Training Manual for Interviewers

For the study:

A Qualitative Study of Community and Healthcare Provider Experiences, Perceptions and Understandings of Stillbirth in Afghanistan

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Table of Contents

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Background and purpose of study

The purpose of this research study is to better understand community and healthcare providers' perceptions, understandings and experiences with stillbirths in Afghanistan, especially around factors that affect why stillbirths may or may not be reported or are misreported.

Stillbirth rates in Afghanistan are very high, estimated to be around 27 per 1000 births in 2015 and have not declined substantially in the past ten years (Blencowe et al., 2016). Many of these deaths can be prevented with known interventions, but an understanding of the true burden and risk factors for these deaths for the country context is needed so that interventions may be prioritised.

The study will use qualitative research methods in the form of semi-structured, in-depth interviews to understand these issues. In-depth interviews can help with gaining an understanding of an individual's perceptions, experiences, and their beliefs and knowledge about an issue. They allow us to obtain the personal stories of individuals so that we can understand what is meaningful to individuals and how we can make changes to improve health outcomes.

Increasing the visibility and reporting of stillbirths requires an understanding of the beliefs and perceptions of communities and health providers around stillbirths. The findings of this study will help us understand how we can obtain more accurate information on the burden of stillbirths, and assist with the development of interventions to reduce any misinformation or beliefs around stillbirths that may be preventing our ability to identify risk factors early, and reduce the chances of these deaths occurring.

Study aims and objectives

Research questions

1. What are Afghan women and their families' experiences, perceptions, and understanding of stillbirths and their causes?

2. Are there any social, cultural, or other factors that affect disclosure or reporting of stillbirths in Afghanistan?

3. What are birth attendants' and health service providers' understandings and practices around stillbirths and differentiating between and reporting on different pregnancy losses*

* Between miscarriage, stillbirth, and early newborn death

Study objectives

1. To explore the experiences, perceptions and practices around stillbirths and identify factors that may affect disclosure among women and families affected by stillbirths in Afghanistan.

2. To investigate birth attendants' and health service providers' awareness and understanding of stillbirths particularly around differentiating between and reporting on stillbirth and early neonate deaths, and between antepartum and intrapartum stillbirths[†].

Study design

This is a qualitative study using semi-structured, in-depth interviews with mothers and fathers who have experienced a stillbirth, female community elders, skilled birth attendants/healthcare providers, community health workers, and other key informants working in maternal, child and reproductive health.

Study setting

The study will be conducted with participants from both urban and rural districts of Kabul province.

Study participants

Interviews will be done with range of respondents from three broad categories. Table 1 below details the different participant types, how they are defined, approximate numbers of participants to be interviewed, and any inclusion or exclusion criteria for selecting participants.

a. Community members

- Mothers that had a recent stillbirth (primary respondents)
- Fathers that had a recent stillbirth
- Female elders

b. Health service providers

- Skilled birth attendants (e.g. midwives, doctors, nurses)
- Community health workers (CHW)

c. Key informants

- Chiefs of Obstetrics/gynaecology departments in maternity hospitals

[†] An antepartum stillbirth is a stillbirth that occurs *before* labour begins. An intrapartum stillbirth occurs *after* labour starts

- Obstetrician/gynaecologist specialists
- Health facility managers/directors
- Ministry of Public Health officials

Sample Selection

Purposive sampling will be used to identify and select participants. We may also use snowball sampling (women may mention other women they know who had a stillbirth, or health providers may recommend others who would be informative to speak to).

Sample Size

Approximate numbers of each participant type to be interviewed is proposed in **Table 1**. This may change depending on findings from ongoing analysis of the interviews. Interviews can cease if we are finding the same issues are coming up over and over and no new information is being obtained. If we are finding that something interesting or new information is coming out from among certain sub-groups of our sample, then we may choose to do further interviews.

Table 1. List of study participant types

	Participant group	Definition	Participant numbers	Inclusion criteria	Exclusion criteria
1	**Mothers that experienced a recent stillbirth^**	Any woman that has experienced a stillbirth^ within the past 12 months.	**25** i. 20 women that delivered in a health facility (10 from health facility #1 and 10 from health facility #2) i. 5 women that delivered at home. [If possible, include a mix of different ethnicities and age groups]	Any mother identified as having a stillbirth as recorded on their medical records (if she gave birth in a health facility), in the last 12 months For mothers who gave birth at home, if it was reported that she had a stillbirth by either the mother herself, another family member or the birth attendant she may be included in the study.	-
2	**Fathers that have experienced a recent stillbirth^**	Any father who has experienced a stillbirth^ within the past 12 months. This may be the husband of the identified mother (above) **or any other father whose wife had a stillbirth**	**8**	Men who are fathers of a stillborn baby that died in the preceding 12 months	If their stillborn baby was born >12 months ago
3	**Female elders**	Any senior woman in the community. They may or may not be the mother of a daughter or son has experienced a stillbirth, or have experience attending home births.	**8**	**-**	**-**
4	**Community Health Workers**	A member of the community that is trained to carry out health care related duties in their communities. CHWs are part of the health workforce in Afghanistan delivering health services in rural areas.	**6**	Any female Community Health Worker	Male Community Health Workers
5	**Skilled Birth Attendants**	Any health worker trained to attend deliveries. This may include midwives, nurses, medical doctors, and obstetricians	**10** [Mixture of midwives, nurses, medical doctors/obstetricians/gynaecologists, neonatologists]	Any midwife, nurse, medical doctor or specialist obstetrician or gynaecologist	-
6	**Key informants in maternal, reproductive and child health**	Individuals involved in reproductive, maternal and child health services/program/policy making. This may include: Reproductive health managers Ministry of Health officials Health facility managers and experts in maternal, child and reproductive health.	**8**		-
	Total		**65 interviews**		

Definitions

Definition of stillbirth

According to the World Health Organisation, stillbirth is the birth of a baby with a birthweight of 500 g or more, 22 or more completed weeks of gestation, or a body length of 25cm or more, who died before or during labour and birth. **For international comparisons**, WHO recommends reporting of stillbirths with birth weight of 1000 g or more, **28 weeks' gestation or more**, or a body length of 35 cm or more, reported as third-trimester stillbirths (Lawn et al., 2016; WHO, 2007).

Introduction to qualitative research

What is qualitative research?

- Qualitative research is a type of scientific research. Scientific research comprises of an investigation that:
    - seeks answers to a question
    - uses a predefined set of procedures to answer the question in a systematic way
    - gathers evidence
    - produces findings that were not determined in beforehand
    - produces findings that may be applicable beyond the immediate study setting or environment

- Qualitative research shares these features but also seeks to understand a given research problem or topic from the perspectives of the local population it involves.

- Qualitative research is effective in **attaining culturally specific information** about the **values, opinions, behaviors, and social contexts** of particular populations.

- The strength of qualitative research is that it can **provide complex textual descriptions** of how people experience a given research issue. It provides information about the "human" side of an issue and the frequently contradictory beliefs, opinions, behaviors, emotions, and relationships of individuals.

- Qualitative methods are also effective in **identifying intangible factors**, such as **social norms, gender roles, socioeconomic factors, ethnicity, and religion** and what their role in the research issue might be.

- Qualitative researchers in health pay close attention to the **social reality of respondents**; that is, the social ties, culture, economic and environmental conditions, and how this reality influences the ways in which people talk about and experience health and illness.

Features of qualitative research

- Focuses on the **personal, subjective, and experiential** basis of knowledge and practice.

- It is **holistic** because it seeks to situate the meaning of particular behaviours and ways of doing things in a given context.

