

OpenIDEO Key Informant Interviews

Summary Report

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Introduction: The OpenIDEO.com Interview Toolkit¹ explains that the process and responses from interviewing parents, experts and community leaders is an opportunity for insight – to explore the challenges associated with helping children in specific low resource environments to both survive and thrive. World Vision has submitted an application to research the Zero to Five Challenge in West Bank in the occupied Palestinian territories (oPt). Specifically, World Vision proposed to research an approach called Enhanced Timed and Targeted Counselling (EttC), which is intended to build the skills of mothers through play and stimulation with their infants, offer support for optimal maternal mental health and individualised monitoring and support for holistic development of their infants. It has been titled [updated 6 January 2015] “*Born to Bond: Psychosocial wellbeing for mothers and babies*”. This project idea was shortlisted for refinement. As part of the proposal refinement process, eleven brief key informant interviews were undertaken in December 2014.

The purpose of the key informant interviews was to confirm the needs in West Bank, in relation to maternal mental health and infant development, were clearly understood. Also, that the proposed approaches and interventions were aligned with those of child development experts, proposed partners, and most importantly, with mothers and community health workers (CHWs) from West Bank. Additionally, the interviews were intended to generally explore parenting concerns for women in low resources settings, specifically in the West Bank, so that any new issues or ideas could be incorporated into the proposal refinement stage.

Participants comprised 11 individuals including one international expert on maternal mental health and child psychiatry, two renowned co-authors and distributors of the Nipissing District Developmental Screen (NDDS), four mothers plus four community health workers (CHWs) from various villages in West Bank. Expert interviews were conducted in writing via email. Interviews in West Bank were conducted in person by local World Vision staff. These community-based interviews were held in local language with responses translated to English. Refer to Annex 1 for a copy of questions used in the interviews. Table 1 provides a summary of the interviewees/participants.

Expert Interviewee 1. Name & Credentials:	Dr. Atif Rahman Professor of child psychiatry; University of Liverpool, UK <i>“I demystify and simplify psychological interventions so that non-specialists, or even lay- persons, can deliver them effectively.”</i>
Expert Interviewee 2. Name & Credentials:	Mrs Margaret Peterson Co-author and President for NDDS – Nipissing District Developmental Screen <i>“Provide parents and professionals a simple checklist to assist them to monitor their child’s development. This also includes play activities to promote development, and identifying those children/parents that may need additional support to ensure early intervention.”</i>
Expert Interviewee 3. Name & Credentials:	Mrs Linda McLay Co-author and President for NDDS – Nipissing District Developmental Screen <i>“One of the original authors of a development screener [the NDDS] to identify infants/children experiencing developmental delays.”</i>
Interviewee 4.	Mother from Salamonah village, Bethlehem, West Bank
Interviewee 5.	Mother from Yata village, Hebron, West Bank
Interviewee 6.	Mother from Burin village, Nablus, West Bank
Interviewee 7.	Mother from Deir Sharf, Nablus, West Bank
Interviewee 8.	Community Health Worker from Salamonah village, Bethlehem, West Bank
Interviewee 9.	Community Health Worker from Yata village, Hebron, West Bank
Interviewee 10.	Community Health Worker from Beit Emreen village, Nablus, West Bank
Interviewee 11.	Community Health Worker from Burin, Nablus, West Bank

Table 1. Summary of key informant interviewees

¹ (<https://d3gyq8wptu1by3.cloudfront.net/attachments/fe9a48e-ef27-42c7-8a5c-e2b60e936dd4.pdf>)

Data treatment employed a broad phenomenological approach (Hesserl, 1982; Schutz, 1967) and was analysed using thematic analysis as per procedures set out by Braun and Clarke (2006) to organise common themes. These themes were then refined for increased transparency using the third approach, the Framework Approach, as set out by Smith and Firth (2011) and to ensure all data received had reached saturation.

Results from the qualitative data analysis revealed five main themes in relation to what experts, West Bank mothers and West Bank CHWs perceived as being essential for meeting the zero to five challenges. These five themes for optimal infant development were identified as: (1) Integrated care for mother and baby; (2) Early intervention; (3) Mother support; (4) Increased understanding; and (5) Play. Furthermore, new technologies were suggested by the expert interviewees that also warrant attention.

