

WEBINAR:

A Focused Ethnographic Study: Investigating the Barriers to Antenatal Care Attendance to Improve Iron and Folic Acid Supplementation in Kenya

Isabelle Michaud-Létourneau, Senior Technical Lead, Facilitator



International
Initiative for
Impact Evaluation



THE SOCIETY
FOR IMPLEMENTATION
SCIENCE IN NUTRITION

Plan

- Introduction to the Implementation Science Initiative (ISI)
- Part I: An Introduction to Focused Ethnographic Study
- Part II: The Programmatic Context
- Part III: The Implementation Research

The Implementation Science Initiative (ISI)

1. National Core Team



2. Bottleneck Assessment and Inventory



3. Knowledge Brokering



4. Implementation Research



5. Implementation Science Network



6. Documentation of Experiences



An overview of Focused Ethnographic Studies

Gretel H Peltó
Graduate Professor
Division of Nutritional Sciences
Cornell University
Ithaca, NY. USA

A Focused Ethnographic Study (FES) is a tool to answer questions that are required:

- by agencies
- by policymakers,
- by programme planners,
- by project implementation teams

General Purposes:

1. To inform and support decisions about future actions with respect to social, public health or nutrition interventions, and by extension, to public–private partnership activities,
2. To modify on-going programs to make them more effective

The goal of an FES is to obtain information on conditions and behaviors in a population that are important for various decision-making activities, including:

- (1) planning interventions that are appropriate for local conditions;
- (2) identifying potential bottle-necks that are likely to affect the success of an intervention;
- (3) designing and developing communication strategies and content (especially for behavior change communication;
- (4) deciding whether a proposed intervention is likely to be feasible or effective in a given environment.

*For public health intervention projects, a FES is usually one of several different components.

*Often the first step in the process of developing the implementation plan is a review of the published papers and reports on the topic.

*A review permits planners to summarize what is currently known about the problem. The knowledge that is gained from a review usually includes:

1. The epidemiology of the problem
2. The types of interventions that have been used to deal with the problem
3. Evaluations of the effectiveness of implemented programs

- *Focused ethnography is a “mixed method” tool.
- *Mixed method ethnography typically employs both in-depth interviews and other data collection methods that lend themselves readily to statistical procedures.
- *Ethnography usually is conducted with small samples.
- *Like other types of implementation research for programs, the ethnographic or qualitative component nearly always faces severe resource constraints. In this situation in-depth interviews or focus groups, followed by text analysis, may be the only feasible approach.
- *However, the design of the FES protocols usually includes techniques that produce readily quantified data as well as descriptive data that permit one to understand the problem from the perspectives of the people who are experiencing it.

Brief History of the Focused Ethnography Study (FES) Concept

WHO: Two FES manuals for ARI and Diarrhea

IUNS: A manual for examining Vitamin A in the food system

GAIN: A manual for infant and young child feeding

Currently being extended for intervention planning for women's nutrition and adolescent nutrition

Examples of similar approaches:

- Rapid Assessment Procedures (RAP)

- Trials of Improved Practices (TIPS)