- One advantage of qualitative methods is that use of **open-ended questions** and **probing** gives participants the opportunity to respond in their own words, rather than asking them to choose from fixed responses, as quantitative methods do. Open-ended questions can elicit responses that are:
    - meaningful and culturally relevant to the participant
    - unanticipated by the researcher
    - rich and explanatory in nature

- Another advantage of qualitative methods is that they allow the researcher the flexibility to probe initial participant responses – that is, to ask **why or how**. The researcher must listen carefully to what participants say, engage with them according to their individual personalities and styles, and use "probes" to encourage them to elaborate on their answers.

Qualitative research methods

The three most common qualitative methods are **participant observation**, **in-depth interviews**, and **focus groups**. Each method is particularly suited for obtaining a specific type of data:

Participant observation is suitable for collecting data on naturally occurring behaviors in their usual contexts.

In-depth interviews are ideal for collecting data on individuals' personal histories, perspectives, and experiences, particularly when sensitive topics are being explored.

Focus groups are effective in obtaining data on the cultural norms of a group and in generating broad overviews of issues of concern to the cultural groups or subgroups represented.

In-depth interviews

- The in-depth interview is a technique designed to elicit a rich picture of the participant's perspective on the research topic.

- During in-depth interviews, the individual being interviewed is considered the expert and the interviewer is the student.

- The researcher's interviewing techniques are driven by the desire to learn everything the participant can share about the research topic.

- Researchers engage with participants by posing questions in a neutral manner, listening attentively to participants' responses, and asking follow-up questions and probes based on those responses.

- Interviewers do not lead participants according to any preconceived ideas, nor do they encourage participants to provide particular answers by expressing approval or disapproval of what they say.

- In-depth interviews are conducted face-to-face and involve one interviewer and one participant.

- They are useful for learning about the perspectives of individuals.

- Effective qualitative method for getting people to talk about their personal feelings, opinions, and experiences. They are also an opportunity to gain insight into how people interpret and organise the world.

There are several different types of in-depth interviews including **unstructured** and **semi-structured** interviews. In this study we are using semi-structured interviews.

Semi-structured interviews

- Comprised of a mix of closed-ended and open-ended questions and cover fairly specific topics or themes.

- The interviewer works with a loosely structured topic guide or checklist of topics to cover. This guide may include some questions that are more structured than others, although as a rule these tend to be followed up by less structured 'probes' which are ways of following up on a topic to generate more information.

- The questions may not be asked in the order given in the guide; you may introduce additional questions to get more information about particular topics.

Sampling in qualitative research

In qualitative research, only a sample (a subset) of a population is selected for a study. The study's research objectives and the characteristics of the study population (e.g. size and diversity) determine which and how many people to select. Three of the most common sampling methods used in qualitative research: **purposive sampling, quota sampling**, and **snowball sampling.**

Purposive sampling

- Groups participants according to preselected criteria relevant to a particular research question (for example, women that had a stillbirth).

- Sample sizes may or may not be fixed prior to data collection depending on resources and time available and the study objectives.

- Purposive sample sizes are often determined on the basis of theoretical saturation (the point in data collection when new data no longer bring additional insights to the research questions). Purposive sampling is most effective when data review and analysis are done at the same time as data collection.

Snowballing sampling

- Considered a type of purposive sampling. In this method, participants or informants with whom contact has already been made use their social networks to refer the researcher to other people who could potentially be included in the study.

Quota sampling

- Considered a type of purposive sampling.

- In quota sampling, the decision on the number of participants with what characteristics to include are made while designing the study. Characteristics might include age, gender residence, gender, profession, marital status, use of a particular contraceptive method etc.

- The criteria we choose allow us to focus on people we think would be most likely to experience, know about, or have insights into the research topic.

Data collection and procedures

This section explains how you will identify, recruit, and contact participants and then arrange the interviews.

1. Identification of participants

- Study participants will be identified and recruited through government maternity hospitals in Kabul.

- Women who gave birth to a stillborn baby at home will be identified through smaller rural health clinics, local CHWs, NGO workers, or other community informants in semi-rural and rural areas of the province.

Women that gave birth to a stillborn baby in a health facility

- The hospital maternity ward register will be used to identify the mothers that gave birth to stillborn babies. From the register, hospital staff will compile a list of names and contact telephone numbers of these mothers.

- With the hospital staff you will arrange to contact the women and organise a time for them to do the interview.

Identifying women that gave birth to a stillborn baby at home

- Managers at local clinics will be contacted and will ask CHWs in the area to start enquiring in their community about any woman that may have had a stillbirth.

- Identification and recruitment of mothers that had their stillbirth at home will be done through CHWs that have contact with smaller health clinics and who can identify and speak with untrained birth attendants and other community members to identify women that have experienced such a pregnancy loss.

- You may need to visit community and make contact with the women, or birth attendant.

Fathers that have experienced a stillbirth

- Husbands of the mother will be identified at the time the mother is approached. It is likely that initial contact with the mother may be done via their husband and so they may be approached through this contact. Additionally, it is possible to recruit fathers through other means for example, if you a father you interview knows another father that had a stillbirth.

Female elders

- These individuals may be the mother or mother-in-law of the mother that experienced a stillbirth or any other senior female in the community. They may be identified through

contact with the mother. Preference is for elder females in the community that may have been present or attend births that took place in the home.

Community Health Workers

- CHWs are part of the formal health care system in Afghanistan and can be identified and recruited through the local health clinics. Permission may be needed from the local health clinic.

Skilled birth attendants

- Skilled birth attendants will be identified through the health facilities taking part in the study and will be approached by the local research team.

Key informants in maternal, child and reproductive health

- Key informants to be interviewed will be determined and identified by co-investigators working at the Ministry of Public Health and at WHO.

- These individuals will be approached informally initially and invited to be interviewed. They will then be provided with an official letter from the Ministry of Public Health requesting an interview with them.

2. Permissions and recruitment of participants

- The Ministry of Public Health will obtain permission from hospitals to start identifying women that had a stillbirth through their hospital records, but patient records and contact details will not be provided to you.

- Hospital staff will make contact with the women to invite them to take part in the study. If the women/her family gives permission to hospital staff to provide you with her contact details then you may contact her directly.

- A focal point will be selected from each hospital who will be responsible for coordinating with you about setting up the interviews with participants. Please coordinate with them to arrange a time for the interview and identifying an appropriate venue. This should be a private, quiet room. (You may coordinate with other interviewers to interview the husband on the same day if possible)

- The interview may take place at the health facility. If this is not possible, or the participant prefers to do their interview at home, you can arrange to visit her in her home.

- For women in the community, determine if permission is required from any community leader or representatives. This may be discussed with local health staff.

If you are approaching or contacting participants about the study to invite them to take part, you can say something similar to the sample statement below (*You will need to adapt this depending on who you are speaking with. You may need to speak with the husband or guardian first*):

- If the participant agrees to be interviewed, arrange a time for them to come in for the interview. If they do not agree, thank them for speaking with you and ask them for a reason they have declined to be interviewed. If they provide you one, note this on the **Interview Log Sheet** (Appendix A).

- If the participant is under the age of 18 years, please request that they are accompanied to the interview by a guardian and/or husband as they will need to sign the consent form as well.

- Record the scheduled interviews in the **Interview Log Sheet (Appendix A)**

Sample statement for recruiting participants:

"Hello, my name is _____ and I am working at _____. We are doing a research study to understand the views and experiences of women, families, and health providers in Afghanistan around stillbirths.

