

Guide for Researchers:

Conducting Qualitative Research on AMA and HP Pregnancy

A woman is considered of advanced maternal age (AMA) when she is age 35 or older. A woman is considered high parity (HP) when she has had five or more births (including stillbirths). Pregnancies in AMA and HP women pose dangers to both the mother and the baby.

Before designing programs to address or prevent AMA and HP pregnancies and their associated risks in a given community, information should be collected from health centers and relevant district health offices to discover how common AMA and HP pregnancies are in your country or community. Depending on prevalence or increasing annual trends, it is important to determine whether your project will prioritize AMA pregnancies, HP pregnancies or both. While older (AMA) women are often also those who are HP, remember that these AMA and HP women are not *always* the same group, and interventions should be tailored appropriately.

This guide for researchers includes an introduction to the need for data about pregnant women who are advanced in their maternal age or high parity, or both. There are also sample questions that can be used to collect information about each of these audiences and their partners and the service providers who counsel these women.

According to the need for an AMA- or HP-focused intervention, research should be conducted to discover *why* AMA and HP pregnancies occur in the local context. Specifically, research in the relevant community should answer the following:

- What are the social or cultural factors that contribute to AMA and HP women having children?
- How do men and women perceive the risks of AMA and HP pregnancies?
- What are the attitudes of AMA and HP women and their partners towards AMA and HP pregnancies?
- What are the factors that facilitate or prevent the use of family planning methods by AMA and HP women?
- How do health care providers communicate with clients about AMA and HP pregnancies?
- What messages or approaches have been effective in sensitizing women or couples on the risks associated with AMA and HP pregnancies?
- What messages or approaches have been effective in encouraging women or couples to use family planning methods to prevent AMA and HP pregnancies? Answers to such questions may be gathered in a number of ways, including:
 - » Conducting focus groups with **women approaching AMA or HP status, or women already of AMA or HP status**
 - » Conducting focus groups with **male partners of AMA and HP women**
 - » Conducting in-depth interviews or focus groups with **clinic- or community-based family planning or health care providers**
 - » Conducting in-depth interviews or focus groups with **community leaders** about cultural and social norms about AMA and HP pregnancies
 - » Collecting case studies about AMA and HP pregnancies among these groups



Resources

Find information about how to conduct research at:

- [How to Conduct Qualitative Formative Research](http://www.thehealthcompass.org/how-to-guides/how-conduct-qualitative-formative-research)
<http://www.thehealthcompass.org/how-to-guides/how-conduct-qualitative-formative-research>
- [How to Conduct a Situation Analysis](http://www.thehealthcompass.org/how-to-guides/how-conduct-situation-analysis)
<http://www.thehealthcompass.org/how-to-guides/how-conduct-situation-analysis>
- [Guidelines for Conducting a Focus Group](https://assessment.trinity.duke.edu/documents/How_to_Conduct_a_Focus_Group.pdf)
https://assessment.trinity.duke.edu/documents/How_to_Conduct_a_Focus_Group.pdf

This guide provides some sample focus group discussion (FGD) and in-depth interview (IDI) questions to discover knowledge levels, attitudes and behaviors related to AMA and HP pregnancies among the priority groups highlighted above. They can and should be adjusted according to what you or your organization wishes to discover, and according to your community's and country's context. While case study sample questions are not included in this guide, they should address similar topics as FGD or IDI questions. Case studies are a useful way to collect information on an individual's specific behavior or experience, and help understand the overall context surrounding a particular behavior. In AMA and HP pregnancy research, for example, it might be useful to speak to women or couples who have had difficult AMA or HP pregnancies to find out what circumstances contributed to the pregnancy, how they were perceived by the community and what the pregnancy's health outcomes were. Similarly, you can conduct case studies of women and couples who planned to avoid AMA or HP pregnancy, how they were perceived in the community for doing so, how easy or difficult this decision was, and what they feel the outcomes of this decision were.

Before interviewing anyone, check with your local government, university or research board to make sure you are authorized to conduct the research. Also make sure your participants have given their consent and understand you will protect their anonymity if they agree to participate.



Resources

Find information about case studies at:

- [Case Studies](https://www.bcps.org/offices/lis/researchcourse/develop_case.html)
https://www.bcps.org/offices/lis/researchcourse/develop_case.html
- [Case Study as a Research Model](https://www.ischool.utexas.edu/~ssoy/usesusers/l391d1b.htm)
<https://www.ischool.utexas.edu/~ssoy/usesusers/l391d1b.htm>

**Sample Focus Group Questions
For AMA and/or HP Women or Male Partners of AMA and/or HP Women**

Approach: Using Images to Stimulate Discussion

Share an image like the one below, showing a **high-parity** situation, and ask the following questions:



Photo Credit © 2006 Marina Grayson, Courtesy of Photoshare

1. How would you describe this image? How would you describe the mother? How would you describe the children?
2. Is her situation common in your community? Why or why not?
3. What are the reasons that might contribute to a woman finding herself in this situation?
4. If this woman was your sister/wife, what advice would you give her?
5. How are children thought of in your culture and community?
 - » Tell me about the advantages of having many children?
 - » What are the disadvantages of having many children?
6. In your community, is it acceptable for a woman who has more than five children to decide not to have more children? Why or why not?