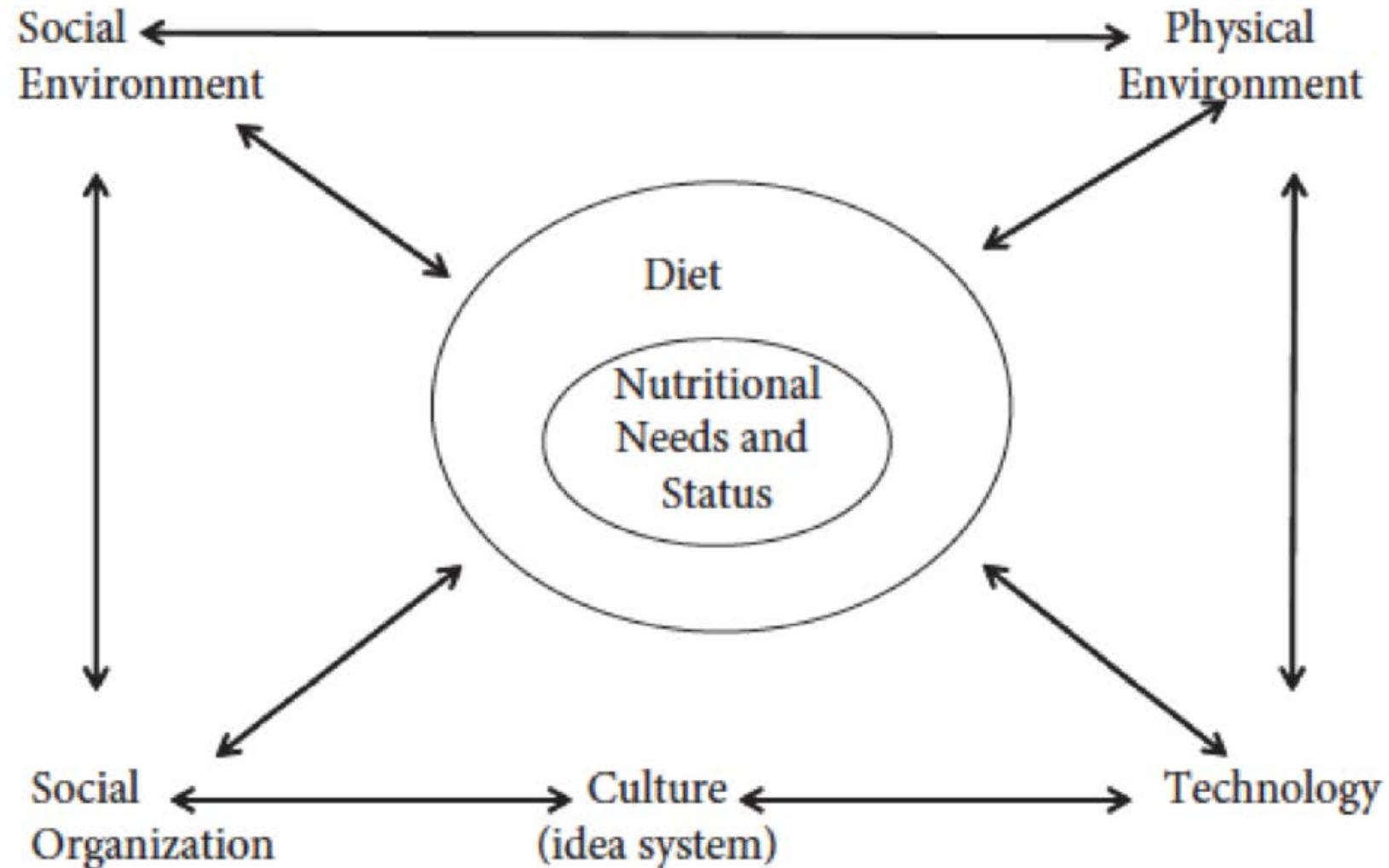
- Rapid Rural Appraisal (PRA)

- Participatory Action Research (PAR)

All of the Focused Ethnographic Studies (FES) have three main features:

1. They are designed to address a specific set of programmatical important pre-defined questions.
2. They are grounded in a strong theoretical framework.
3. They attempt to preserve the strengths of ethnographic techniques for data collection and analysis.

Cultural-Ecological Theoretical Framework for Nutrition FES studies



The five components of the outer ring comprise the **determinants** of diet. They also affect the capacity of the population to respond to an intervention and therefore need to be understood in designing a nutrition intervention

1. Physical Environment

2. Technology

3. Culture (includes individual and shared knowledge, beliefs, values, attitudes)

4. Social organization includes:

- (1) Family level e.g. family income, family economic organization, family demographic structure, gender role and power differentials,
- (2) Community level e.g. community organizations and institutions, commercial enterprises, local political structure

5. Larger social environment

To illustrate, here is the structure of the FES for Infant and Young Child Feeding

- *In-depth, open-ended questions with guided discussion
(often referred to as: “In-depth, qualitative method”)
- *Formal cognitive mapping techniques to describe and assess cultural domains
- *Socio-demographic data
- *24 hour IYC food recall for the infant or young child in the household and 7-day food recall of household diet, with guided discussion to describe behavior
- *Open-ended questions on food preparation, storage and feeding behaviors for infants and young children and caregiver perceptions about the effects of food availability, food insecurity and seasonality

Data collection is conducted in two phases:

Phase I: Interviews with key informants
(e.g. experienced mothers, young mothers,
grandmothers, health workers, higher level program managers)

Phase II: Individual in-depth interviews with a
purposive sample of “caregivers of infants and young children”

For the Kenya project the content of the modules must be IFA-specific issues.

The design and execution of the IFA-specific protocols is what the Kenya team is doing now

Selected publications on FES studies:

Pelto, G. H., Armar-Klemesu, M., Siekmann, J. and Schofield, D. (2013), The focused ethnographic study 'assessing the behavioral and local market environment for improving the diets of infants and young children 6 to 23 months old' and its use in three countries. *Matern Child Nutr*, 9: 35–46.

Pelto GH, Armar-Klemesu M. (2015) Identifying interventions to help rural Kenyan mothers cope with food insecurity: results of a focused ethnographic study. *Maternal and Child Nutrition*, 11(S3), pp.21-38.