This study is being conducted with the Ministry of Public Health in Afghanistan and we would like to invite you to take part. We want to understand what happens when a stillbirth occurs in the community and at health facilities. This will help us better understand of how big the problem is, how to get better information on stillbirths and prevent them, and also how to improve services for women and their families who have had a stillbirth. Would you be interested in taking part in the study? This would involve taking part in an interview with myself (or another interviewer) and will take about 1 hour of your time. We can do the interview at the _____hospital if you can travel here and we will reimburse your travel expenses."

- Reassure the participant that it is completely voluntary to take part in this study and that all of the information they give will remain confidential and whatever decision they make will not impact on the care they receive from the hospitals.

- If they are unsure, you can say that you will give them time to think about it and will call back another time.

- If they are not able to travel to the health facility, you may then suggest that you can come to their home to do the interview.

*(You may use information outlined in **the consent form** to help explain to the participant in more detail)*

3. Organising the interview

PROCEDURE

A. Organising a venue for the in-depth interview

- Identify a venue for conducting the interview on a day and time that is suitable to both yourself and the participant.
- Try to give the participant priority with selecting the venue, however, make sure the venue is the appropriate for the interview – it is **private, quiet and no outsiders present** unless the participant has requested that someone else be present. If required, gain permission to use the venue from the appropriate authorities.

B. Arranging transport to the venue

- If the participant requires assistance with transport to the venue, you may arrange this for them.
- Participants will be reimbursed for their travel expenses related to attending interviews.

C. Equipment and materials

- Set up the equipment and materials you will need prior to commencing the interview.

You may use the **Interview Appointment Schedule (Appendix B)** to keep track of interviews you have scheduled.

Informed consent process

- Informed consent is necessary for all qualitative research.
- Informed consent is when potential participants freely agree to be part of a study with full understanding of the research activities and any risks or benefits attached to being part of it. Only if the participants understand what you tell them about the study and their participation can they give 'informed consent'. Informed consent is one of the most important tools for ensuring *respect for persons* during research.
- The first step in achieving informed consent is to inform people about the research in a way they can understand. The person should be told:
  - **The purpose of the research**: why the research is relevant

- **Procedure and expectations:** What is expected of a research participant, including the amount of time required for participation.

- **Risks and benefits** - Expected risks and benefits, including psychological and social. Any direct benefit such as material compensation, or indirect such as the improvement of a services overall contribution to improving health and wellbeing

- **Voluntary participation, refusal and withdrawal -** The fact that participation is voluntary and that one can withdraw at any time with no negative repercussions

- **Confidentiality** and how it will be protected.

- The name and contact information of the local lead investigator to be contacted for questions or problems related to the research.

- The name and contact information of an appropriate person to contact with questions about one's rights as a research participant (usually the chair of the local ethics committee overseeing the research).

- This information must be provided in a language and at an educational level that the participant can understand.

- Individual informed consent may be **oral** or **written**.

Written consent: the person receives a written form that describes the research and then signs that form to document his or her consent to participate.

Oral consent: person receives all of the information needed for consent either verbally or in writing and then verbally consents to participate. The participant does not sign a consent form. Accurate records of how and when consent was obtained for each participant should be kept. In this study, the verbal consent form will be signed and dated by the interviewer to acknowledge that the participant has given consent.

- The study will be using both verbal and written consent. Two different forms have been developed – one for verbal informed consent and one for written informed consent [Refer to Appendix C and D].

- Verbal consent will be used for those participants who are not literate or where it may be difficult for them to read and sign their name (i.e. for mothers, fathers, female elders, CHWs, some birth attendants).

- Written consent can be used for those who can read and sign their name (Some skilled birth attendants and other key informants).

- In both cases **you will need to read through the consent form with the participant**, ensure they understand everything and answer any questions they may have.

For more information on ethics and consent please refer to these resources:

Page 7-12 *In* Mack et. al.(2005). ***Qualitative Research Methods: A Data Collectors Field Guide.*** Family Health International. Available at: https://www.fhi360.org/sites/default/files/media/documents/Qualitative%20Research%20Methods%20-%20A%20Data%20Collector%27s%20Field%20Guide.pdf

Kielmann et al.(2011) *Chapter 8: Ethics and Logistics of Data Collection* In: **Introduction to Qualitative Research Methodology.** Available at: https://assets.publishing.service.gov.uk/media/57a09ddfe5274a31e0001ac6/qualitativeresearchmethodologymanual.pdf

Interview procedure

- All interviews will be conducted in a **private location, in a separate room** away from other family members/neighbours or other outsiders.

- A female interviewer will conduct interviews when the participant is a female, and male interviewer when the participant is male for interviews with community members.

- Interviews will be done in Dari or Pashto.

- Interviews will be audio-recorded with the consent of participant.

- Each participant will be allocated a study ID. Only the study ID should be recorded on any material related to that participants interview so that the participants name is not recorded anywhere. Remember to obtain the study ID prior to the interview.

Preparing for the interview

- Review the interview guide and questions, and consent forms.

- Review other study documents (study proposal, training guide, debriefing forms etc.) so you are familiar with the study and can answer any questions participants might have.

- Be reliable – ensure you are on time and equipped with everything to conduct the interview.
  - On the day of the interview ensure you have all supplies and documents you might need with you (use the checklist below).
  - Label all data documentation and materials with the participant's study ID.
  - Arrive at the interview location at least 15 minutes early to give yourself time to set up.
  - Test the voice recorder to ensure it is working.

Supplies and materials

Checklist of supplies to take to the interview:

- ☐ Letter of permission
- ☐ Identification badge
- ☐ Interview log sheet
- ☐ Consent forms
- ☐ Interview guide
- ☐ Interview debriefing checklist
- ☐ Cash for reimbursing participants
- ☐ Travel reimbursement form
- ☐ Notepad
- ☐ Pen
- ☐ Clip board
- ☐ Envelope
- ☐ Voice recorder
- ☐ Spare batteries

During the interview

- Ensure you record the interview if the participant has given permission to do so. If anything goes the wrong and the recording doesn't work, take as many notes as you can directly after the interview, or you can use the voice recorder.

- Take back up notes during the interview if you can.

- Observe and document the participant's behaviour and contextual aspects of the interview that you will document as part of your field notes and when you complete the **Interview Debriefing Form (Appendix F)**.

- Expand your field notes as soon as possible after the interview (within 24 hours) while your memory is still fresh.

Starting the interview

A. Set up and introductions

- Greet the participant and introduce yourself to them and any other family members present.

- Briefly describe the steps of the interview process (1- Informed consent, 2- question and answer, 3- their questions, 4-reimbursement).

- If anyone has accompanied the participant to the interview, kindly ask them to wait outside of the interview room unless the participant has requested that they are present during the interview, or the participant is under-18 years and you need them to be present during the consent process.

- For interviews being conducted in households, inform the household members that you are going to conduct an interview with the respondent and seek permission to conduct the interview in a quiet place. Humbly tell them you expect no interruptions while interviewing.

- Make sure there is a quiet place for conducting the interview (to avoid interruption and ensure a clear voice recording). If the respondent has any children, then request participants and other household members to accompany the children during the interview. If children accompany the respondent it is likely this will affect the quality of the voice recording, and the respondent will more likely concentrate upon children.

B. Obtaining informed consent

Giving information about the study

- Once the participant is settled and comfortable, thank them for attending the interview and inform them that you are going to read through and information and consent form which has more detailed information about the study and what their participation will involve so that they have all the information needed to make a decision.

- Read the consent form slowly and clearly with sufficient pauses to make sure the participant is listening and understanding.

- Ask the participant if they have any questions about the study or if there are any parts of the Consent Form/Participant Information Statement that they do not fully understand. Answer any questions or queries fully and check their comprehension of your answers.