Integrated care for mother and baby related to interviewees' understanding that a range of factors were critical to the optimal development of infants. They included physical factors, such as breastfeeding, nutrition, safety; psychological factors, specifically with regard to mothers' wellbeing and their capacity to have "emotional space" to bond with their baby; social factors to ensure the mother is assisted in her additional care responsibilities and her capacity to bond and attach with her baby; play; and stimulation for holistic child development. Experts, West Bank mothers and CHWs all observed that many issues need consideration and support and that the wellbeing of mother and child was inseparable. Indeed, most people responded to questions with both mother and child needs in the same sentences, as shown in these excerpts:

- *"Integrated interventions that cater holistically to many aspects that work together to optimize development - key aspects are maternal psychosocial wellbeing, nutritional advice, play and stimulation in a loving and supportive environment."*
- *[What mothers worry about]: "How to coordinate with the new baby's needs, my family's needs, my husband's needs and my personal needs."*

Early intervention was identified as another important factor for ensuring support to developing infants, alongside assisting parents to understand and recognize possible risks. This excerpt from a CHW described that such worries were prevalent for mothers of newborns:

- *"They worry that their babies may get infections or they may have growth problems or disabilities. They worry that they may not recognize the danger signs".*

Mother support was clearly shown to be a critical need for assisting the development of children and ensuring their mothers remained in good physical and mental health to provide for her children. It was identified that mother's having sole responsibility for raising children was a common misconception and risks were present for those mothers who lacked support. It was identified that whole families – fathers and in-laws in particular – were also important in supporting the development and wellbeing of children.

- *"Misconception that parenting is a 'mother's responsibility'"*
- *"[What is helpful for mothers of newborns]: "Dangerous signs for pregnant women and for the baby; periodical medical examination for the mother and the baby; post natal depression."*
- *"Involving fathers and the whole family in supporting the mother... [is a challenge]"*

Increased understanding was viewed as an imperative for mothers. This referred to increased understanding about feeding and/or child-rearing practices; as well as many mothers stating in their own interviews a desire to learn more about child development and ways they can promote optimal care for their babies. CHWs echoed this observing the desire of mothers they were already working with to learn more about child development. Interestingly, mothers interviewed in this study who were prior World Vision participants of the standard ttC program reiterated their feelings of having learned new and helpful practices from their CHW home-visitors.

- *[What parents need to know]: "The physical, mental and psychological development of their children, the effect of marital problems on the children, periodical growth and development monitoring for the children and their importance."*
- *[What parents wish to know]: "The CHW taught me the importance of the growth monitoring and the importance of doing so at the clinic in the village. But I don't know anything about physical and psychological development stages for children. I want to [know what to] expect, what she will do in the future and want to be able to know more about this."*

Play and stimulation was the final major theme throughout the responses by interviewees. Although play and stimulation were frequently mentioned in the integrated care for mother and baby theme, experts and CHWs in particular identified this as an area lacking for many mothers, as indicated in these excerpts:

- “Some of them play with their kids when they are awake by holding him/her, gurgling, talking to him/her and making movements. Some mothers, they don't play with their kids at all. It could be once or twice a month”.
- [Misconception]: “That raising children is the same today as it was 10/20 years ago... Secure attachment to a loving caregiver who can provide a safe, stimulating environment for their child to grow is not as important in the long run to the child's growth and development”.

New technologies - Though not identified as a theme related directly to child development, the idea that new technologies could be better employed for the delivery of integrated mother-baby care programs was mentioned by the expert interviewees. Suggestions included exploring ways for use of smart phones or tablets in program delivery, utilisation of social media to improve parent support and education, utilising recent epigenetics and brain development research findings and to participate in more rigorous development of communications tools (e.g. program materials, checklists etc.). While new technologies and research advances were viewed as future opportunities, they were also recognised as needing careful consideration. This is because despite these opportunities existing, challenges of program delivery in low resource settings is already demanding due to minimal community resources, inadequate medical and mental health care systems and physical/economic safety problems all being overarching priorities to any successful program implementation. These challenges were also mentioned by experts and those suggesting the implementation of new technologies.

Conclusions. Key informant interviews confirmed that the proposed approach, combining the timed and targeted messages about physical care, health and development of infants will fill an important need for mothers in West Bank. It further confirms that the addition of an ‘enhanced component’, which addresses mothers psychosocial wellbeing and promotes play and bonding between mothers and babies will fill a void not presently being taught to mothers with newborns in systematic ways. Based on brief reports that messages and support already provided by CHW to mothers receiving regular ttC has been helpful, an enhanced ttC home-visitor model is likely to continue being a well-received delivery approach.