Thuita, F. M., Pelto, G. H., Musinguzi, E., & Armar-Klemesu, M. (2018). Is there a "complementary feeding cultural core" in rural Kenya? Results from ethnographic research in five counties. *Maternal & child nutrition*, e12671.

Kalra, N., Pelto, G., Tawiah, C., Zobrist, S., Milani, P., Manu, G., Laar, A. and Parker, M., (2018). Patterns of cultural consensus and intracultural diversity in Ghanaian complementary feeding practices. *Maternal & child nutrition*, 14(1), p.e12445.

Lee, J., Pelto, G. H., Habicht, J. P., Bhuiyan, M. M., & S Jalal, C. (2019). Identifying nutrition and health-relevant behaviors, beliefs, and values of school-going adolescent girls in rural Bangladesh: context for interventions. *Current developments in nutrition*, 3(5), nzz013.

IMPLEMENTATION RESEARCH TO SUPPORT IRON AND FOLIC ACID SUPPLEMENTATION IN COUNTIES OF BUSIA AND KITUI IN KENYA

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Focused Ethnographic Study

National Core Team

Principal Investigator

¹Dr. Zipporah Bukania – **Focused ethnographic study design (slides 16 – 25)**

Co-Principal Investigator

²Brian Njoroge – **Introduction (slides 4 – 15)**

Co-Investigators

³Betty Samburu, ²Dr. Alice Mwangi, ²Dr. David Mwaniki ⁴Dr. Christine Wambugu, ¹Moses Mwangi, ¹Prisca Otambo, ⁵Dr. Jacqueline Kungu, ³Julia Rotich, ¹Dr. Elizabeth Echoka, ⁶Dr. Isabelle Michaud-Létourneau

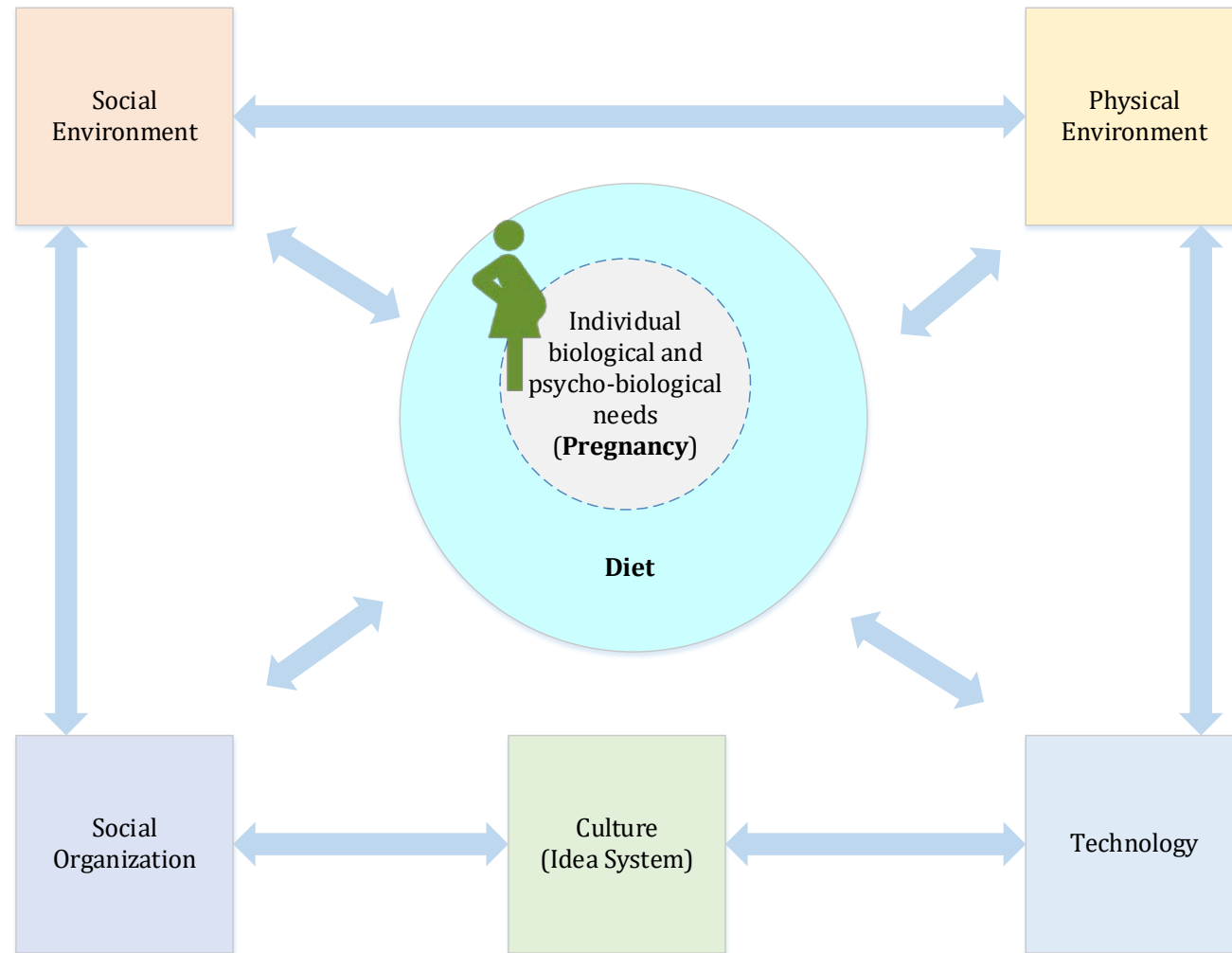
1. Centre for Public Health Research; 2. FHI Partners; 3. Nutrition and Dietetics Unit – Ministry of Health; 4. Neonatal, Child and Adolescent Health Unit – Ministry of Health; 5. Nutrition International ; 6. The Society for Implementation Science in Nutrition



