a one-on-one interview or a group discussion with about 8 other people, and answer some questions about their experience. This interview or group discussion will take about one hour. They do not have to participate, if you do not wish. If they do participate, they will not receive compensation or any direct benefit from participation, but we will use their answers and answers of others we are meeting to improve use of services by young parents in this District. The information that they give will be confidential, and we will not include their name or other information that could be used to identify them when we share the results of the study.

Do you have any questions for me?

Will you allow your son or daughter to participate in the study?

[IF NO]: "Okay, thank you for your time. Have a good day!"

[IF YES]: "Okay, I will contact your son or daughter to schedule the interview or group discussion."

# Tool FGD # 1: FGD Guide for Young Mothers and Young Mothers-To-Be

## Introduction of Group Members

Could you please go around the circle and share your name and village you come from? Do you have children and what are their ages? If pregnant, when is your baby due?

1. How does it feel to be a first-time or young mother? What are your thoughts about becoming a parent and starting a family?

## Ideal Times to Start a Family

1. In your opinion, when is the ideal time to start having children? Why?
2. How do couples decide to have a first child? Do both decide together or does one person decide? Who?
3. How do you know when it's a good time to have a second child?
4. Do you think that people in this community treat younger couples (under 18) who have children or are starting a family differently than couples in their early 20s? In what ways? Why? How do they treat young people who are starting a family but who are not married?

**Explain:** I would like to tell you a small story now and would like you to give me your reactions or opinions during some very interesting times in the story. There are no wrong answers; all of your answers are good. Are you ready?

This is the story of Rose and Bernard. Rose has lived her entire life in the small town of **NAME**. When she was 15, Bernard's family moved to town and lived on the same street as Rose's family. He was one year ahead of her in school – in his final year, actually. They were neighbors and also went to the same school, thus ended up walking together talking and joking on their way home each afternoon. Soon they were very much in love. After Bernard completed school, they decided to marry with the blessings of both families. Rose stopped attending school and started to work in town as a shop assistant. Bernard continued to study to become a car mechanic. They were very happy together.

After about six months of marriage, Rose missed her periods for three months and began to suspect she was pregnant. She was 17 years old. Bernard was 18 years old. She and her mother went to the health facility and the nurse confirmed the pregnancy. The nurse told Rose to return the next week to start ANC visits.

1. What will Rose think about and feel when she heard the news that she was definitely pregnant?
2. What will her mother think?
3. What will Bernard think about and feel when he heard the news?

Rose decided to return to the health facility the next week for her first ANC visit. She was going to be a mother! She was weighed and counseled about how to care for herself and the baby growing inside her. She learned about preparing for childbirth at home and making a birth plan.

1. What do people say about adolescents going for ANC services?
2. Have you heard about birth plans? What would Rose and Bernard put together for their birth plan?
3. As Rose is only 17, who in the family or community would help Rose the most during her pregnancy? How?

4. Is Bernard involved in supporting Rose's pregnancy? What does Bernard do? What is he expected to do as an 18 year old?
5. What do people say about adolescents who seek antenatal care services?
6. What do people say about young mothers who seek antenatal care services?

In her ninth month of pregnancy, Rose was feeling heavy and walking slowly. It was tiring to go to work each day but she managed. She and Bernard were waiting anxiously for the birth of their first child. Her older sister Fatima started talking about childbirth. She had used a TBA for the birth of her first child and wanted Rose to use the same TBA, who was well-respected in her community. But Rose wanted to deliver in the hospital, which was only 5 km from her home. Bernard was very quiet on the issue because he thought this was woman's business.

1. Who helps young women make decisions about where to deliver? What determines who and where to deliver? How is the husband involved?
2. Why do young couples decide to deliver with TBAs? Why do some prefer a health facility?
3. Even though he is quiet, what do you think is Bernard thinking?

Finally the time has arrived! Rose goes into labor and arrives at the health facility with her sister's help. After 7 hours of labor, she gives birth to a healthy, sweet, baby girl! The midwife tells her how to take care of herself and her newborn girl. She asks that Rose return in 2 weeks for a post-natal check-up and newborn check-up for the baby. One day after she has given birth, Bernard brings Rose and their baby home.

1. What will Rose do on her first day at home to make sure her newborn stays healthy? [Probe on breast feeding, cord care, staying warm, newborn care in general]
2. She is very young. Who is there to help Rose when she returns home? In what ways? What do you think her life will be like?
3. He is very young. Who is there to help Bernard as a new father? In what ways? What do you think his role will be?
4. Do you think Rose will go for her post-partum check-up and newborn check-up? Do you think Rose will continue to exclusively breastfeed her baby?

Rose and Bernard's life slowly returns to a daily routine of work, home chores, and baby care. Their baby girl is adorable – but it is long days and long nights. After about 6 months her period returns and Rose gets worried. She really wants to wait at least two years before having a second baby.

1. Do couples talk together about spacing the births of their children? Do couples talk about FP methods? Who brings up the discussion first? Who makes the final decision? Who will Rose talk to for advice about FP?
2. Do you think Rose or Bernard will start using a FP method?

That is the end of story! How do you think it ends? What happens to Rose and Bernard?

1. Please describe to me - What would motivate/encourage you and your husband / spouse / partner to come to the Health facility to seek services from a health provider there?
2. Sometimes the parish or other community groups offer services for people who will soon marry, or to parents who have just had their first child. Do such services exist here? What kinds of services are offered? Did you use them? What other services would you like to receive?

## Tool FGD #2: FGD Guide for Young Fathers and Young Fathers-to-be

(Husband/Spouse/Partner of Young Mothers and Young Mothers-To-Be)

### Introduction of Group Members

Could you please go around the circle and share your name and village you come from? Do you have children, how many and what are their ages? If your wife is pregnant, when is the baby due?

1. How does it feel to be a first-time father? What are your thoughts about becoming a parent and starting a family?

### Ideal Time to Start a Family

1. In your opinion, when is the ideal time to start having children? Why? How many children do you want to have?
2. How do couples decide to have a first child? Do you decide together, just you, or just your wife?
3. How do you know when it is a good time to have a second child?
4. Do you think that people in this community treat younger couples (under 18) who have children or are starting a family differently than couples in their early 20s? In what ways? Why? How do they treat young people who are starting a family but who are not married?

**Explain:** I would like to tell you a small story now and would like you to give me your reactions or opinions during some very interesting times in the story. There are no wrong answers; all of your answers are good. Are you ready?