Share an image like the one below, showing an **advanced maternal age** situation, and ask the following questions:



Photo Credit © 2014 Dieneba Ouedrago, All rights reserved

1. How would you describe this image? How would you describe the mother? How would you describe the children?
2. Is this situation common in your community? Why or why not? Is it acceptable for a woman with more than five children, or who is 35 or older, to continue to have children? Why or why not?
3. What are the reasons that a woman age 35 or older might find herself in this situation, or with grandchildren and pregnant again? What does your community think of these women?
4. If this woman was your sister, what advice would you give her?
5. In your community, is it acceptable for a woman aged 35 or older to decide not to have more children? Why or why not?

Sample Focus Group Questions

For AMA and/or HP Women, or Male Partners of AMA and/or HP Women

Approach: Using Storytelling to Stimulate Discussion

Read Zalia's story to your focus group participants, and ask them the questions following each part of the story.

Zalia's Story: Part 1

Zalia is 41 years old. She is the second of her husband's three wives. Since her marriage at age 18, Zalia has had a child every two years. Over the course of her life, she has already had nine children, of which seven are living. Her first child, a daughter now 21 years old, is already married. This year, Zalia is pregnant again. Despite her pregnancy, she must farm and sell goods to help earn money and feed her children.

Questions:

1. How does your community see the situation of a woman like Zalia? (Probes: Is her situation typical? Frequent? How do you describe or refer to women like Zalia?)
2. What are the reasons that might explain why Zalia is pregnant again? (Probes: Is it because she wanted another child? Is it unplanned? Why?)
3. Are there any risks for Zalia's pregnancy compared to her other/first pregnancies? Why? (Probe: Are there risks to having many children? Are there risks of having children when a mother is age 35 or older? Is one situation more risky than the other?)

Zalia's Story: Part 2

Zalia is now seven months pregnant and has been worried for nearly a week. She is having constant and severe pain near and around her hips and feels very weak. Her oldest daughter, who has come to see her, brought her to the health center. After examining her, the midwives recommended she be brought to the referral hospital.

Questions:

1. What do you think is happening? What might be the outcomes or consequences? (Probe: What might happen to Zalia moving forward? What might happen to her baby?)
2. Put in order – from most important to least – the possibilities or consequences you just cited. Tell me about the importance of each.
3. Do you know someone who has been in Zalia's situation? If yes, tell me their story. What happened to her?

Zalia's Story: Part 3 (Final Part)

Once at the hospital, Zalia falls into a coma. The doctors perform a Caesarean. The baby, a little girl, is alive but is very weak because she is having difficulty breathing. It has been three days, and Zalia's children and husband are fearful because Zalia is still in the coma. The doctors are not able to give a prognosis for Zalia or for her newborn.

Questions:

1. Was Zalia's situation preventable? Why or why not?
2. Would Zalia's situation have been different if she had had fewer children? Why or why not?
3. Would Zalia's situation have been different if she had been younger than 35 years old? Why or why not?
4. Do you know women who have delivered after 35 years? How are they regarded in the community?
5. Do you know of women who have delivered after age 40? How are they regarded?

Finding a Solution for Zalia

What can be done? It might be too late for Zalia, but what could have been done to prevent Zalia's situation?

1. What could have been done to avoid Zalia's situation, and who could have done it?
2. What could Zalia herself have done? (Probe: Gone to see midwives or nurses earlier? Used contraception? What might have prevented her from visiting a health center or using family planning?)
3. What could her husband have done? (Probe: Could he have supported her somehow so she wouldn't become pregnant?)
4. If you were Zalia's friend, what could you have done? (Probe: Encouraged her to go to the health center before she was pregnant for advice, or for contraception?)
5. What could health care personnel have done? (Probe: Given her advice, information on AMA and HP pregnancies, advised her about contraception at her last birth, etc.?)
6. What could others – such as community leaders, religious leaders – have done?
7. Who else could have played a role in preventing this pregnancy?

Sample Interview Questions for Facility- or Community-Based Health Care Providers

Current Services:

1. What maternal, newborn and child health (MNCH) services are offered by your health center?
2. Overall, what are the services most requested by your female clients when they come in for MNCH visits?