Implementation platform: BFCI

- BFCI is a community-based initiative to protect, promote, and support breastfeeding, optimal complementary feeding and maternal nutrition.
- BFCI is implemented through community units(CUs) linked to primary health care facilities through the formation and training of Community Mother Support Groups (CMSG).
- In Busia, BFCI is implemented in 4 sub counties in 19 CUs covering 1,477 CU1
- In Kitui, BFCI is implemented in 4 sub counties in 17 CUs covering 1,521 CU1

Theoretical Socio-cultural Model - Pregnancy



Socio-cultural elements affecting pregnancy



Social organization

Economic conditions of HHs – incomes, expenditures etc.
Demographic features – HH size, composition, education attainment
Support during pregnancy



Technology

Entire range of tools and techniques e.g., food preparation, water quality, sanitary environments



Culture

All the ideas – knowledge, beliefs, values and perceptions – that affect and relate to pregnancy
Sources of information



Physical and social environments

Social – health facilities, outreaches, health workers
Physical – ecological zones, transport infrastructure, geographic terrain

Objective of FES

- To investigate the **barriers of early initiation** of FANC package of services, including the **late disclosure of pregnancy** and subsequent FANC visit
 - This objective follows up the outcome of the bottleneck assessment (BNA) workshop to understand issues of late disclosure
 - Bottleneck assessment workshop identified vulnerable and hard to reach populations in the four counties
- The FES will also be conducted in 2 counties – Kitui and Busia

Vulnerable populations identified through Bottleneck assessment (BNA)

Busia

- Pregnant **adolescent girls**
- Pregnant women from fisher folk communities
- Pregnant women living in cross border communities

Kitui

- Pregnant **adolescent girls**
- Pregnant women practicing indigenous religious beliefs
- Pregnant women from pastoralist communities
- Pregnant women living in potential ethnic conflict zones