This is the story of Rose and Bernard. Rose has lived her entire life in the small town of **NAME**. When she was 15, Bernard's family moved to town and lived on the same street as Rose's family. He was one year ahead of her in school – in his final year, actually. They were neighbors and also went to the same school, thus ended up walking together talking and joking on their way home each afternoon. Soon they were very much in love. After Bernard completed school, they decided to marry with the blessings of both families. Rose stopped attending school and started to work in town as a shop assistant. Bernard continued to study to become a car mechanic. They were very happy together.

After about six months of marriage, Rose missed her periods for three months and began to suspect she was pregnant. She was 17 years old. Bernard was 18 years old. She and her mother went to the health facility and the nurse confirmed the pregnancy. The nurse told Rose to return the next week to start ANC visits.

1. What will Bernard think about and feel when he heard the news that Rose was definitely pregnant?
2. What will his mother and father say?
3. What will his friends say?

Rose decided to return to the health facility the next week for her first ANC visit. She was going to be a mother! She was weighed and counseled about how to care for herself and the baby growing inside her. She learned about preparing for childbirth at home and making a birth plan.

1. What kind of planning will Rose do for the baby?
2. What will Bernard be expected to do as an 18-year-old father?
3. As Rose is only 17, who in the family or community would help the most during her pregnancy? How?

4. Is Bernard involved in supporting Rose's pregnancy and birth planning? What does Bernard do? As a young person aged 18, what should he do?

In her ninth month of pregnancy, Rose was feeling heavy and walking slowly. It was tiring to go to work each day but she managed. She and Bernard were waiting anxiously for the birth of their first child. Her older sister Fatima started talking about childbirth. She had used a TBA for the birth of her first child and wanted Rose to use the same TBA, who was well-respected in her community. But Rose wanted to deliver in the hospital, which was only 5 km from her home. Bernard was very quiet on the issue because he thought this was woman's business.

1. Even though he is quiet, what is Bernard thinking?
2. Who helps young women make decisions about where to deliver? What determines who and where to deliver? How is the husband involved?
3. Why do young couples decide to deliver with TBAs? Why do some prefer a health facility?
4. What will be Bernard's role in determining how the birth will occur?

Now there are two possible scenarios that happen in our story and I'd like to get your reaction/opinion on it:

Finally the time has arrived! Rose goes into labor and arrives at the health facility with her sister's help. After 7 hours of labor, she gives birth to a healthy, sweet, baby girl! The midwife tells her how to take care of herself and her newborn girl. She asks that Rose return in 2 weeks for a post-natal check-up and newborn check-up for the baby. One day after she has given birth, Bernard brings Rose and their baby home.

1. What will Rose do on her first day at home to make sure her newborn stays healthy? [Probe on breast feeding, cord care, staying warm, newborn care in general]
2. She is very young. Who is there to help Rose when she returns home? In what ways? What do you think her life will be like?
3. He is very young. Who is there to help Bernard as a new father? In what ways? What do you think his role will be?
4. Do you think Rose will go for her post-partum check-up and newborn check-up? What might stop her from going?

Rose and Bernard's life slowly returns to a daily routine of work, home chores, and baby care. Their baby girl is adorable – but it is long days and long nights. After about 6 months her period returns and Rose gets worried. She really wants to wait at least two years before having a second baby.

1. How does Bernard know when is a good time to have a second child?
2. Do you think that Rose or Bernard will start to use a method of family planning? Why or why not?
3. Do couples talk together about spacing the births of their children? Do you think Rose will discuss her thoughts on having another baby with Bernard? What will they discuss? Do couples talk about FP methods? Who makes the final decision?

That is the end of story! How do you think it ends? What happens to Rose and Bernard?

1. Please describe to me - What would motivate/encourage you and your wife / spouse / partner to come to the health facility to seek services from a health provider there?
2. Sometimes the parish or other community groups offer services for people who will soon marry, or to parents who have just had their first child. Do such services exist here? What kinds of services are offered? Did you use them? What other services would you like to receive?

## Tool FGD #3: FGD Guide for Community Health Workers

### Introduction of Group Members

Could you please go around the circle and share your name and village you come from? How long have you been a CHW in this community?

### CHW Organization and Training

1. What kinds of activities do you offer the community? [Probe on types of outreach, e.g., home visits, community education. Probe on kinds of info and services in areas of ANC, MNC, and FP.]
2. Who trained you to offer such information and services?
3. Could you explain what is your relation with the nearest health facility? [Probe on supervision support, materials supply, making referrals, organizing outreach activities with the health facility.]
4. Who do you reach most often in the community with info and services? [Probe on target groups - women, men, youth, couples] Who are the target priority groups? Why? Do you also reach young mothers? Why or why not?
5. As part of your services, have you interacted with women under age 24 in this community? What specifically about adolescent girls under age 18? What kinds of services and information do you offer them?
6. Do you help first-time/young parents - both mothers and fathers? In what ways?
7. What kinds of questions do young mothers and fathers (under 24 years) ask you when you visit them? Can you give several examples?
8. Do you refer young, first-time mothers and mothers-to-be to health facilities for ANC, MNC, and FP services? How do they react?

### Use of Services by First-Time/Young Parents

1. What do young people (under 24) in this community say about the services in health facilities for ANC, deliveries and newborn care? What do they say about services in private clinics?
2. Do you think that health providers treat very young couples (under 18) who have children or are starting a family differently than couples in their early 20s? In what ways? Why?
3. Not all first-time mothers seek health services. What do you think are the barriers that prevent them from going during pregnancy, to deliver, for FP services? [Probe on family opposition, peer influence, religious doctrine, stigma of early pregnancy, distance, cost.]
4. Some young people use the services of TBAs in this community. Why might they prefer to use TBAs rather than facilities for deliveries?
5. In addition to CHW outreach and services at health facilities, are there other ways and places that young women, men, and couples can get health information and services? On parenting? (Probe for radio, internet, church social services, community parenting programs.) What is your opinion of such services?

Thank you!

# Tool FGD #4: FGD Guide For Parents And Influential Kin Of First-Time/Young Parents

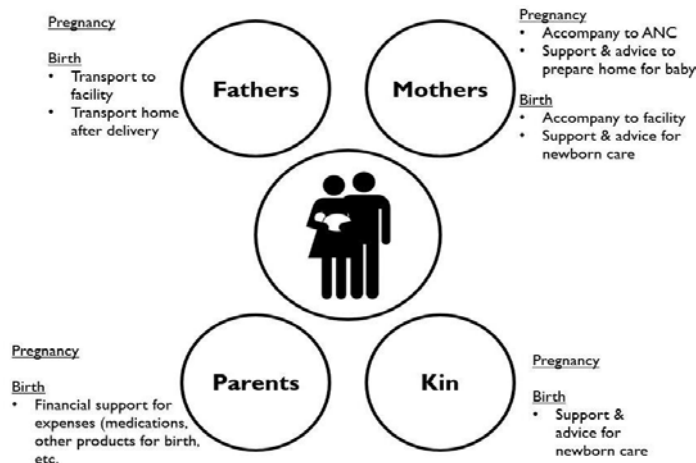
## Introduction of Group Members

Could you please go around the circle and share your name and village you come from?