Overall, this study has anecdotally indicated that the basic premise of the proposed intervention of *Born to Bond: Psychosocial wellbeing for mothers and babies* is likely to meet a need for women in West Bank in a culturally appropriate way. Nonetheless, the study has also identified that there may be ways the original proposal could be strengthened.

The current *Born to Bond* concept may benefit from more intentional integration of activities with fathers, in-laws and possibly other extended family members. Adaptation of the materials for the EttC program would also be well-positioned to include, from the outset, educational materials that could be passed on to mothers about child development, risks or signs that early intervention may be required and possibly practical recommendations for play and stimulation activities. Finally, the program may also benefit from exploring ways new technologies could be used to support the intentions of the program, such as by engaging smart phones, social media and/or other internet technology; depending of course on the accessibility of such resources in the West Bank context.

Limitations to this study abound and conclusions must take these limitations into account. Specifically, the research methodology was weak. Informal translation procedures were followed for local interview transcripts. Different questions and approaches (e.g. interview plus email) were used for data collection. Furthermore, thematic analysis of the qualitative data was completed by the author alone, thus potential bias may exist in the findings. Nonetheless, and as mentioned in the introductory sections of this report, the study was not intended to be a rigorous examination of issues or perceptions. Rather, it was intended only to be an indicative and anecdotal summary of ways the existing concepts/ideas were relevant to the need and context for which it is planned, and to ascertain if any new ideas may emerge to strengthen the proposed intervention. To this end and regardless of the limitations, this study has provided such evidence.

References

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Annex I – Interview Schedules

OpenIDEO Grant Bid Key Informant Interview (KII) Questions/Guide

Quick KII instructions:

- Be sure to seek informed consent for the persons information to be shared, and give them simple information about the KII, such as:
 - *World Vision is submitting for donor funds to undertake a project that aims to improve maternal and newborn child health, including the mental health and wellbeing of mothers. We are undertaking interviews in the community to ensure our ideas for the project match the needs.*
 - *Participation in the interview is voluntary. You will not be forced to answer any questions you do not wish to respond to. You are also open to ending the interview at any time. Your participation in this interview will not impact in any way the support you receive from World Vision or any other organisation.*
 - *The information you provide will be shared publicly, but we will not include your name or any other details that could identify you. Your information will remain anonymous beyond this interview.*
 - *Are you happy to proceed?*
- Use the following questions as a guide, however, feel free to probe the person for more information, using open questions (e.g. *Can you describe for me....? What motivated you to....? What are your feelings/thoughts about...? Etc.*). Try avoiding questions that begin with “why” (because respondents often don’t know the answers!).
- Note down as much information as you possibly can – as close to verbatim as possible. It may be helpful to have one person conduct the interview and another person taking notes. Record the participants’ responses, but also record the questions/probes asked during the interview.
- At the conclusion of the interview clarify any information with the respondent that you were unsure about. Provide the respondent with an opportunity to add anything further if they wish to.
- Try to ensure the interview only goes for about 30-45 minutes.

Questions guide for new mothers:

- What has been helpful to you as the mother of a newborn?
- What was worrying you after your baby was born?
- How often do you play with your baby? In what ways do you play with him/her?
- What would you like to know more about in relation to parenting?
- What would you like to know more about in relation to child development?
- If you could offer advice to other mothers with newborn babies, what would it be?

Questions guide for CHWs:

- What do you think is most helpful for the mother of a newborn?
- What do you observe to be worrying mothers of newborns?
- Do you observe mothers playing with their infants? How often? In what ways?
- What do you believe parents need to know more about in relation to parenting?
- What do you believe parents need to know more about in relation to child development?
- If you were to offer advice to mothers with newborns, what advice is most critical?

Questions for experts (via email):

- What is your full name, organisation and position:
- If you explained what you did for a living at a party, what would you say you did in relation to mothers and infants?
- Based on your knowledge, research and experience, what do you see as the critical needs for optimal infant development?
- What do you think are some of the misconceptions about parenting and infant development, particularly in low resources settings?
- What do you think are some of the specific challenges for parenting and mothers in low resource settings? What are some of the recent developments in the areas of maternal mental health and/or early childhood development that excite you?