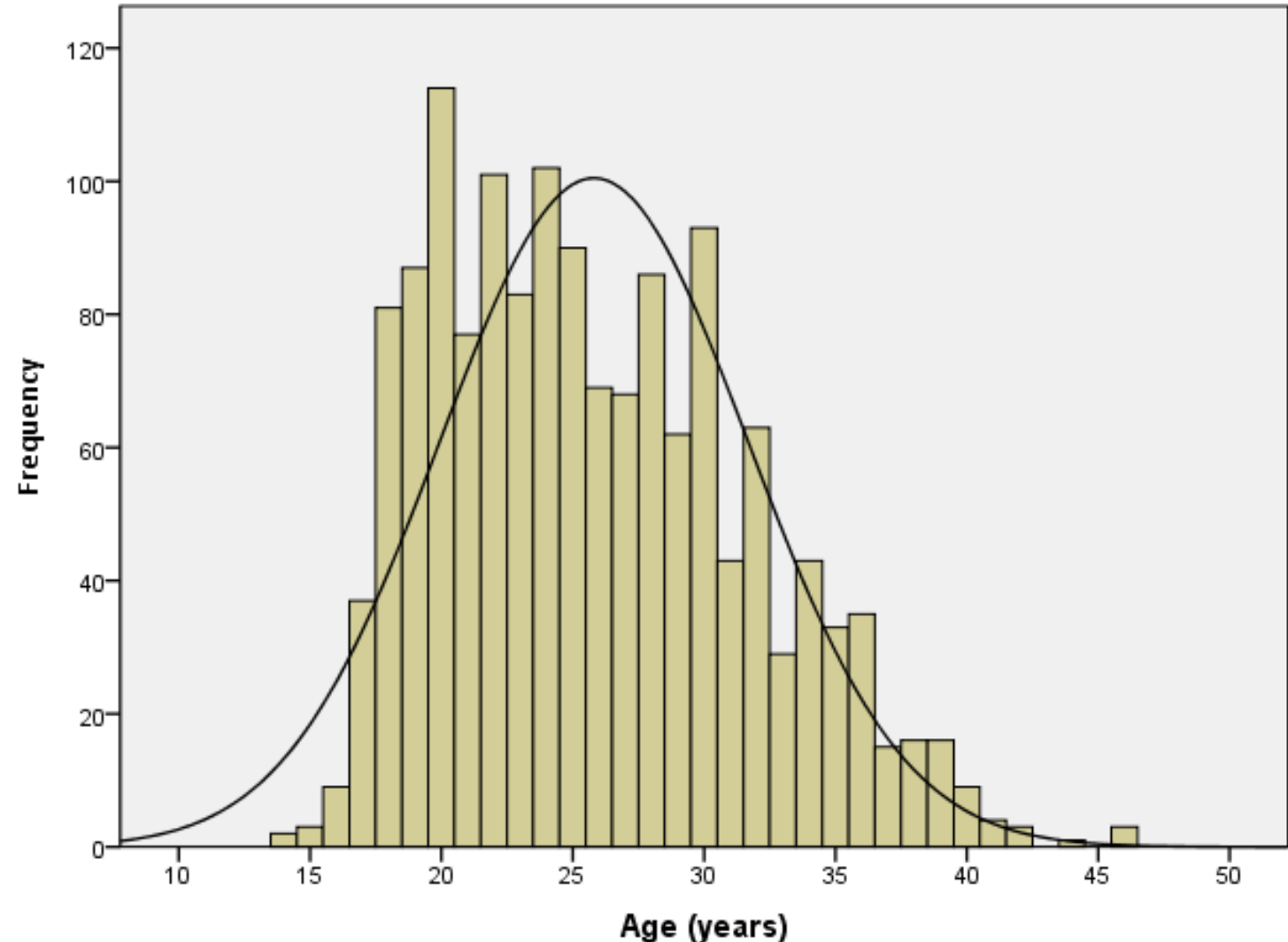
Busia County

- **Location:** Situated in western Kenya, with 2 border crossings to Uganda – Busia and Malaba; most part of Busia falls within Lake Victoria basin
- **Inhabitants:** Predominantly inhabited by Luhya and Teso, other inhabitants include Luo, Kikuyu, Somali and Kisii
- **Religion** – majority are Christians; although significant population of Muslim in urban centres
- Main **economic activity** is fishing from Lake Victoria; other activities are Agriculture and trade
- It is divided into seven administrative sub-counties namely: **Samia**, Bunyala, Butula, Matayos, **Nambale**, **Teso North** and Teso South.
 - These sub - Counties are further divided into 10 divisions, 60 locations, 181 sub-locations and 120 villages
- **Population** (2019) – 886,856 ; Avg HH size– 4.5
- Size: 1,694.5km²
- **Agro ecological zone:** High potential– annual rainfall is between 70 – 2000mm

Distribution of Age – Busia BFCI groups

- In Busia, 1,477 mothers with children under 1 are in the 13 community units implementing BFCI in 119 villages
- Adolescent (10 – 19 years) mothers account for 15% (215) of mothers in BFCI groups
- Mothers (20 – 24 years) account for 32% (477)
- 47% of mothers are below age of 25 years

Distribution of Mother Age - Busia BFCI Groups



Profile of Age and Parity - Busia

- Parity of mothers
 - 29%(428) = parity of 1
 - 23% (344) = parity of 2
 - 19% (276) = parity of 3
- Adolescent mothers (10 – 19 yrs.) account for 43% (184) of mothers with parity of 1
- Mothers 20 – 24 years account for 45% of parity of 1;
- 88% of mothers under the age of 25 have parity of 1