- Reiterate that participation is voluntary, and should they consent to participate, they may withdraw from the study at any time without any consequence and that their information will remain confidential.

Inviting participation and obtaining consent

- **For participants that are under the age of 18 years, consent should first be obtained from the parent and/or husband.** Ensure that one of these individuals is present when obtaining consent from the participant, however they will not need to stay for the duration of the interview unless the participant has requested they do.
- Once the information sheet has been read through and explained, and all questions about the study have been answered, ask the participant if they wish to participate in the study.
- If the participant says 'yes', tick 'Yes' in the relevant box on the consent form.
- If the participant says 'no', tick 'No' in the relevant box on the consent form and ask them if they would like to give a reason for this decision. Note down their reason in the Interview Log Sheet. You may ask whether they wish to have more time to think about it. If they answer yes, arrange a time and date to contact them again and record on the Interview Log. Thank them for their time and allow them to leave.
- Next, ask the participant if they agree for the interview to be recorded and mark the consent form accordingly.
- Clearly explain to the respondent why you are using voice recording. Inform them that recording the interview is very important to us as it is not possible for us to write down every word, and that we want to make sure we capture all the information accurately, that is why we are recording their voice. When we return home, we will listen to the recording and write down line by line what was said. Ensure they understand that all their information and recording is kept confidential and locked in a secure place.
- Finally, ask the participant if they are interested in receiving information on the results of the study once it is completed and indicate on the form their response. If they say yes, take down contact information from the participant.
- Complete the details at the end of the consent form with the participant's study ID, and ensure you sign and date the form.
- For participants that are completing the written consent, ensure they sign the consent form.
- Ask the participant if they would like to keep an unmarked copy of the consent form/ information sheet and give them the sheet, as appropriate.

C. Conducting the interview

- Once all the forms are completed, inform the participant that you will now begin the interview. Ask them to express their own views or opinions about the questions and that they are free to ask any questions throughout the interview.

- Firstly, start with some informal conversation with the respondent to make them comfortable with you. The first few questions in the interview guide can help with this. We

want participants to feel at ease so they can speak honestly and openly and tell us their stories in detail.

- Make sure the respondent is comfortable during the interview. If at any point the participant appears uncomfortable or becomes distressed, you can ask them if they need to take a break or stop the interview.

- Turn on the voice recorder and show the participant the light indicating it is recording. Speak clearly and loudly enough for the recording and encourage the participant to do so too. Ask them to repeat any quiet statements but try to allow them to speak freely without fear of the recording.

- Conduct the interview face to face and ensure you maintain eye contact.

- Observe the participant's body language and keep a record of those expressions or note them down after the interview.

- Follow the questions in the interview guide but allow the pace to be set by the participant. Use probes to follow-up all general statements, bearing in mind the purpose of the research.

- Keep track of the questions in the guide you have asked and any questions missed that you may need to go back to later on in the interview.

The interview guide

- Interview guides have been prepared for each participant type.

- Try to follow the interview guide questions as much as possible, but you may allow the conversation to digress as long as the discussion is still relevant to the topic and study aims.

- Take note of any questions that do not seem relevant, or inappropriate, any questions that may need to be re-ordered or reworded and any questions that participants refuse to answer. These will be discussed during team debriefing to inform revisions to the guide if needed.

D. Closing the interview

- Once all questions from the interview guide have been discussed, ask the respondent if they have any questions, concerns or anything else relevant to the topic that they would like to comment on. Record these in your notes as "Unsolicited reactions".

- Review the final section of the interview guide on the participant's demographic details to ensure you have obtained all the information. If not, ask the participant about any remaining details.

- Thank the respondent for their time and for sharing their story with you.

- If the participant has travelled to the interview location arrange the reimbursement of their travel expenses (see below) and then you can invite them to leave. When they have left the room, turn off the voice recorder

E. Reimbursement

- Participants that have travelled to take part in the interview can be reimbursed for their travel expenses.

- Please complete the **Receipt for Travel Reimbursement** (**Appendix E)** and sign the form to document you how much you have provided the participant with. Also note the amount in the **Interview Log Sheet**.

After the interview

- Check the voice recorder to ensure the interview was recorded. If the recording did not work, immediately make notes to record all the information you can recall that the participant gave in response to the interview questions.

- Make sure all documentation is recorded with the participant study ID.

- Complete the **Interview Debriefing Form** (**Appendix F**) immediately after the interview by hand. Later on this should be typed into a computer file, labelled with the identity number of the interviewee, and stored with the audio file.

- Place all contents for each interviewee into an envelope.

- Use the summary of **Interview Steps** (**Appendix I**) and **Interview Checklist** in (**Appendix J**) to help keep track of procedures.

Field notes and Interview Debriefing

Field notes and interview debriefing

- Field notes are your written notes on your observations and experience during the interview - what you see and hear during the interview, and your thoughts about what is happening.

- Field notes are essential to providing a rich and multi-dimensional context to the data you collect. They capture things you find interesting and noteworthy, terminology that is new or unfamiliar, direct quotes from what you have overheard that seem relevant or peculiar, but also reflections on your own position in and responses to situations that arise.

- What to include in field notes:

    a) **Setting -** details of the physical environment in a way that providers the reader a good 'visual' experience of what it is like to be there.

    b) **The participant(s) -** appearance, behaviour, verbal and physical interactions,
        - What is the participant wearing? Is there anything striking about the participant's appearance?
        - How does the participant interact with different people including you (is s/he friendly, authoritative, tired?)
        - How is the participant's status and/or relationship with others expressed (e.g., tone, use of language, bodily stance)
        - What gestures does the participant use? (body language, facial expressions, how s/he chooses to enter or place him/herself in a room, ways of greeting other people, ways of interacting with children/adults or with strangers)
        - How does the participant respond to questions you ask? (with ease, or do they take their time or are slow to respond)

    - **Activities and behaviour -** what is taking place during your visit? What activities are going on? Where? Who is involved? Who else is present? How long does it go on for? How do people behave?

- The **Interview Debriefing Form (Appendix F)** can be part of and will help with compiling your field notes

- The Interview Debriefing Form should be completed immediately after the interview, or as soon as possible.

- This form is for recording all observations on the context of the interview including details of the setting, atmosphere, surrounding people, activities, any disruptions that occurred, as well as your observations of the participant, how they looked, their mood or attitude, if they were at ease or not, and any other body language etc.

- It is also where you can record any concerns with interview questions, missed questions or other issues that arose during the interview.

- This form will be discussed during **team debriefing sessions** (see below).

For more information, see page 43 of Mack et al. (2005). ***Qualitative Research Methods: A Data Collector's Field Guide*.**
(https://www.fhi360.org/sites/default/files/media/documents/Qualitative%20Research%20Methods%20-%20A%20Data%20Collector%27s%20Field%20Guide.pdf)

Team debriefing sessions

Regular debriefing sessions will occur with all interviewers and the study investigators on a **daily basis**. The debriefing summary forms will be used for reference during the meetings, and a further **Team Debriefing Meeting Minutes Form** (**Appendix G**) will be completed.

The aims of the debriefing meetings are:

- For interviewers to update each other on progress with data collection.
- To discuss key findings from data collection so far, including differences and similarities, and anything new arising.
- To discuss any problems with or changes needed to the interview guides.
- To get an idea of whether new ideas are still emerging or if saturation has been reached on key topics.
- To identify if there is any missing information.

Interview tips

Effective interviewing

- A productive interview is one where the participant gives a richly detailed and sincere account of their experience or perceptions in response to the topic being discussed.

