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Application of a qualitative rapid assessment approach to inform community-responsive information, education and communication activities

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Outline

- Introduction
- Methodology
- Results
- Conclusions
- Acknowledgement

Introduction

- The Alma-Ata Declaration (1978) reaffirmed the importance of providing primary health care responsive to community needs.
- Ethiopian Federal Ministry of Health released in 2016 its National Health Promotion and Communication Strategy.
- The Strategy aligns with the philosophy of primary health care in the *Alma-Ata Declaration*, calling for:
  - Context-specific health communication interventions
  - Interventions built on detailed situational analyses that accommodate community-level diversity

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- Our study examined the application of a **qualitative rapid assessment approach** to explore:
  - Community perceptions and experiences related to health and health inequality, focusing on maternal and child health (MCH).
- Our study objective:
  - To generate a context-specific situational analysis to inform the design and delivery of IEC activities in Jimma Zone.

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- Why did we focus on maternal and child health (MCH)?
  - Ethiopia has a demonstrated need to improve MCH:
    - *Maternal mortality: 422 deaths per 100,000 live births*
    - *Neonatal mortality: 29 deaths per 1000 live births*
    - *Infant mortality: 48 deaths per 1000 live births*
    - *Under-five mortality: 67 deaths per 1000 live births*
    - *Life-time risk of pregnancy-related death: 21 in 1000 women*
  - Change is possible:
    - Outcomes can be improved by promoting the use of MCH services, especially skilled delivery service

(Source: EDHS, 2016)

Methods

Study context → part of a larger research project, the Safe Motherhood Project

conducted in May-June, 2016

Study design → qualitative rapid assessment (pre-IEC)

Study setting → 3 districts of Jimma Zone, SW Ethiopia

6 study sites (2 in each district)

Study location

Gomma

Kersa

Jimma Town

Seka Chekorsa

Goma

Kersa

Seka Chekorsa

N

30 15 0 30 Kilometers

In total, 6 kebeles; 2 from each districts

Sampling

Focus group discussions (12)

- 6 Male Community Members
- 6 Women Community Members

In-depth interviews (24)

- 6 HEWs
- 6 Religious leaders
- 6 Women Development Army
- 6 Male Development Army

Instrument

MCH-related sources of information

Preferred message delivery approach

Perceptions of health

Barriers to MCH service utilization

Data management and analysis

- Interviews were transcribed and translated by trained data collectors
- Qualitative data analysis done using Atlas.ti 7.0.5 Computer Software
- Code book was developed and similar responses were grouped together to develop thematic categories
- Relevant quotations under each category were narrated accordingly

Results

Participant characteristics

- The mean age of participants; Male Development Army, Women Development Army, and HEWs were 46.5, 37.7, and 25.8 years, respectively.
- The mean age of the Religious leaders was 52.5 years
- The maximum service years as a Religious leader was 45 years and minimum of below 15 years.
- FGD among male and female community members with *nine* to *twelve* participants were recorded.

……Results

Perceptions of health

- Participants expressed that being healthy is related to:
    - maintenance of hygiene and sanitation
    - ability to perform daily activities
    - access to disease treatment

- Community health was viewed as a prerequisite for peace, development and protection from outside threats .

Participant quote

"A healthy person is he who has functional hands and legs, who has a peaceful mind, who is able to produce and eat, who is able to move to where he wants, and who is able to learn and produce. If he is not healthy, he can't accomplish anything or produce for survival."

-Female community member, Kersa district, age 25

……Results

Health inequalities

- Health inequalities within communities were attributed to:
  - lack of knowledge
  - exclusion from social groups
  - poverty (a possible barrier to health)

Participant quote

"People have problems in taking their sick families to health facilities. Some wait longer before they take their family members to the health facilities. This emanates from a lack of awareness. The Health Extension Worker tries what she can, but the people do not have awareness."

Male community member, Kersa district, age 35

……Results

MCH service utilization

- Participants felt it was important for women to have regular checkups during pregnancy…
  - BUT they were uncertain about why, when and how often

- MCH can improved by ensuring reliable access to:
  - facilities
  - ambulance services
  - trained health professionals

Participant quote

- *"...the main problems are the shortages of equipment, medicines and syrups in this health post. It is good if we get additional health human power for our health post. We have a problem of ambulances services for transportation. If women go health facility They will get some services at health center like vaccine and injection."*
  - *Male community member, Kersa district, age 35*

……Results

Information About MCH

- HEWs, religious leaders and the Woman/Male development armies were major MCH information sources

- Participants were confident in their community's ability to **disseminate and apply** health knowledge

- However, Participants were less confident in the community's collective ability to **acquire new** knowledge.

Participant quote

"… like to learn with health extension workers because they give us advice, they remind us what we forget, and fill our gaps. Meanwhile, since we are not educated we simply try to catch up only by our brain, so that; we may remember some of it while forgetting the other thing. But, health extension workers are educated one and they catch it well and make us to remember so that, I prefer to learn with them".

FHDA, Seka Chekorsa district, age 42

Participant quote

"For me the advice that may inspire me was, rather than advice from groups [garees], I prefer the advice from government bodies; I got the advice from the kebele peoples. As to me, the groups were not benefitting me by their advice. I believe and accept the advice from peoples working in kebele and guest coming from other area since the government sent them for me. I want to protect my health by my initiation and inspire my sons and daughters to protect their health, too."

Female community member, Seka Chekorsa district, age 55

Conclusions & Recommendation

- Participant experiences and opinions varied between the six study sites to a greater extent than between stakeholder groups.
  - This implies that community-level interests and experiences were prioritized over individual roles.

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- IEC initiatives are warranted in Jimma Zone, to strengthen community-level knowledge and resource mobilization for improved MCH.
- HEWs, religious leaders and development army members are *well-positioned* to disseminate knowledge and influence health behaviours and norms
- Existing community support structures can be harnessed to promote health for all.

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- Health promotion activities should be based on community-expressed needs and experiences.

- Rapid qualitative assessment approaches can be used to generate current and relevant situation analyses to inform the design and delivery of IEC initiatives in Ethiopia, where such evidence may be scarce.

Ethical Consideration

- Ethics requirement were addressed based on Jimma University Institutional Review Board (IRB) protocols and the University of Ottawa Research Ethics Board (REB).

Selected references

- Alma Ata Declaration, 1978
- Central Statistical Agency (CSA) [Ethiopia] and ICF. (2016). *Ethiopia Demographic and Health Survey*. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.
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Thank you!

Annex -1

- IDI participants

Study area		Groups of Participants			
		MDA	FHDA	Religious Leaders	HEWs
District	Kebele	Age	Age	Age	Age
Kersa	Baallto	48	28	-	30
	Kitimbile	50	28	39	24
Seka Chekoresa	Hula Huke	46	42	65	23
	Buyo Kechema	45	35	70	25
Gomma	Keso Hito	35	53	-	25
	Kilole	55	40	36	28

Annex 2

- FGD participants

District	Kebele	Number of participants
Kersa	Baallto	11
	Kitimbile	9
Seka Chekoresa	Hula Huke seqa	11
	Buyo Kechema	12
Gomma	Keso Hito /Gomma	11
	Kilole	11