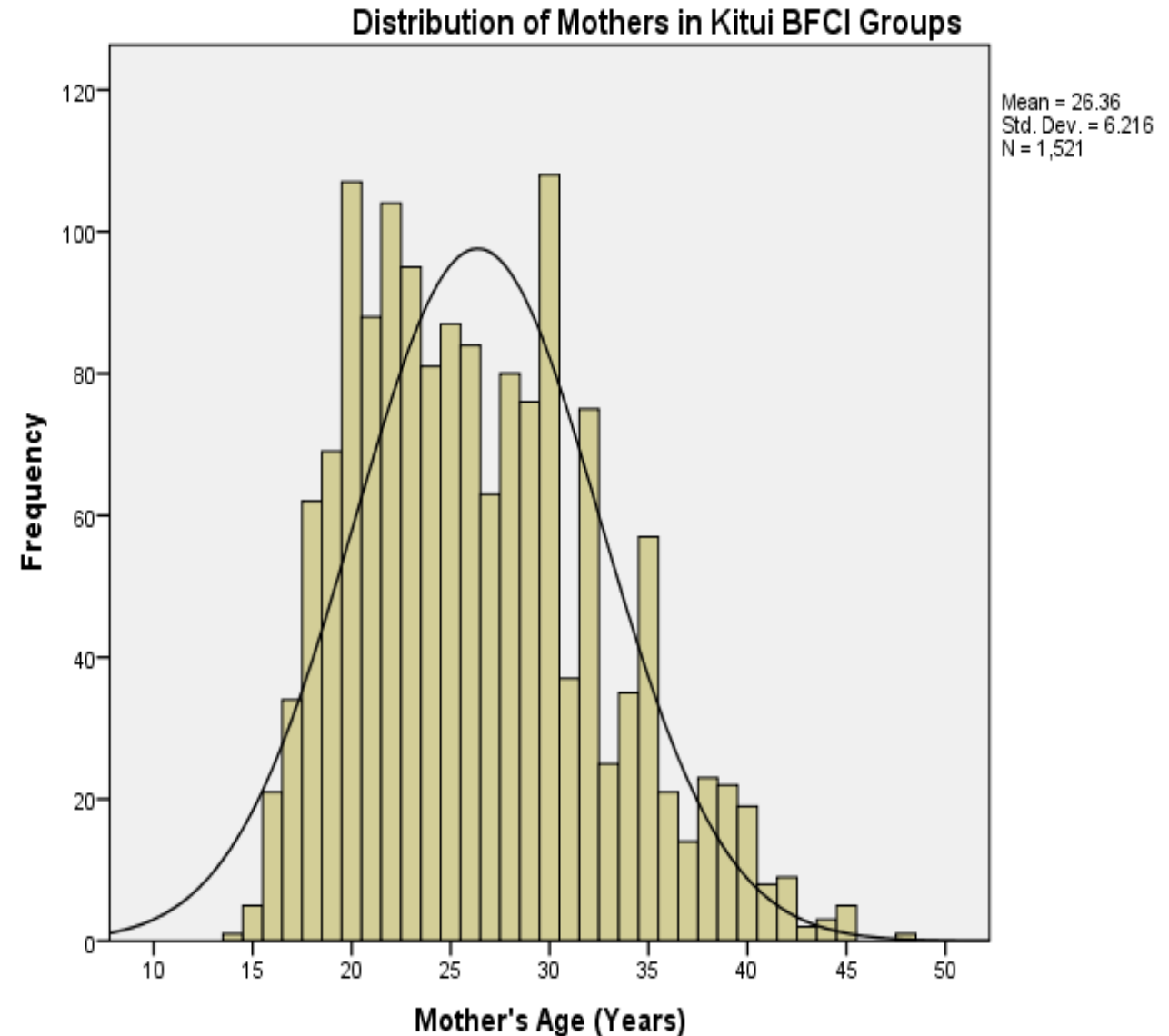
Mother Age (Yrs.)	Parity					Total
	1	2	3	4	5	
14	2	0	0	0	0	2
15	3	0	0	0	0	3
16	9	0	0	0	0	9
17	35	2	0	0	0	37
18	71	9	1	0	0	81
19	64	23	0	0	0	87
20	62	46	5	1	0	114
21	38	24	12	3	0	77
22	40	41	17	3	0	101
23	26	33	20	4	0	83
24	27	34	30	6	5	102
25	12	39	24	11	4	90
26	8	22	20	14	3	67
27	7	18	19	16	4	64
28	14	16	30	14	6	80
29	3	10	22	17	6	58
30	3	11	22	30	17	83
31	0	3	14	15	9	41
32	0	8	13	15	12	48
33	0	2	5	4	8	19
	424	341	254	153	74	1246

Kitui County

- **Location:** Situated in eastern part of Kenya, about 160 km from Nairobi
- **Inhabitants:** Predominantly inhabited by Akamba community
- **Population:** 1,136,187 (M:48%, F:52%); avg HH size – 4.3
- **Size:** 30,496 km² ; Population density 37 persons per km²
- **Agro ecological zone:** Semi arid climate; poor rainfall distribution
- **Administrative units:** It is divided into 8 sub counties namely: Kitui Central, Kitui West, **Kitui East**, **Kitui South**, Kitui Rural, **Mwingi North**, Mwingi Central and Mwingi West
 - It is further subdivided into forty (40) wards and 247 County villages