- Being well prepared and having good rapport building skills and conversational skills will help to achieve this. Before the interview make sure you:
    - Become familiar with all the research documents, including the consent forms and interview guide (will help to answer questions from participant)
    - Practice interviewing (role playing and pilot interviews)
    - Practice using the equipment

Important skills for interviewing

- Interviewer skills have important influence on the comprehensiveness and complexity of information participants provide.

- Encourage participants to elaborate on their answers without expressing approval, disapproval or judgement or bias.

- Keep track of the questions but let the conversation develop naturally

Core skills to establish a positive interviewer/participant dynamic are:

1. **Rapport-building**
2. **Highlighting participant's perspective**
3. **Accommodating different personalities and emotional conditions**

[See **Table 5** on p38-39 in Mack et al. (2005). ***Qualitative Research Methods: A Data Collector's Field Guide.*** Family Health International. Available: https://www.fhi360.org/sites/default/files/media/documents/Qualitative%20Research%20Methods%20-%20A%20Data%20Collector%27s%20Field%20Guide.pdf]

Managing the interview

It may be helpful to consider the following:

- Take the time to explain to participants how the interview works
- Emphasise the voluntary nature of the interview. Explain that they are not obligated to respond to any question.
- Work within time constraints – before starting the interview ask participants if they have any time limitations.
- Keep track of the questions by ticking them off on the guide if they have been covered.

- Do not correct factual errors during the interview. Afterward you may provide the participant with factual information if required.

Techniques for effective questioning

- Keep track of which questions have or have not been asked and answered.
- Phrase questions so that it encourages the participant to provide elaborate and detailed responses.
- Questions should elicit the participants own views and experiences

Some techniques to achieve this:

a) **Asking one question at a time:** be careful not to pose several questions at once without give the participant opportunity to response to individual questions. This can happen when questions are grouped together in the interview guide

b) **Asking open-ended questions:** closed-ended questions are those that may be answered with a single word or yes or no response. Instead, phrase questions in a way that gives the participant an opportunity to explain their position, feelings or experiences (i.e. *What problems did you have while you were pregnant?* Instead of: *Did you have any problems during your pregnancy*?). Open ended questions begin with: What…, Why…, How.., Describe..

c) **Avoid leading questions:** Leading questions are those that are phrased in a way that influence the participant's responses. Such questions can risk conveying your own judgements and biases and imposing a perspective on participants.

d) **Encourage story telling:** We want to hear participant's stories. Use phrases such as: "Tell me about that day..." or " Can you describe what happened.."

e) **Using follow-ups and probes:**

Follow up questions ensure participants provide a complete set of information each main question was designed to obtain. They prompt the participant to talk further about an aspect not mentioned in response to the original question (i.e. "Tell me more about that.." or "Can you give me an example?..").

Probes are neutral questions, phrases, sounds and gestures interviewers use to encourage participants to elaborate on their answers and explain why or how.
Use probes when the participant's response to the question is brief or unclear, or if the participant appears to be waiting for you to say something more.
As much as possible probe for detail on what the participant thinks, feels and experiences in relation to the research topic.

Examples of effective probes

Direct

"What do you mean when you say…"
"Why do you think…"
"How did you feel about that…"
"What happened then?"
"How did that affect you?"
"Can you tell me more?"
"Can you please elaborate?"

Indirect

- Neutral, verbal expressions such as "I see", "Interesting..."
- Verbal expressions of empathy: "I can see why that was so difficult for you..."
- Mirroring technique or repeating what the participant said.
- Culturally appropriate body language or gestures such as nodding in acknowledgement.

Source: Mack et al. (2005)

[See p37 in Mack et al. (2005). *Qualitative Research Methods: A Data Collector's Field Guide* for more guidance on *Effective interviewing* and p41 for *Effective Questioning*]

f) Use of pauses and silence: By allowing pauses the interviewee is given time to respond and add more information or reflect on what has been said. You don't necessarily need to fill the silence with another question, and note that it is appropriate in some settings to have longer periods of time where nothing is said in the course of a conversation

g) Use Active Listening: active listening means giving the participant your full attention

- Make eye contact, nod, smile and lean-in attentively.
- Don't play with your phone or take calls during the interview.
- Use occasional verbal encouragement such as 'Uh huh', 'yes' and 'I see'.
- Paraphrase your participant's words and reflect them back…e.g. "So what you're saying is…"
- Avoid interrupting or completing your participant's sentences.
- Refer to something the participant said earlier as this demonstrates you are paying attention and is a way to seek clarification or keep the interview on track.
- Give participants time to think and embrace the productive pause.
- Be prepared to challenge inconsistencies.
- Stay in the moment – don't spend time planning what you're going to say next.
- Assess what you're hearing to make sure there is enough detail but don't mentally criticize or judge.
- Strive for empathy – let go of preconceived ideas and try to understand your participant's unique perspective.

Data Documentation and Management

- For each interview, a number of documents and materials will be produced:

    a. Audio files of recorded interviews
    b. Consent forms (signed)
    c. Any other handwritten notes
    d. Field notes (handwritten and typed/expanded notes)
    e. Interview debrief forms
    f. Dari/Pashto transcripts of interviews
    g. Translated transcripts in English
    h. Any other documents you may have been provided or collected during data collection

- Each participant will be given a study identification number (see below for naming). This ID should be used on all documentation related to the participant including the recording, transcript, field notes and saved data file.

- Prior to data collection, obtain the study ID for the interviews you are conducting and ensure all materials are labelled with this.

- After data collection, place all documentation related to the interview into one envelope labelled with the study ID.

- When you return to the office, voice recordings should be downloaded, carefully labelled, a copy made and stored securely in a folder named using the same study ID.

- Transcription of interviews and typing out and expanding field notes should be done as soon as possible after the interview. These should be stored in the same location as the audio file.

- All hard copy notes and forms must be kept securely in a locked location at the office so that confidentiality is not compromised.

Study identification number and naming data files

The Study ID for each interview/participant will be generated as follows:

SB_II_KBL_MSB_04_AC

SB = Stillbirth Study (Study Name)
II = In-depth Interview (Data Collection Method)
KBL = Kabul (Study Location)
MSB = Mother that had stillbirth (Refers to the participant type)
04 = Fourth data collection event (Refers to the sequence number of interview among that participant type)
AC = This refers to the interviewer Initial

Acronyms for the different participant types:

MSB – mother that experienced stillbirth
FSB – father that experienced stillbirth
FE – female elder
CHW – Community Health Worker
SBA – Skilled Birth Attendant (Midwife/Nurse)
HCP - Other health-care provider
KI – Key Informant

Transcription of Interviews

- Transcription should be done as soon as possible after the interview, preferably within 24 hours.

- To transcribe an audio recording, the transcriptionist listens to the recording and simultaneously writes down or types everything that is said on the recording. Non-verbal sounds (such as laughter, sirens, some- one knocking on the door) are also often noted on the transcript.

- When the transcriptionist is not the person who collected the recorded data, the interviewer who did collect it should review completed transcripts for accuracy.

Procedure for Transcription

A. Preparing documents

- The transcriptionist will be responsible for transcribing the interviews recorded on the digital voice recorder.

- After each interview the audio file should be uploaded from the voice recorder onto the relevant computer and saved as a new file with the appropriate file name according to the file naming convention described earlier.

- Each transcript should be typed into a new Word file directly from the audio file in the original language used during the interview. The file should be saved using the appropriate file name, the same as the audio file.