## Family Roles and Responsibilities to Support First Time Parents

1. How old were you when you had your first child? Who were the people who supported you as you moved from pregnancy to delivery and then becoming a parent? Did you feel prepared for your new responsibilities?
2. At what age was your child and his/her partner when they first became pregnant? How does it feel to be the parent or relative of a first-time mother or father and starting a family?
3. Have you spent time talking with your child about becoming a mother or father? What kinds of things do you talk about? *[Probe whether both women and men are talking with their children and whether they talk about different things.]*
4. Beside talking and offering advice, are there other things you have done to support your child during their first pregnancy and delivery? Can you give examples? *[Probe whether men and women provide support and how support differs by sex.]*
5. In your opinion, when is the ideal time to have your first child? Why?
6. Did you speak with your child about the ideal time to have their first child? What kinds of things did you talk about? *[Probe whether men and women provide advice and if advice differs by sex.]*
7. In your opinion, when is the ideal time to have the second child? Why?
8. Have you ever spoken to your child about child spacing? About using FP methods? What kinds of things do/did you talk about? *[Probe whether men and women provide advice and if advice differs by sex.]*
9. *Explain:* In the middle of this sheet of paper is a couple who are first time parents at age 18. Surrounding them are four circles that represent fathers, mothers, and kin. As you discuss, I will write next to each of the 4 circles what the group says are the main responsibilities of different family members in supporting their children as they move from pregnancy to childbirth to becoming first-time/young parents. *[Keep adding responsibilities until there are no new ideas.]*

Figure 5: Example partial influence map from focus group discussions with family and kin

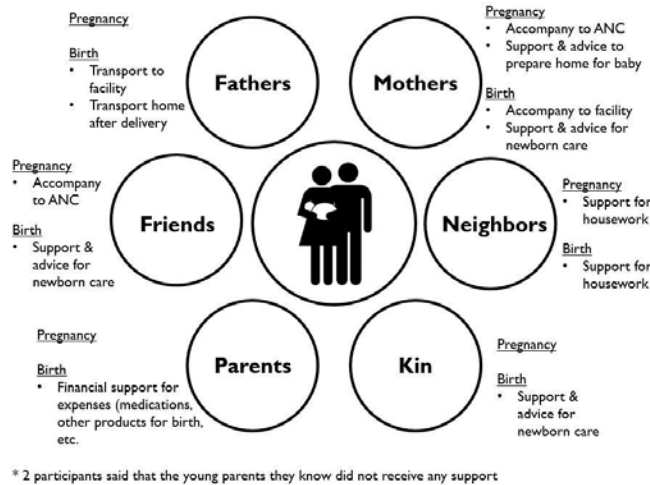


\* 2 participants said that the young parents they know did not receive any support



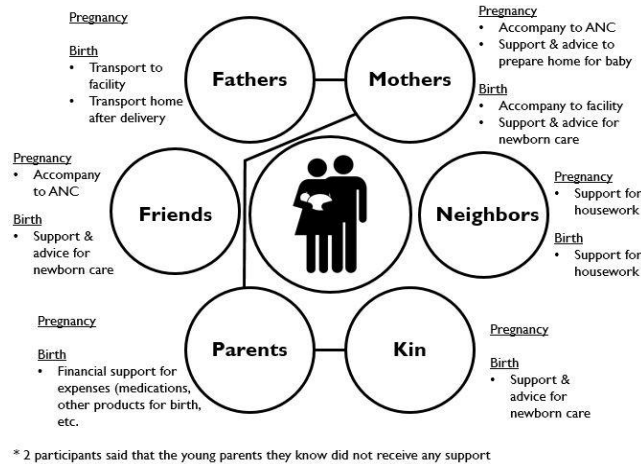
Ask: Who else has responsibilities in this community to support your children as they become first-time/young parents? What are their main responsibilities? Let us add them to this paper, putting them into new circles.

Figure 6: Example partial influence map from focus group discussions with family and kin



Say: Now that we have completed this, can you say if the different groups link to support young people as they become parents? We can draw lines that show the linkages. How are these different people linked?

Figure 7: Example completed influence map from focus group discussions with family and kin



1. In your experience, who in the family helps young unmarried mothers during their pregnancy and preparing for delivery? How do they help?

## Use of Services

1. Would you recommend that young parents in this community use health services for ANC, deliveries, and newborn care in public health facilities? What about private clinics? Why?
2. Would you recommend that young parents use services of TBAs in this community? Why?
3. What about use of modern FP methods? Would you recommend these services for young couples? Why?

Thank you!