Distribution of Age – Kitui BFCI groups

- In Kitui, 1,521 mothers with children under 1 are in the 8 community units implementing BFCI in 142 villages
- Adolescent (10 – 19 years) mothers account for 13% (192) of mothers in BFCI groups
- Mothers (20 – 24 years) account for 31% (475)
- 44% of mothers are below 25 years of age



Profile of Age and Parity – Kitui BFCI groups

- Parity of mothers
 - 35%(537) = parity of 1
 - 23% (353) = parity of 2
 - 15% (233) = parity of 3
- Adolescent mothers (14 – 19 yrs.) account for 34% (184) of mothers with parity of 1
 - 2% (8) of mothers have parity of 2
- Mothers 20 – 24 years account for 49% of parity of 1;
 - 14% (48) of mothers have parity of 2
- 83% of mothers under the age of 25 have parity of 1

Mothers age (yrs.)	parity							Total
	1	2	3	4	5	6	7	
14	1	0	0	0	0	0	0	1
15	4	1	0	0	0	0	0	5
16	21	0	0	0	0	0	0	21
17	32	2	0	0	0	0	0	34
18	62	0	0	0	0	0	0	62
19	64	5	0	0	0	0	0	69
20	80	27	0	0	0	0	0	107
21	63	20	5	0	0	0	0	88
22	53	42	7	2	0	0	0	104
23	43	37	13	2	0	0	0	95
24	24	25	23	6	2	1	0	81
25	31	20	24	11	1	0	0	87
26	17	36	17	8	4	2	0	84
27	8	23	18	9	1	2	1	62
28	9	29	19	15	3	5	0	80
29	3	27	21	18	5	1	1	76
30	8	28	25	21	12	6	3	103
31	3	4	7	10	8	4	1	37
32	0	13	19	16	16	4	4	72
33	1	5	4	6	4	1	4	25
34	1	3	12	5	7	2	4	34
	528	347	214	129	63	28	18	1327

Socio-cultural contexts of 2 Counties

Busia

- Samia – Fisher folk
- Teso North – Cross border
- Nambale – Adolescent girls

Kitui

- Mwingi North – Indigenous sect
- Kitui South – Adolescent
- Kitui East – Pastoralist communities

Socio-cultural environments in both counties have strong cultural beliefs and practices

Household Mapping

County	Sub County	Ward	# of Villages
Busia	Nambale	Bukhayo East	28
	Samia	Nangina	51
	Teso North	Angurai East	40
Kitui	Kitui East	Endau/ Malalani	19
		Voo/Kyamatu	13
		Zombe/ Mwitika	8
	Kitui South	Kyatune	42
	Mwingi Central	Waita/Mwambui	9
	Mwingi North	Kyuso	12
		Mumoni	22
		Tharaka	17

A total of 291 CHVs from 30 Community units implementing BFCI will be used to conduct household mapping in 261 villages in the 2 study counties