- At the top of the transcript document should be the transcript header detailing the interviewer name, date of interview, language of the interview, venue, date transcript completed, and the participant ID number. See the example below (A sample template is also in **Appendix H**)

Sample Interview transcript header	
Study ID:	
Interviewee Category:	
Site/Location of interview:	
Date of Interview:	
Interviewer ID:	
Transcriptionist:	
Language of interview:	
Date completed transcript:	
Start time of recording:	End time of recording:

Length of recording:
Example transcript START OF INTERVIEW I: As a family planning provider, what are your main responsibilities or which methods do you provide in this clinic? R: We provide all methods, including pills, injections, Norplant, coil, condoms and the permanent family planning methods. ………… ………… I: Thanks for taking the time to talk with me today. END OF INTERVIEW

B. Transcription guidelines

- **Transcribe all recordings verbatim** (that is, word-for-word, exactly as words were spoken). All hesitations (umms, mmms, errs), repetitions and incomplete sentences should be noted down.

- **Start a new line for each new speaker** with their participant ID or interviewer initials at the beginning.

- **Indicate all nonverbal or background sounds, including pauses in brackets.** This includes laughter, surprise, sighs, shock, disagreement, coughs, clapping, pen clicking, car horn, birds, etc. For example: [short laugh], [group laughter], or [ambulance siren in background]. Any external interruptions should also be recorded in square brackets e.g. [mobile phone rings].

- **Include relevant annotations or observations** from field notes or debrief summary form in the appropriate place in the transcript within {...}. For example:

  {Participant XX looked away and appeared upset}

- **Do not "clean up" the transcript** by removing slang, grammatical errors, or misused words or concepts.

- **Transcribe any mispronounced words exactly as the interviewer or participant pronounced them.** If a transcribed mispronunciation risks causing problems with the reader's comprehension of the text, use the following convention: [/word as it would

correctly be pronounced/]. (For translation, mispronunciations will be ignored and only the correct translation will be provided.) For example:

> I thought that was pretty pacific [/specific/], but they disagreed.

- **Transcribe all fillers,** sounds that are not standard words but express some meaning. For example: hm, huh, uh huh, um, yeah, nah, huh, aha.
- **Transcribe repeated words or phrases:** I went to the hospital to see, to see the midwife.
- **Indicate segments that are difficult to hear or understand on the transcript.** For words or short sentences, use [inaudible segment]. For example:

  > The process of identifying missing words in a recorded interview of poor quality is [inaudible segment].

  The transcriber can also suggest what they think it is in italics followed by a '?', and surrounded by ~...~. For example:

  > *Participant XX*: I started to worry when I noticed that the baby wasn't ~ moving? ~.

  For lengthy segments that are difficult to hear or understand, or when there is silence because no one is talking, record this information in square brackets. Also provide a time estimate for the information that could not be transcribed. For example:

  > [Inaudible: 2 minutes of interview missing]

- **Mark brief pauses with periods or ellipses (. . .).** Brief pauses are breaks in speech lasting two to three seconds. They often occur between statements or when the speaker trails off at the end of a statement.
- **Mark pauses longer than 3 seconds by typing (long pause).**

  > For example: Sometimes the individual may require additional time to construct a response. (long pause). Other times, he or she is waiting for additional instructions or probes.

- **Remove or replace sensitive Information:** When an individual uses his or her own name during the discussion, replace the name with the appropriate Participant ID. For example:

  > ##SB_II_KBL_FSB_08## My family always tells me, "SB_II_KBL_FSB_08, think about it before you say anything."

- **Indicate the start of a new recording** by typing START OF RECORDING. If there are

multiple recordings for any reason you can say START OF RECORDING #1 etc.

- **Indicate end of interview** by typing END OF INTERVIEW on the last line of the transcript to indicate the interview session has ended.

C. Checking and reviewing transcriptions

- **Proofread** (read through for typographical errors) and check the accuracy of all transcripts against the audio file, then revise the transcript computer file accordingly. Check each transcript while listening to the recoding three times before submitting it.

- **Check transcripts for accuracy.** If the transcriptionist is not the same person who led the interview, then the interviewer who did lead the session must also check every transcript for accuracy against the recording.

- The transcriber/translator along with another member of the team should read through the transcript a third time to check whether there are any identifying details, and if so, to remove them or replace them with anonymous terms, for example names should be replaced with participant numbers or general descriptors such as “community head”, and place names should be replaced with a descriptor in “...” such as “local hospital”.

D. Saving transcripts

- Save each transcript as an individual Word file using the participant’s study ID.

Appendix

Appendix A. Interview log sheet

Seq	Study ID	Participant type^	Interviewer Initial	Interview location*	Date of interview	Time of interview	Language of interview (Dari or Pashto)	Interview completed (Yes/No/Rescheduled/Declined)	Reason^	Travel expenses reimbursed (Yes/No and amount)	Transcriber initials	Translator initials	Date submitted
Example	SB_II_KBL_FSB_03_AC	FSB	AC	Hm, district	06-10-17	14:15	Da	Yes	-	Yes, 200 Afs	AC	-	11-10-17
01													
02													
03													
04													
05													
06													
07													
08													
09													
10													

^Participant type: **MSB** – mother that experienced stillbirth, **FSB** – father that experienced stillbirth, **FE** – female elder, CHW – Community Health Worker
SBA – Skilled Birth Attendant (Midwife/Nurse), **HCP** - Other health-care provider, **KI** – Key Informant
*Interview location: **Hm-** Home (include district name)

Appendix B. Interview appointment schedule

Interview Appointment Schedule

Interviewer name: _____

Seq	Date	Time	Participant ID	Location/venue of interview	Completed (Yes/No/Rescheduled)
01	06-10-17	14:15		Home (district name)	Yes
02					
03					
04					
05					
06					
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Appendix C. Verbal consent form (English)

PARTICIPANT INFORMATION SHEET AND CONSENT FORM

Study title: Perceptions and experiences of stillbirths in Afghanistan
Organisation: Ministry of Public Health, Afghanistan, Management Sciences for Health, Afghanistan, Sydney School of Public Health, The University of Sydney, Australia

(1) Introduction and purpose of the study
Hello, my name is _____ We are doing a research study to understand the views and experiences of women, families, and health providers in Afghanistan around stillbirths.
This study is being conducted with the Ministry of Public Health in Afghanistan and we would like to invite you to take part. We want to understand what happens when a stillbirth occurs in the community and at health facilities. This will help us better understand of how big the problem is, how to get better information on stillbirths and prevent them, and how to improve services for women and their families who have had a stillbirth.

(2) Why have you been invited to participate?
We are inviting you to participate in this study because of your recent experience with stillbirth/because you are working to improve the health of women and babies in Afghanistan. This Participant Information Sheet and Consent Form tells you about the study and what your participation will involve to help you decide if you want to take part. I will read through this sheet with you. Please ask questions about anything that you don't understand or want to know more about.

(3) What will the study involve?
If you agree to take part in this study, you will be interviewed by myself or another interviewer in a private location. This can be in your home, at the health facility, or at another location as agreed by you and the interviewer. You will sit down with the interviewer who will ask you some questions about your experience with stillbirth or providing care to women in Afghanistan. If you do not want to answer any questions you may say so and the interviewer will move on to the next question. Only the interviewer will be present at the interview unless you would like someone else to be there. The interview will take about one hour. I can assure you that the information recorded will remain strictly confidential, and no one else except the study researchers will have access to your information. With your permission we would like to audio record the interview, but no one will be identified by name on the recording.

(4) Do you have to be in the study?
Your participation in the study is completely voluntary. If you decide to take part in the study and then change your mind later, you are free to withdraw at any time. You can do this by letting the interviewer know. There are no consequences for withdrawing and you do not need to provide any reason. You are also free to stop the interview at any time. Unless you say that you want us to keep them, any recordings will be erased and the information you have provided will not be included in the study results. You may also refuse to answer any questions that you do not wish to answer during the interview.