Pregnancy

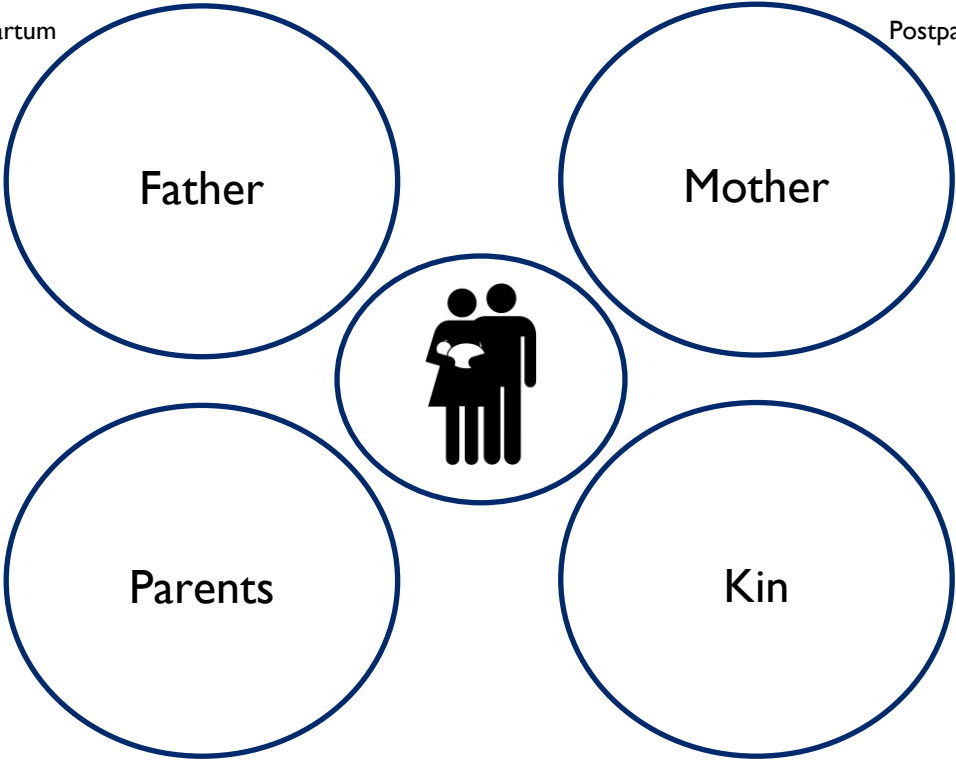
Pregnancy

Birth

Birth

Postpartum

Postpartum



Pregnancy

Pregnancy

Birth

Birth

Postpartum

Postpartum

# Tool IDI #1: IDI Guide for Young Mothers and Young Mothers-To-Be

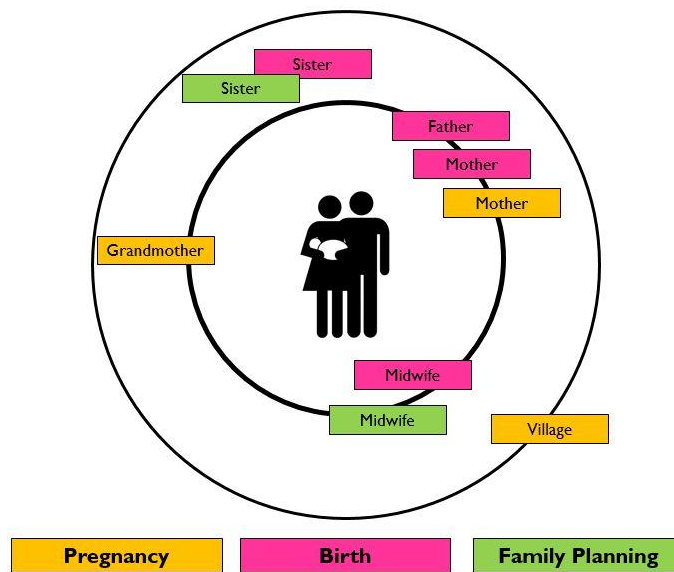
## Household Context

1. Can you tell me a bit about you, your partner, and your children? How did you and your partner meet? How long you have known each other? How many children do you have? How old were you when you had your first child?
2. Are any family members living with you or live in this area? Who?
3. Are you or your partner involved in any kind of groups or associations – social or otherwise? Which ones?

## Enabling Environment (Influence Mapping)

*Explain:* I'd like to start with an activity. You'll see some small post-it notes on the table. And here is a sheet of paper with two concentric circles. There is a circle in the middle. I'm going to write a nickname for you in the middle. [Data collector should do this.]

Figure 8: Example completed influence map from IDIs with FT/YPs



## Influential People during Last Pregnancy

*Explain:* Now think about your last pregnancy with [name].

1. Please tell me who was very helpful to you during your pregnancy. These could be people in your family or community or living far away. We'll write their relationship to you (e.g., aunt, friend,) on a yellow post-it note and place it on the paper to indicate how helpful this person was to you. Were there others that were very helpful? *Continue to write their relationship on a figure and post on the paper until no more people are named.*
2. In what ways did these people help you during your pregnancy? *Probe on specific actions or roles each person played, such as advice giving, helping with chores. Probe about seeking ANC services.*

## **Mothers Only: Influential people during preparation for childbirth and delivery**

1. Now still thinking about [same child], but at the time you were preparing for and then delivering. Who was very helpful to you at this moment? Again, these could be people in your family or community or living far away. We'll write their relationship on pink post-its and you place them on your paper. Were there others that were very helpful? *Continue to write their names on a figure and place it close to the center. If person was named earlier, paste the figure over the other one.*
2. In what ways did these people help you during your pregnancy? *Probe on specific actions or roles each person played, e.g., birth planning, taking her to clinic or calling TBA. Probe on seeking and using maternity/TBA services.*

## **Mothers Only: Influential people in child spacing and FP**

1. Was there a time when you wanted to space your next pregnancy: IF NO: Skip question. IF YES, Continue.

IF YES: Who was very helpful to you in making the decision to start birth spacing? We'll write their relationship on green post-it notes and place them on the paper. Were there others who were very helpful? *Continue to write their names on post-it notes and place it close to the center. If person was named earlier, paste the figure over the other one.*

2. Who was very helpful to you in obtaining a FP method? Continue to write their names on post-it notes and place it close to the center. If person was named earlier, paste the figure over the other one.
3. In what ways did these people help you start active efforts to plan your family? Probe on specific actions or roles each person played, e.g., giving advice, talking with a husband. Probe on seeking and using FP services.

## **Husband's Support to Wife**

1. Did your husband support you during pregnancy and child birth? In what ways? (Probe on helping with chores, going to the health center, giving money for services or birth preparation materials)
2. Did you discuss at any time using a FP method with your husband/partner? What kinds of things did you discuss? When did you discuss FP use, e.g., prior to or during pregnancy?
3. Did your husband / partner support you in caring for your newborn baby (after you & your baby returned home)? In what ways?

## **Self-Care Practices and Services Use**

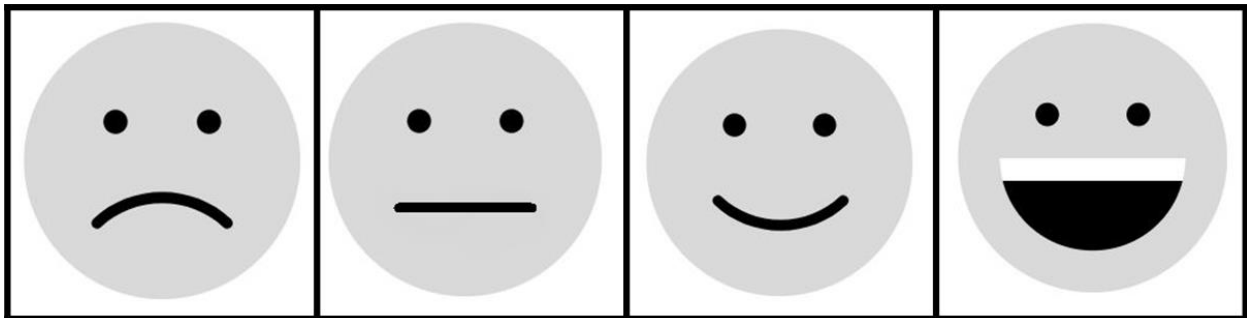
1. Pregnancy and delivery and post-partum care and self-care practices
  - a. During your pregnancy with [name of last born child], how did you prepare for having your baby? [Probe on ANC visits and who provided services, home preparations for childbirth event, birth planning.]
  - b. Did you go for ANC visits? IF YES: Where and who provided services? Would you have preferred to go elsewhere? Why?
  - c. **Mothers Only:** Where did you deliver your last baby? Who assisted the delivery? Would you have preferred to go elsewhere? Why?
  - d. **Mothers Only:** When you returned home, how did you care for your newborn in the first month post-delivery? [Probe on self/home care practices, e.g., cord care.]