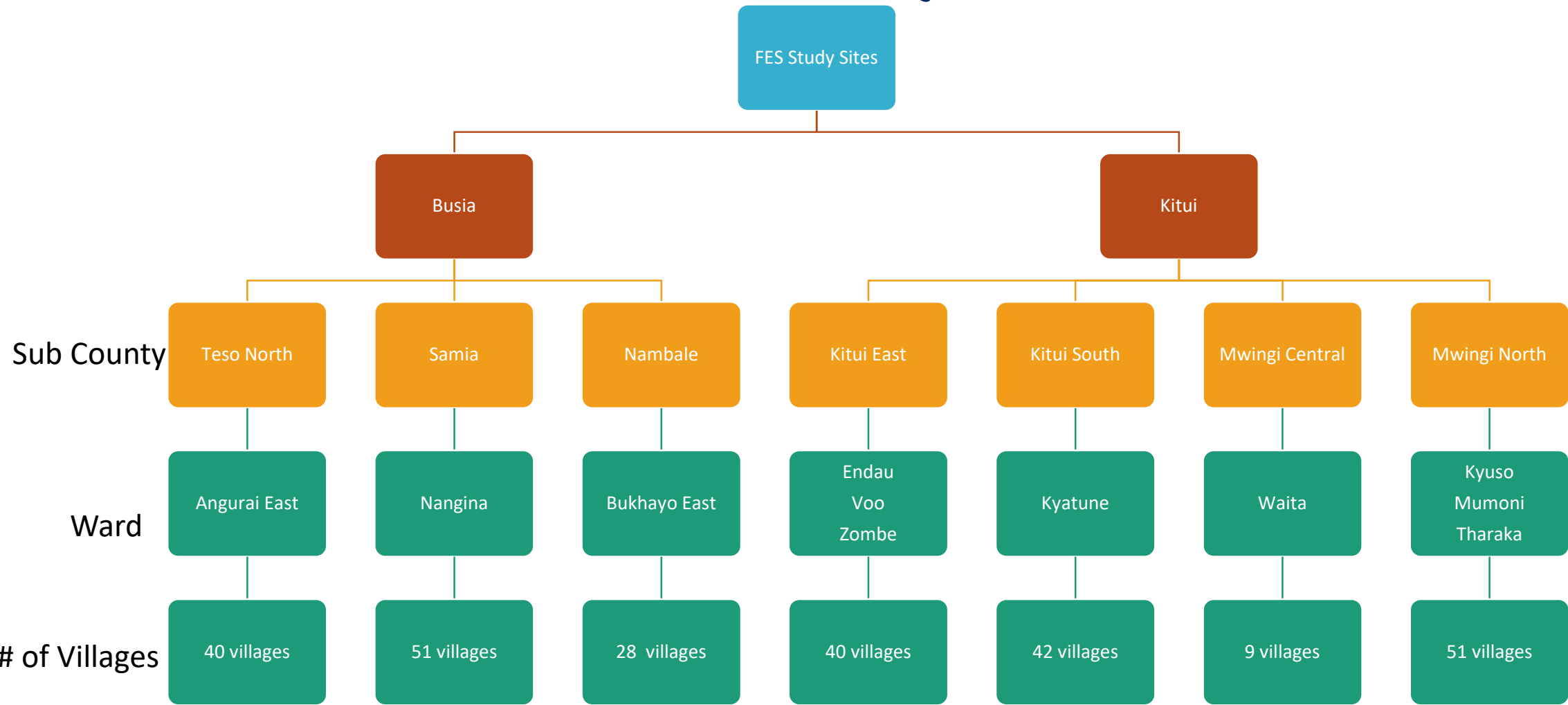
Structure of data collection instrument

- Pregnant women key informant Interview guide
- Pregnant women respondent interview guide
- Non-pregnant multigravida women key informant interview guide
- Non-pregnant multigravida women respondent interview guide
- Healthcare workers key informant interview guide
- Influencers of pregnant women key informant interview guide

FES Advisory Group

Name	Organization
1. Isabelle Michaud-Létourneau	SISN
2. Gretel Pelto	SISN – Chairperson
3. Zipporah Bukania	KEMRI – Director CPHR
4. Prisca Otambo	KEMRI – Social Scientist
5. Alice Mwangi	FHI Partners – Senior Nutrition Researcher
6. Elizabeth Echoka	KEMRI – MNCH Specialist
7. Mohamed Sheikh	MOH – Head Dept. of Family Health (DFH)
8. Christine Wambugu	MOH – School Adolescent Health, DFH
9. Julia Rotich	MOH – Division Nutrition Dietetic Services
10. Jacqueline Kungu	Nutrition International – Research and M/E Advisor
11. Brian Njoroge	FHI Partners – Nutrition Specialist

FES Study Sites



Study Design

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Pregnant women Respondents		# of Respondents interviews per sub-county						
<i>Population Group</i>	<i># of respondents</i>	Samia	Teso North	Nambale	Mwingi North	Kitui South	Kitui East	Total
Pregnant women	6	6	6	6	6	6	6	36
Non-Pregnant multigravida women	4	4	4	4	4	4	4	24
Health care worker	3	3	3	3	3	3	3	18
Influencers	4	4	4	4	4	4	4	24
TOTAL	17	17	17	17	17	17	17	102

Team Conducting interviews

Interviewers	Population Group
Dr Prisca Otambo	Influencers
Dr Elizabeth Echoka	Health workers
Dr Alice Mwangi	Non-pregnant multigravida women
Lilian Nyandieka	Pregnant women

Data management

- All interview teams will include translators and transcribers
 - Transcribers will work concurrently with interviewers
 - Interviewers will review first drafts
- Coding and development of themes
 - Coding based on population groups
- 2 stage process
 - Smaller teams develop themes based on population group
 - Technical team reviews and finalizes the themes from data collection

Stakeholder Engagement & Evidence Uptake

Products	Audiences
Policy brief	Research accountability group – National level
Summary of Key findings PPT	Nutrition TWG, County HMTs, Implementing partners
Webinar	Uganda, SISN, donors
Poster & publications	Conferences

Question & Answer

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