(5) What are the risks or costs associated with being in the study?
There are no risks or costs associated with taking part in the study. Some of the questions may cause some discomfort, but if you find that it is too distressing you can ask the interviewer to stop at any time or you can take a break. If you need, we can refer you to a psychologist or counsellor.

(6) What are the benefits associated with being in the study?

There are no direct benefits to you for participating in this study. By telling us about your views and experience it will help us to understand the extent of the problem better, develop future programs and services to prevent stillbirth, and identify areas that we may need to improve awareness and education on.

(7) What will happen to information about me that is collected during the study?

Your identity will be kept strictly confidential, except as required by law. The information you provide will only be accessible to the study researchers. Study findings may be published, but we will not refer to any names and all no identifying information will be used. Anonymous information may be shared with other researchers within and outside the country. Your information and audio recordings will be stored securely on a computer in the offices of the School of Public Health at the University of Sydney, Australia for a period of five years after which it will be deleted.

(8) What if I would like further information about the study or I have a complaint or concern about the study?

I will be available to discuss with you further and answer any questions you may have. If you would like to know more at any stage during the study, you may contact Dr._____, at the Afghanistan National Public Health Institute by calling_____.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact: Dr._____, Chairperson, Institutional Review Board, Afghanistan National Public Health Institute by calling _____ or by email at: _____.

(9) Will I be told the results of the study?

You have a right to receive feedback about the overall results of this study. Please tell the interviewer if you would like to hear about the results and someone will contact you after the study is finished. This feedback will be provided as a one-page summary which can be explained to you by the study researchers if you are not able to read it.

Do you have any questions for me at this stage?

By giving your consent to take part in this study you are telling us that:

- ✓ You understand the purpose of the study, what you have been asked to do, and any risks and/or benefits involved.
- ✓ You have been read the Participant Information Sheet and have been given the opportunity to discuss your involvement in the study with the research team, and all questions have been answered to your satisfaction.
- ✓ You understand that participating in this study is completely voluntary, you are not under any obligation to participate, and you can withdraw from the study at any time, without consequence.
- ✓ You understand that you may stop the interview at any time, and that unless I indicate otherwise, any recordings will be erased and the information provided will not be included in the study.
- ✓ You understand that any personal information collected will be stored securely and will only be used for purposes that you have agreed to. You understand that information about you will only be told to others with your permission, except as required by law.
- ✓ You understand that the results of this study may be published, and that publications will not contain your name or any identifiable information about you.

Do you agree and consent to take part in this study? ☐ Yes ☐ No

Do you provide consent to have your interview recorded? ☐ Yes ☐ No

If participant is under 18 years of age, has consent been obtained from parent/guardian or husband? ☐ Yes ☐ No ☐ N/A

Would you like to receive feedback on the study results when it is finished? ☐ Yes ☐ No

If yes, please tell me your contact details so that we can contact you

Contact phone: _____

Thank you for your cooperation

Participant study ID: _____ **Time & Date:** _____

Interviewer name: _____ **Date:** _____

Interviewer signature: _____ **Date:** _____

Appendix D. Written informed consent form (English)

PARTICIPANT INFORMATION SHEET

Study title: Perceptions and experiences of stillbirths in Afghanistan
Organisation: Ministry of Public Health, Afghanistan, Management Sciences for Health and Sydney School of Public Health, The University of Sydney

(1) Introduction and purpose of the study
We would like to invite you to take part in a research study that is being conducted by the University of Sydney in Australia with the Ministry of Public Health in Afghanistan investigating the perceptions and experiences of women, families and health providers in Afghanistan around stillbirths. We hope to understand what happens when a stillbirth occurs in the community and at health facilities. This will help us to better understand the extent of the problem, how to get better information on stillbirths and prevent them, and also how to improve services for women and their families who have had a stillbirth.

(2) Why have I been invited to participate?
You have been invited to participate in this study because of your experience delivering or overseeing maternal, reproductive and child health services, programs or policy in Afghanistan. This Participant Information Sheet and Consent Form tells you about the research study and what your participation will involve, to help you decide if you want to take part. Please read through this sheet and ask questions about anything that you don't understand or want to know more about.

(3) What will the study involve for me?
If you agree to take part in this study you will participate in an interview with an interviewer in a private location. This can be at your office, at the health facility or another location as agreed by you and the interviewer. You will sit down with the interviewer who will ask you questions about your views and experience of stillbirth in Afghanistan. If you do not wish to answer any question you may say so and the interviewer will move on to the next question. Only the interviewer will be present at the interview unless you would like someone else to be there. The interview will take about one hour. I can assure you that the information recorded will remain strictly confidential, and no one else except the study researchers will have access to the information documented during your interview. With your permission we would like to audio record the interview but no one will be identified by name on the recording.

(4) Do I have to be in the study?
Your participation in the study is completely voluntary. If you decide to take part in the study and then change your mind later, you are free to withdraw at any time. You can do this by letting the interviewer know. There are no consequences for withdrawing and you do not need to provide any reason. You are also free to stop the interview at any time. Unless you say that you want us to keep them, any recordings will be erased and the information you have provided will not be included in the study results. You may also refuse to answer any questions that you do not wish to answer during the interview.

(5) Are there any risks or costs associated with being in the study?
There are no risks or costs associated with taking part in the study. Some of the questions may cause some discomfort due to the nature of the topic. If you find that it is too distressing you can indicate to the interviewer to stop the interview at any time or you may take a break. If you would like to continue the interview at a later date, just let the interviewer know.

(6) Are there any benefits associated with being in the study?

There are no direct benefits to you for participating in this study. The information you provide will help us to understand families and birth attendants' experiences of stillbirths in Afghanistan. This will provide a clearer picture of the extent of the problem; inform future programs and services for preventing stillbirth, and identify areas that we may need to improve awareness and education on.

(7) What will happen to information about me that is collected during the study?

Your identity will be kept strictly confidential, except as required by law. The information you provide will only be accessible to the study researchers. Study findings may be published, but you will not be individually identifiable. We will not refer to any names and all information will be de-identified prior to use for any publication. Anonymous information may be shared with other researchers within and outside the country. Privacy, anonymity and confidentiality of information will be strictly maintained. Your information and audio recordings will be stored securely on a computer in the offices of the School of Public Health, University of Sydney, Australia for a period of five years, after which it will be deleted.

(10) What if I would like further information about the study or I have a complaint or concern about the study?

The interviewer will be available to discuss with you further and answer any questions you may have. If you would like to know more at any stage during the study, you may contact Dr._____, at the Afghanistan National Public Health Institute by calling _____.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact: Dr._____, Chairperson, Institutional Review Board, Afghanistan National Public Health Institute by calling _____or by email at: _____.

(8) Will I be told the results of the study?

You have a right to receive feedback about the overall results of this study. Please tell the interviewer if you would like to hear about the results of the study and someone will contact you once the study is completed. This feedback will be provided in the form of a one-page summary.

By giving your consent to take part in this study you are telling us that you:

- ✓ Understand what you have read or have been explained about the study
- ✓ Agree to take part in the research study as outlined and explained to you
- ✓ Agree to the use of your personal information as described to you

Thank you for your cooperation

PARTICIPANT CONSENT FORM

Study title: Perceptions and experiences of stillbirths in Afghanistan
Organisation: Sydney School of Public Health, The University of Sydney
Principal Investigator: Ms Aliki Christou, PhD Candidate

Please read the following before signing the form:

I, ... [PRINT NAME], agree to take part in this research study.