- e. **Mothers Only:** Did you go for a post-natal care visit? IF YES: IF YES: Where and who provided services? Would you have preferred to go elsewhere? Why?
- f. **Mothers Only:** Are you currently doing anything to space births? What method are you using? [Probe on husband involvement e.g., if spacing births was discussed, if he gave money for FP consultations or methods, other ways he supports child spacing efforts.]

### User Experiences with Services

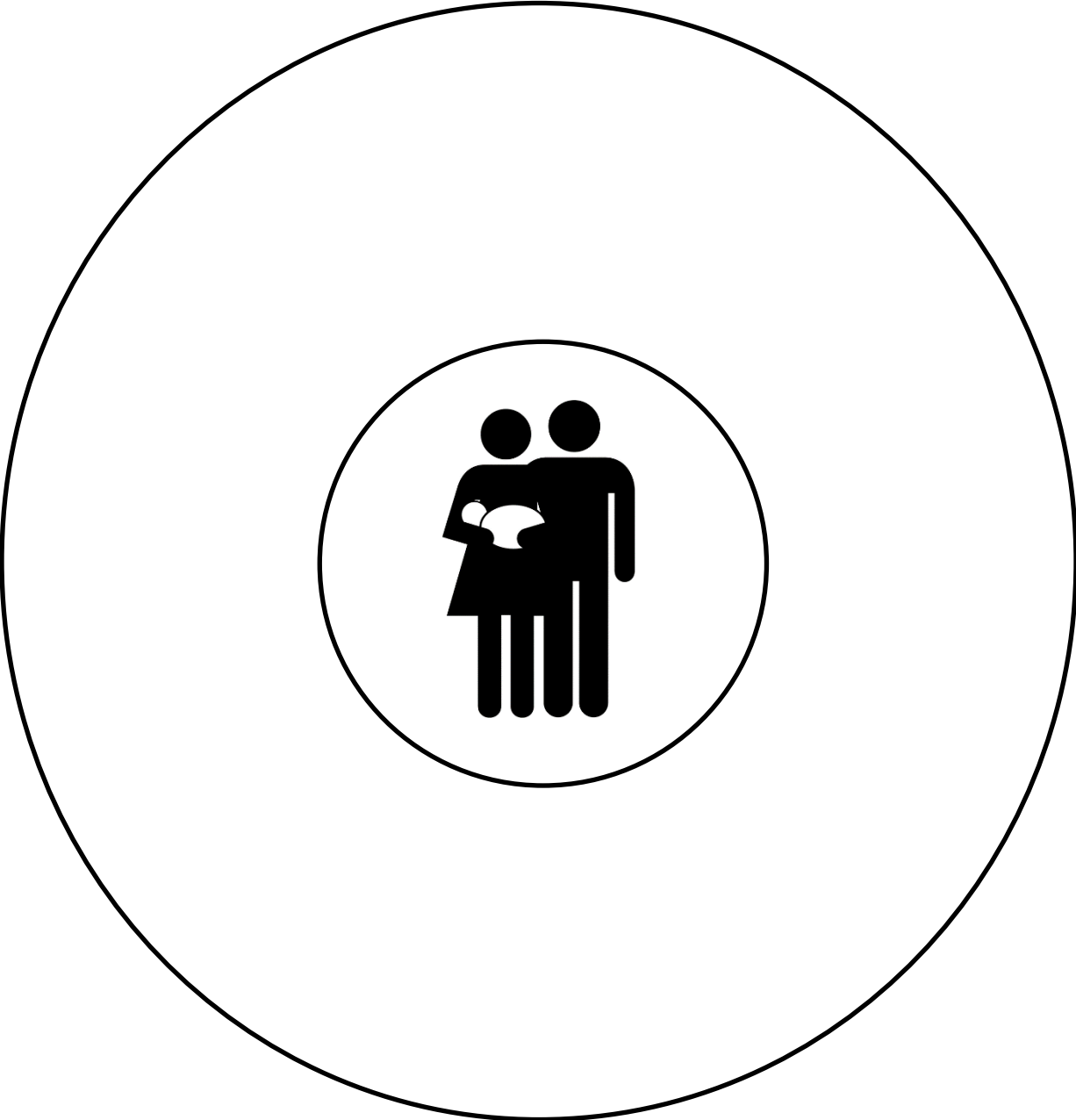
Ask questions for each of the three services areas mentioned above as being used by respondent.

1. You mentioned that you used [X] services. What did you like best about these services? What did you like least? Why?
2. *Show and explain:* These 4 faces on this paper can be used to show how satisfied you were with services you received. This face at right indicates great satisfaction and the face at left indicates no satisfaction with services at all. And there are two in-between faces, also. For all the services you used, could you rate each service aspect using this scale? I will read them to you now:
  - a. How you were welcomed at the health center
  - b. Waiting time before you saw the nurse or doctor
  - c. How courteously the nurse or doctor treated you
  - d. How well the nurse or doctor explained things to you
  - e. Whether you received all medicines and products you needed
  - f. Cost of services/consultation
  - g. Overall satisfaction



3. As a young person using health services during pregnancy, delivery, and post-partum (including FP), what suggestions would you give about making services more friendly and easy-to-use by young people?
4. Sometimes the parish or other community groups offer services for people who will soon marry, or to parents who have just had their first child. Do such services exist here? What kinds of services are offered? Did you use them? What things did you learn?