Understanding/Knowledge of AMA and HP Pregnancies:

3. In your opinion, what is the ideal number of children a woman should have? Why?
4. In your community, how many children per woman is the average?
5. What are the most common factors you see in your pregnant clients that might pose a risk to the mother's or the baby's health? (Probe: High blood pressure, high parity, age of mother, etc.)
6. In your experience, what is the profile of a woman who should be advised not to have another pregnancy? Why?
7. Are there particular risks associated with pregnancies in women age 35 or older? What are they?
8. Are there risks associated with pregnancies in women who have had five or more births? What are they?
9. In communities served by your health center, what factors contribute to women aged 35 and older continuing to have children? (Probe: Cultural, economic, religious, marital status factors, etc.)
10. In the communities served by your health center, what factors contribute to women continuing to have children when they have had five or more births already? (Probe: Cultural, economic, religious, marital status factors, etc.)

Communicating with Clients about AMA and HP Pregnancy Risks

11. Do directives and official MNCH protocols for counseling clients on AMA and HP pregnancy risks exist? What are they?
12. How do health center practitioners communicate with clients about the risks of AMA and HP pregnancies? With whom do practitioners discuss these risks?
13. Do practitioners at your health center use tools (e.g. documents, visual aides, objects, etc.) to support them in communicating with clients about the risks of AMA and HP pregnancies? If yes, what are the tools? May I see an example?

14. How do you or your colleagues view the adequacy of the communication tools around AMA and HP pregnancies? (Probe: How thorough is the information? How clear is the language? How easy is the content to understand by providers and clients?)
15. Do you think women are receptive to messages about AMA pregnancy risks? Why or why not?
16. Do you think women are receptive to messages about HP pregnancy risks? Why or why not?
17. Of the AMA pregnancy risks, which gets the most attention of your clients?
18. Of the HP pregnancy risks, which gets the most attention of your clients?
19. In your experience, what are the factors that prevent women from being receptive to messages about the risks of AMA pregnancies?
20. In your experience, what are the factors that make women more likely to be receptive to messages about the risks of AMA pregnancies?
21. In your experience, what are the factors that prevent women from being receptive to messages about the risks HP pregnancies?
22. In your experience, what are the factors that make women more likely to be receptive to messages about the risks of HP pregnancies?

Choosing Family Planning

23. In your catchment area and experience, why do women use family planning? (Probe: To rest from childbearing, to limit pregnancies, to space pregnancies, for economic reasons, for health reasons, knowing risks of pregnancies, to stay or feel younger, etc.?)
24. In your community, is it acceptable for a woman to decide to stop having children? Why or why not? Under what circumstances (e.g., age, parity, marital status, etc.)?
25. What are the attitudes of AMA women regarding family planning or using a contraceptive method?
26. What are the attitudes of HP women regarding family planning or using a contraceptive method?
27. What are the reasons an AMA woman might refuse using contraception? An HP woman? (Probe: What is her profile, regarding number of children, religion, marital status, etc.?)
28. What are the reasons an AMA woman might accept using contraception? An HP woman? (Probe: What is her profile, regarding number of children, religion, marital status, etc.?)
29. In the last six months, have you had an AMA client ask to stop a contraceptive method because she desires another child? Tell me about this person.
30. In the last six months, have you had an HP client ask to stop a contraceptive method because she desired another child? Tell me about this person.

Next Steps

31. From your perspective, what should be done to improve the use of contraception by AMA women? By HP women?
32. If you had to design a message for AMA women to persuade them to adopt a contraceptive method, what factors would you include (e.g., economic reasons, beauty, health, availability of health services, etc.)? What about for HP women?
33. What would your message be for AMA women? For HP women?

Sample Interview Questions for Community Leaders

Knowledge/Perception of AMA and HP Pregnancies

1. How many children do you have?
2. In your community, what is the average number of children desired by a woman? By her male partner?
3. What are the norms of your community around having children? (Probe: Number of children per women or family, number of years between births, pregnancies outside of marriages, etc.)
4. In your community, what factors explain why a woman aged 35 or older would continue to have children?
5. In your community, what factors would explain why a woman would continue to have children when she has already had five births or more?
6. In your community, is it acceptable for a woman to decide not to have more children? Under what circumstances? (Probe: Woman's age, number of children or births, marital status, etc.)
7. How is family planning perceived in your community? By older or younger women? By older or younger men? (Probe: Spacing pregnancies and births, limiting pregnancies and births, use of modern contraceptives, etc.)
8. What is your personal position on family planning?
9. Have you ever worked on family planning topics in your community? What topics? With whom?
10. Would you be willing to engage in the promotion of maternal health and family planning? Why or why not?



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