In giving my consent I state that:

- ✓ I understand the purpose of the study, what I will be asked to do, and any risks and/or benefits involved.
- ✓ I have read the Participant Information Sheet and have been given the opportunity to discuss my involvement in the study with the research team, and all questions have been answered to my satisfaction.
- ✓ I understand that being in this study is completely voluntary, I am not under any obligation to participate, and I may withdraw from the study at any time, without consequence.
- ✓ I understand that I may stop the interview at any time, and that unless I indicate otherwise, any recordings will then be erased and the information provided will not be included in the study.
- ✓ I understand that personal information about me that is collected over the course of this project will be stored securely and only be used for purposes that I have agreed to. I understand that information about me will only be told to others with my permission, except as required by law.
- ✓ I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

I consent to:

- **Audio-recording** YES ☐ NO ☐

Participant signature: _____ **Date:** _____

Participant study ID: _____ **Time & Date:** _____

Interviewer signature: _____ **Date:** _____

Would you like to receive feedback about the overall results of this study?

YES ☐ NO ☐

If you answered **YES**, please indicate your preferred form of feedback and address:

☐ Postal: _____

_____

☐ Email: _____

☐ Phone: _____

Appendix E. Receipt for travel reimbursement

Receipt for travel reimbursement

Date: _____

This is to acknowledge that study participant _____[*Insert study ID*] was provided _____ Afghani to reimburse for travel expenses incurred to participate in an interview for the study, *A Qualitative Study of Community and Health Providers Perceptions and Understanding of Stillbirth in Afghanistan* (Ministry of Public Health Institutional Review Board Study number: _____).

Signature of interviewer: _____ Date: _____

Name of interviewer: _____

Appendix F. Interview Debriefing Form

Study title: *A qualitative study of community and health provider's perceptions and understandings of stillbirth in Afghanistan*

Study ID: _____ **Participant type*:** _____

Interviewer name: _____

Interview site/location: _____

Audio file #: _____ **Date:** _____/_____/_____

Please complete this form directly after the interview. Describe the atmosphere and context of the interview, your observations of the participants' behaviour, and summarise the main points discussed in relation to the objectives of the study. Also note any issues with the interview guide or interview itself. There is space for further notes on the last page.

1. How would you describe the interview environment/setting?

For example, what venue was the interview held in? Where was the venue located? Was anyone else present in the room? Did any distractions occur? What activities were going on around? Record details of the physical environment in a way that gives the reader a good 'visual' experience of what it is like to be there.

2. How would you describe the participant and the atmosphere of the interview?

Record details of the participant's appearance, behaviour, verbal and physical interactions (gestures, body language, facial expressions, mood, attitude, eye contact, tension etc.). For example, did the participant appear to be comfortable? Do you believe they shared their thoughts and opinions freely? How did you feel about the interaction between the participant and yourself? How would you rate your rapport with the participant and others around?

3. What were the main points made by the participant during this interview?

4. What new information or topics did you gain through this interview compared to previous interviews?

5. Was there anything surprising to you that came up or was different in your opinion or experience and offered a different perspective to your own?

6. **What other observations did you note that would not be evident from reading the transcript of the interview?**

7. **What problems did you encounter with the interview guide or interview questions during this interview?**
   (*For example: wording, order of topics, missing topics, questions to be changed/modified, confusing questions, questions participant refused to answer, additional topics discussed, anything you felt uncomfortable with? Indicate on the interview guide which questions were problematic or if you need to change or modify a question***)**

8. **Were there any other problems or issues encountered during interview?** (For example, with logistics, practicalities of conducting interview, children, spouse etc.)

9. **Overall how did you think the interview went?** *(Note down what you think went well or what could have been better)*

Additional Field Notes

Please use this space to record further information on what you see, hear or experience in the field including your thoughts in as much detail as possible.

***Participant type abbreviations:**

MSB – mother that experienced stillbirth
FSB – father that had experienced stillbirth
FE – female elder
CHW – Community Health Worker
SBA – Skilled Birth Attendant
HCP- Other Health-care provider
KI – Key Informant

Appendix G. Team Debriefing Meeting Minutes Form

The purpose of this form is to record the key findings from the team debriefing meetings. The team debriefing meetings are to discuss the progress of the interviews, any issues, key points emerging from the data collection, and any need for changing or updating the interview guides.

Date: _____/_____/_____

List of those present:

Meeting facilitator: _____

Minute taker: _____

Interviews discussed: IDI NOs: _____ to _____

List participant sub-group types and record the number of IDIs held with each sub-group:

1. Were all the interviews planned for this period completed? If not, what were the reasons for incompletion?

2. What were the main points made by the participants during these interviews (Were these similar to other IDIs? How many of the others mentioned the same points)?

3. What information or ideas were new in these IDIs compared with previous IDIs?

4. Are there still new ideas emerging of interest to the study objectives? If no, consider whether saturation has been reached

5. Discuss any problems with the interview guides (e.g. wording, order of topics, missing topics) and note down suggested changes

6. Discuss any other issues or concerns

Appendix H. Transcription file template

In-depth Interview Transcript
Study title: **A qualitative study of community and health provider's perceptions and understandings of stillbirth**
Study ID: Interviewee Category: Site/Location of interview: Date of Interview: Interviewer ID: Transcriptionist: Language of interview: Date completed transcript: Start time of recording: End time of recording: Length of recording:

Appendix I. Interview Steps

Interview Steps

Preparing for the Interview

Getting familiar with the instruments:

1 Study the interview guide

2 Study the informed consent document

3 Practice with a partner

Day of the interview:

4 Using a checklist, verify that you have all the equipment (refer to the *Interview Checklist*)

5 Label all data documentation materials with the study identification number

6 Arrive early at the interview site to set up equipment

7 Test your recording equipment

Conducting the Interview

8 Greet the participant in a friendly manner to begin establishing positive rapport.

9 Briefly describe the steps of the interview process (1-informed consent, 2-interview guide questions and discussion, 3- any other questions from participant, 4-reimbursement)

10 Obtain informed consent

11 Turn on the voice recorder and verify that it is working

12 Conduct the interview according to the interview guide

13 End the question-asking phase of the interview

14 Give the participant the opportunity to ask questions

16 Turn off the voice recorder and thank the participant

17 Reimburse the participant in accordance with study procedures

After the Interview

18 Check the recording to see if the interview was recorded. If it was not, expand your notes immediately

19 Ensure all materials are labeled with the study ID number

20 Complete the *Interview Debriefing Form* as soon as possible after the interview

21 Place all materials into one envelope. Double-check that you have completed all forms and that all materials are appropriately labelled

22 Expand your field notes within 24 hours

23 Attend the team debriefing to discuss the interviews

Source: Mack et al. (2005)

Appendix J. Interview checklist

Interview Checklist

Make arrangements for:

- ❑ Private setting for interview site
- ❑ Transportation of staff to interview site
- ❑ Transportation of participant to interview site

What to take to the interview:

Equipment

- ❑ 1 voice recorder
- ❑ Spare batteries
- ❑ Identification badge
- ❑ Field notebook and pens

Interview packet

- ❑ 1 large envelope
- ❑ Letter of permission
- ❑ Interview log sheet
- ❑ 1 copy of interview guide (in the appropriate language for participant)
- ❑ 2 informed consent forms (1 for interviewer, 1 for participant, in the appropriate language)
- ❑ Participant reimbursement (if applicable)
- ❑ Reimbursement form (if applicable)
- ❑ Interview debriefing form

What to place in the envelope after the interview:

- ❑ Completed interview log sheet
- ❑ Signed informed consent form (signed only by interviewer if oral, by participant and interviewer if written)
- ❑ Labeled interview guide with notes

- ❑ Field notes and completed Interview debriefing form
- ❑ Signed reimbursement form (if applicable)

References

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