Concentric Circles for Influence Mapping Activity



## Tool IDI #2: IDI Guide for Young Fathers and Young Fathers-to-be (Husband/spouse/partner of Young mothers & Young mothers-to-be)

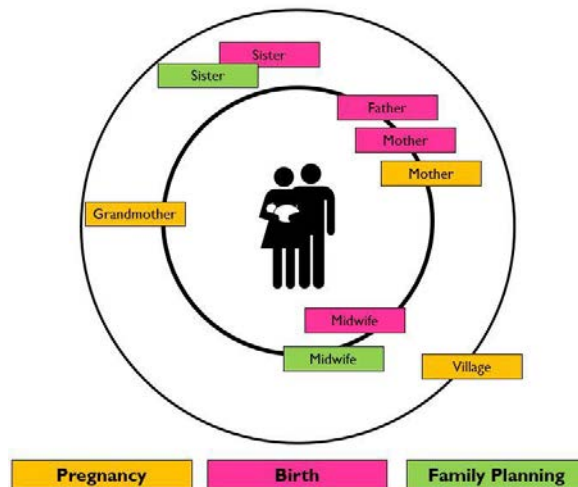
### Household Context

1. Can you tell me a bit about you, your partner, and your children?
2. How did you and your partner meet? How long you have known each other? How many children do you have?
3. How old were you when you had your first child?
4. Are any family members living with you or live in this area? Who?
5. Are you or your partner involved in any kind of groups or associations – social or otherwise? Which ones?

### Enabling Environment (Influence Mapping)

*Explain:* I'd like to start with an activity. You'll see some small post-it notes on the table. And here is a sheet of paper with two concentric circles. There is a circle in the middle. I'm going to write a nickname for you in the middle. [Data collector should do this.]

Figure 9: Example completed influence map from IDIs with FT/YPs



### Influential People during Last Pregnancy

*Explain:* Now think about when your partner was last pregnant with [name].

1. Please tell me who was very helpful to you – not your partner - during your wife's pregnancy. These could be people in your family or community or living far away. We'll write their relationship to you (e.g., aunt, friend,) on a yellow post-it note and place it on the paper to indicate how helpful this person was to you. Were there others that were very helpful? *Continue to write their roles on a figure and post on the paper until no more people are named.*
2. In what ways did these people help you during the pregnancy of your partner? Probe on specific actions or roles each person played, e.g., advice giving, helping with medical costs. Probe about whether they encouraged seeking ANC services.

## **Fathers Only: Influential people during preparation for childbirth and delivery**

*Explain:* Now still thinking about [same child], but at the time you and your partner were preparing for childbirth and giving birth.

1. Who was very helpful to you – not your partner - at this moment? Again, these could be people in your family or community or living far away. We'll write their relationship on pink post-its and you place them on your paper. Were there others that were very helpful? *Continue to write their names on a figure and place it close to the center. If person was named earlier, paste the figure over the other one.*
2. In what ways did these people help you support your wife as she was preparing to deliver and then delivering the baby? Probe on specific actions or roles each person played, e.g., birth planning, taking her to clinic or calling TBA. Probe on seeking and using maternity/TBA services

## **Fathers Only: Influential People in Child Spacing and FP**

1. Was there a time when you wanted to space the next pregnancy?

IF NO: Skip question

IF YES: Continue.

IF YES: Who was very helpful to you in making the decision to start birth spacing? We'll write their relationship on green post-it notes and place them on the paper. Were there others who were very helpful? *Continue to write their relationships on post-it notes and place them on the paper. If person was named earlier, paste the figure over the other one.*

2. In what ways did these people help you start to actively to plan your family? Probe on specific actions or roles each person played, e.g., giving advice, talking with a wife. Probe on seeking and using FP services.

## **Husband Support to Wife**

1. Did you support you partner during pregnancy and child birth? In what ways? Probe on helping with chores, going to the health center, giving money for services or birth preparation materials.
2. Did you discuss at any time using a FP method with your partner? What kinds of things did you discuss? When did you discuss FP use, e.g., prior to or during pregnancy?

## **User Experiences with Services**

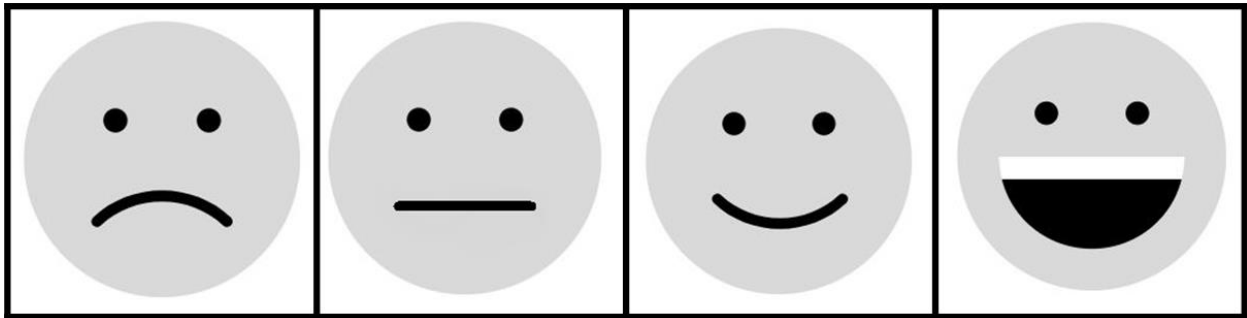
1. Have you ever received information or services from a health care provider or CHW about pregnancy, mother and newborn care, or FP? Who did you meet with (CHW or facility provider)? On which issues? Did you meet alone with this person or were you with your partner?

*Ask questions for each of the three services areas that were mentioned above as being used by respondent:*

2. Did your wife use ANC, MNC, or FP services in the past year? You mentioned that your wife used [X] services. What did you like best about her using these services? What did you like least? Why?
3. Did you and you wife talk about the services she received? *IF YES: Show and explain:* These 4 faces on this paper can be used to show how satisfied you were with services your wife received. This face at right indicates great satisfaction and the face at left indicates no satisfaction with services at all. And there are two in-between faces, also. For all the services you used, could you rate each service aspect using this scale? I will read them to you now:
  - a. How she was welcomed at the health center



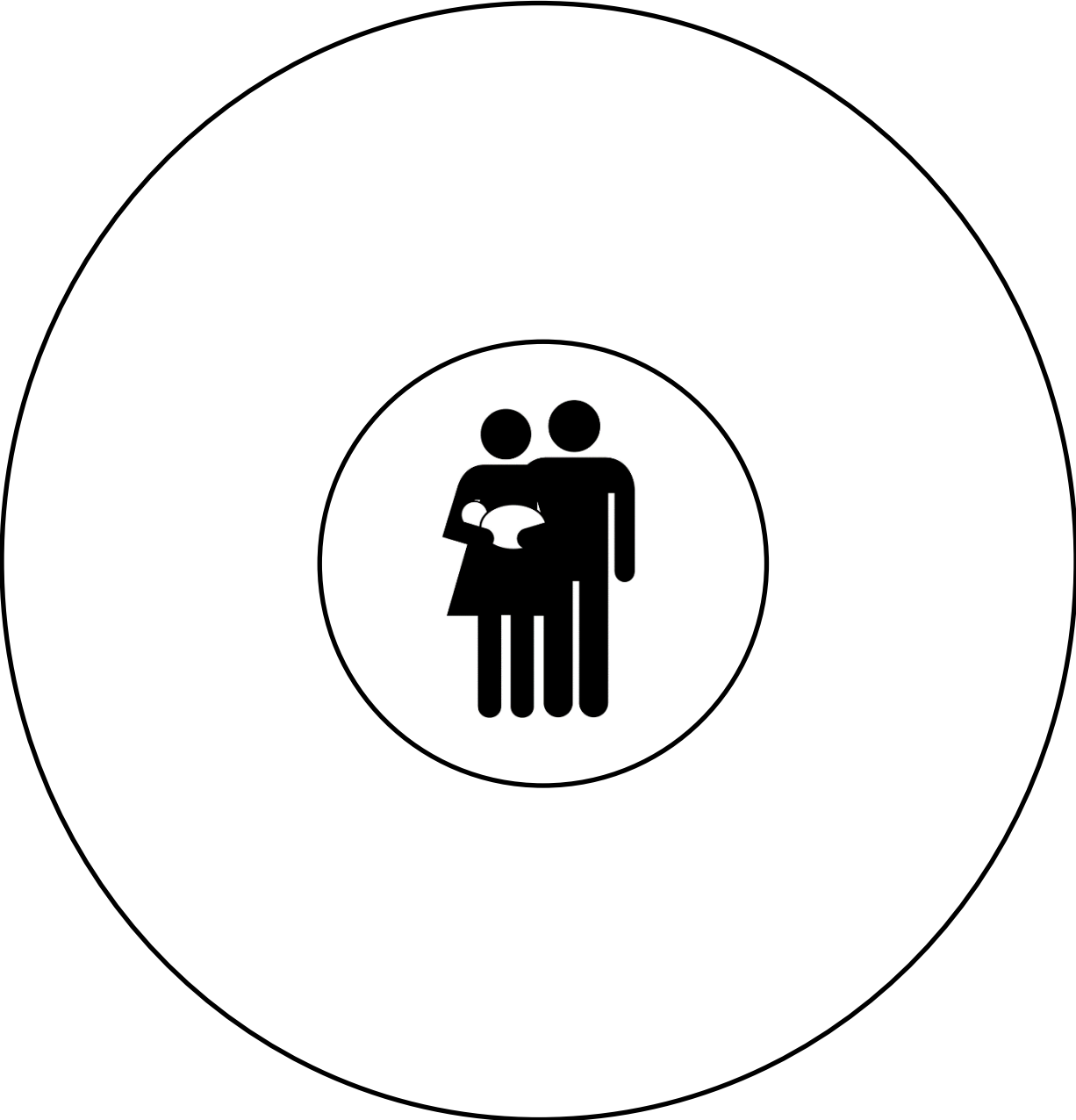
- b. Waiting time before seeing the nurse or doctor
- c. How courteously the nurse or doctor or CHW treated her
- d. How well the nurse or doctor or CHW explained things
- e. Whether she received all medicines and products she needed
- f. Cost of services/consultation
- g. Overall satisfaction



4. As a young person using health services during pregnancy, delivery, and post-partum (including FP), what advice would you give about making services more friendly and easy-to-use by young women and men and couples?
5. IF THEY DID NOT MENTION USING A SERVICE: Had you thought about using these services [those not indicated as used, above]?  
IF SERVICE USE NOT MENTIONED: Why did you decide not to seek [ask for each service not mentioned – ANC, MNC, FP]? Any other reasons?
6. Sometimes the parish or other community groups offer services for people who will soon marry or to parents who have just had their first child. Do such services exist here? What kinds of services are offered? Did you use them? What things did you learn?  
*[Probe whether SRH themes were included in ANC, MNH, FP, responsibilities of parents in child raising.]*

Thank you!

Concentric Circles for Influence Mapping Activity



## Tool IDI #3: IDI Guide for Service Providers

### Service Context

1. Could you tell me about your main responsibilities here? How long have you been posted in this facility?
2. You indicated that one of your main responsibility areas is to provide [ANC/MNC/FP] services. What are some of the satisfactions you derive working in this area? What parts of your work are most challenging?

### Services to First-Time/Young Parents

1. In your consultations, could you describe the type of person who you typically see? [*Probe on target groups - women, men, youth, couples*]?
2. Do you provide services to young single mothers?
3. Are many of your clients under age 24? What about adolescents under age 18? What kinds of services and information do you offer them?
4. The young people in our study are in the process of becoming mothers and fathers, that is, they are becoming parents for the first time. How have you been supporting this particular group of young people? What kinds of services and information do you offer them?
5. Do you think that young parents (*under age 24*) should receive different [ANC/MNC/FP] services than older people? What services and why?
6. Are there any services offered in this clinic that you are hesitant to offer young parents? Why?

### Issues Facing First-Time/Young Parents

1. What do you think are the biggest issues that girls face as first-time/young parents in this community?
2. What are the biggest issues that boys face as first-time/young parents?
3. What do you think are the biggest issues that young couples face?
4. What are other factors that prevent service uptake?
5. What might be your suggestions on best ways to support young couples, young women, and young men in this community to ensure that they have good relationships and healthy families?

Thank you!

## **Tool IDI #4: IDI Guide for Influential Community People in Young Couples' Lives**

### **Role in Community and Support of Young People/Couples**

1. Young people we have interviewed earlier have said that people like you (position or organization) have been helpful to them. Could you tell me a little about your role in this community? How have you been supporting youth?
2. In particular, the young people we have talked with are in the process of becoming mothers and fathers, that are, are becoming parents for the first time. How have you been supporting this particular group of young people?

### **Community Views on First-Time/Young Parents**

1. Do you think that the community views young parents/couples differently than older parents? In what ways? Could you give me several examples?
2. Does the community view young parents who are less than 18 versus differently than youth parents who are in their mid-20s? In what ways? Could you give me several examples?
3. Why do you think these perceptions exist?

### **Issues Facing First-Time/Young Parents**

1. What do you think are the biggest issues that girls face as first-time/young parents in this community?
2. What are the big issues that boys face as first-time/young parents?
3. What do you think are the biggest issues that young couples face?
4. What might be your suggestions on best ways to support young couples, young women, and young men in this community, and ensure that they have good relationships and healthy families?

Thank you!

## Data Collection Tool A: Data Entry Sheet

### SRH Service User Satisfaction with SRH Services

(For Use with IDI Tools #1 and 2)

		Circle the rating provided by the respondent (1 = very satisfied → 4 = not at all satisfied)			
<b>ANC services</b>					
A	Reception	1	2	3	4
B	Waiting time	1	2	3	4
C	Provider courtesy	1	2	3	4
D	Quality of explanation/counseling	1	2	3	4
E	Received all prescribed medications	1	2	3	4
F	Cost of service	1	2	3	4
G	General satisfaction	1	2	3	4
<b>Maternity and post-partum services</b>					
A	Reception	1	2	3	4
B	Waiting time	1	2	3	4
C	Provider courtesy	1	2	3	4
D	Quality of explanation/counseling	1	2	3	4
E	Received all prescribed medications	1	2	3	4
F	Cost of service	1	2	3	4
G	General satisfaction	1	2	3	4
<b>FP services</b>					
A	Reception	1	2	3	4
B	Waiting time	1	2	3	4
C	Provider courtesy	1	2	3	4
D	Quality of explanation/counseling	1	2	3	4
E	Received all prescribed medications	1	2	3	4
F	Cost of service	1	2	3	4
G	General satisfaction	1	2	3	4

## Data Collection Tool B: Summary of Influence Mapping

Focus Group Discussions with Family and Influential Kin (For use with FGD Tool #4)

Interview code:	Facilitator:
Village:	Date of discussion:
District:	

### Men

Fathers: Principal roles and responsibilities		
During pregnancy	During birth	In parenthood

Male family members: Principal Roles and Responsibilities			
Individuals listed (uncle, grandfather, older brother, etc.)	During pregnancy	During birth	In parenthood

### Women

Mothers: Principal Roles and Responsibilities		
During pregnancy	During birth	In parenthood

<b>Female family members: Principal Roles and Responsibilities</b>			
Individuals listed (aunt, older sister, grandmother, etc.)	During pregnancy	During birth	In parenthood

## Sample Completed Data Collection Tool B: Summary of Influence Mapping

The following provides a **sample** of a completed *Summary of Influence Mapping* tool. Roles and responsibilities are expected to vary by setting, so the completed table may include different roles, or assign them to different individuals.

### Men

Fathers: Principal roles and responsibilities		
During pregnancy	During birth	In parenthood
Support with household chores	Arrange for safe delivery	Provide financially for household
Lead decision-maker about place of delivery		Lead decisions about health seeking for baby

Male family members: Principal Roles and Responsibilities			
Individuals listed (uncle, grandfather, older brother, etc.)	During pregnancy	During birth	In parenthood
Father/father-in-law		Provide financial and logistical support for delivery services	Guidance and advice
Brothers			Guidance and advice

### Women

Mothers: Principal Roles and Responsibilities		
During pregnancy	During birth	In parenthood
Make recommendations about place of birth	Main support person during delivery	Support after delivery, especially for cooking and cleaning
Provide baby clothes, diapers, other material support		Support for breastfeeding and baby care
		Share experiences with family planning



<b>Female family members: Principal Roles and Responsibilities</b>			
Individuals listed (aunt, older sister, grandmother, etc.)	During pregnancy	During birth	In parenthood
Older sisters and cousins	Support with household chores	May be a support person during delivery	Share guidance about baby care
Aunt	Share experiences with delivery		Share guidance about baby care



## Data Collection Tool C: Analysis Form: Influence Mapping

### In-Depth Interviews with FT/YPs (For Use with IDI Tools #1 and #2)

Interview code:	Facilitator:
Village:	Date of discussion:
District:	

#### *During pregnancy*

Influential persons cited by respondent	Sex	Level of influence*	Type of support offered (counseling, actions, roles)

\*Level of influence according to the placement of the individual on the paper: 1 = very influential (very close to the central circle); 2 = influential; 3 = least influential (furthest from central circle)

#### *While preparing for birth*

Influential persons cited by respondent	Sex	Level of influence*	Type of support offered (counseling, actions, roles)

\*Level of influence according to the placement of the individual on the paper: 1 = very influential (very close to the central circle); 2 = influential; 3 = least influential (furthest from central circle)

#### *After delivery/postpartum*

Influential persons cited by respondent	Sex	Level of influence*	Type of support offered (counseling, actions, roles)

\*Level of influence according to the placement of the individual on the paper: 1 = very influential (very close to the central circle); 2 = influential; 3 = least influential (furthest from central circle)

#### *At the time of considering spacing next pregnancy and considering use of FP*

Influential persons cited by respondent	Sex	Level of influence*	Type of support offered (counseling, actions, roles)

\*Level of influence according to the placement of the individual on the paper: 1 = very influential (very close to the central circle); 2 = influential; 3 = least influential (furthest from central circle)

# References

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- <sup>ii</sup> United Nations Population Fund (UNFPA), *Marrying Too Young: End Child Marriage*, New York: UNFPA, 2012.
- <sup>iii</sup> World Health Organization (WHO). 2011. *WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries*. Geneva: WHO.
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- <sup>v</sup> World Health Organization (WHO). 2011. *WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries*. Geneva: WHO.
- <sup>vi</sup> Guttmacher Institute and International Planned Parenthood Federation (IPPF), *Facts on the sexual and reproductive health of adolescent women in the developing world, In Brief*, New York: Guttmacher Institute; and London: IPPF, 2011.
- <sup>vii</sup> Margaret E. Greene, Jill Gay, Gwendolyn Morgan, Regina Benevides, and Fariyal Fikree, *Reaching Young First-Time Parents for the Healthy Spacing of Second and Subsequent Pregnancies* (Washington, DC: Evidence to Action Project, July 2014).
- <sup>viii</sup> Gittlesohn, JG, Steckler, A, Johnson, CC, Pratt, C, Grieser, M, Prickrel, J, Stone, EJ, Conway, T, Coombs, D, Staten, LK. *Formative Research in School and Community-Based Health Programs and Studies: "State of the Art" and the TAAG Approach*. *Health Educ Behav*. 2006 February ; 33(1): 25–39.
- <sup>ix</sup> Blum RW, Bastos FI, Kabiru CW, Le LC. Adolescent health in the 21<sup>st</sup> century. *Lancet*. 2012. Vol 379:1567–1568. 2012.