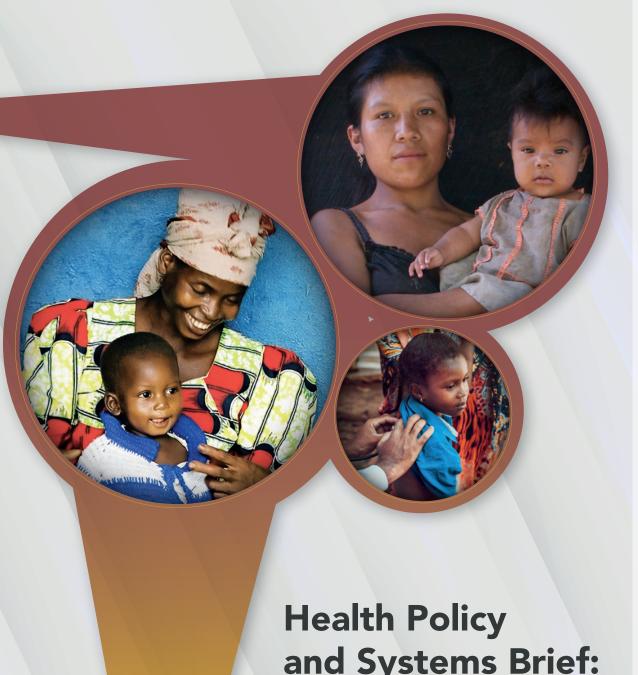


Women's Children's & Adolescent's Health



and Systems Brief: Context

Understanding and documenting context in women's, children's and adolescents' health

What is context?

Context explains the setting and overall background to the phenomena of interest (Box 1). Contextual factors in women's, children's, and adolescent's health vary depending on the focus of the research, and it can include various thematic areas, such as socio-demographic profile, epidemiological profile, health care utilization, health service delivery, health policies, education levels, economics infrastructure, environment, politics and governance. Contextual factors may focus on more proximate determinants linked to the intervention or population of interest or may be further upstream issues. Contextual factors also can be categorised as structural factors that are unlikely to change (education levels, land ownership), or situational factors that are expected to change relatively quickly in comparison (health awareness, health utilisation for some services). For the factors that are unlikely to change, researchers may assess once. Factors that are situational may require more frequent review. In all cases it is helpful to not assume that context is a fixed backdrop, as it can change over time independently or in interaction with the topic being considered.

Box 1: Definitions

Context is "the circumstances that form the setting for an event, statement, or idea, and in terms of which it can be fully understood and assessed."

Contextual factors are defined as those elements of context that could affect implementation of a program.²

Contextual analysis is an approach that "enables the meaning and inner workings of our main variable of interest to be better illuminated. It also functions outwards, by encouraging us to examine a broader range of relationships that may influence our outcome of interest, potentially changing our unit of analysis or focus of intervention."³

Why context?

Consideration of context in women's, children's and adolescents' health helps to better understand the issues focused on and at times can better explain why something occurs. ^{2,6,7} It provides background information to interpret whether a change in health care seeking is small or big, and make linkages between the changes in health care utilization to policies such as removal of user fees or pandemic related lockdowns. It prompts analysis to look both inwards and outwards to better explain the issue focussed on. For example, disrespectful and abusive maternity care can occur due to factors internal to health services where health workers are under-resourced and overworked or to factors external to health services such as broader distrust of government authorities.

Understanding contextual factors may change the way we research a topic changing the unit of analysis or the boundaries of the inquiry. An initial focus on poor accountability of health workers may expand to understanding their broader work environment. Vaccine hesitancy can focus on household determinants or broaden to examine the broader social networks that foster distrust.

02

Many research approaches to describing context linked to women's, children's and adolescent health⁸ have the following weaknesses:

- Empty arena: where context is an "empty arena" in a conceptual framework implying an all-encompassing but ephemeral component. In this approach, context is often not measured or is measured with broad tracer indicators and not considered as a core component of the research.
- Generic lists: where context is a generic list of factors to consider or measure. In this approach, the factors are often treated as static categories and therefore understanding of them is limited.
- Amorphous analyses: where context is mapped exhaustively as part of the many relationships and factors that interact in complex systems. In this approach, the detail can make the broader themes harder to see.

More recent realist approaches to evaluation have embraced context as central to their conceptual understanding of interventions and programs. For example, theory-based approaches place context at the center of research because it seeks to understand how it happened, to whom, and in what context. In this approach, clarifying the topic of interest is key to map which contextual factors are relevant to consider based on the theory or hypothesis being considered. Considered a "living tool," this process requires consultatively revisiting data as it is processed, accepting that assumptions may change, being open to new lines of research, and adjusting the scope of the research as it evolves.

How do you research context?

There is widespread agreement that planners and analysts should consider collecting information on contextual factors for use when examining women's, children's and adolescents' health.^{7,10} Methodologies for contextual data collection and determination vary.¹¹ Understanding context in nuanced ways requires qualitative exploration, which can understand intangible factors that elude indicator checklist approaches

Box 2: Data sources for contextual factors

- Document review
- Surveys
- Secondary analysis of existing datasets
- In depth interviews
- Focus group discussions
- Observations
- Informal discussions
- Media analysis

(Box 2).2,8

Many qualitative studies examining context use frameworks to guide their assessment,¹¹ such as the Promoting Action on Research Implementation in Health Services framework.¹² In quantitative research, a number of tools are available (see section with example tools). Indicators included in the *Countdown to 2030 country profiles* can also be viewed as contextual factors to consider.¹³ In other instances, evaluators may

need to collect primary data of specific contextual indicators e.g. through before and after household and facility based surveys. They may also want to identify secondary data sources to use. Sabot and colleagues provide a helpful overview of their process for data collection of contextual factors relating to maternal and newborn health.²

Regardless of what type of research is used, understanding context is vital to interpreting and generalizing the results. Every research endeavour needs to identify what are the key variables that are most relevant to their research and how it will be tracked.

What are key points to consider?

There are a number of key points to remember when investigating context in women's, children's, and adolescents' health.

01

Consider the program focus or research question in relation to understanding context, and then determine the boundaries and pathway for investigation. 02

Consider available data, indicators measuring contextual factors at the desired unit of analysis and appropriate time-frame may not be available through existing data sources.

03

Recognize that context can change over time. As such, the boundaries of contextual exploration at the start of your work may also change. If time allows, an iterative process of investigating context will identify factors that become more influential and demand greater consideration as further experience and understanding is gained.

04

Consider the time and effort required to examine context, substantial time and effort can be invested in collecting contextual data, but not all of those efforts will yield meaningful information.

Key resources and tools

For more details on these points and more, please read "Contextual factors in maternal and newborn health evaluation: a protocol applied in Nigeria, India and Ethiopia" by Sabot and colleagues.²

This paper presents a comprehensive approach to defining context, capturing relevant contextual information, using such information to help interpret findings and lessons learned in doing so.



Based on the type of analysis being conducted and approach used, some existing tools exist to support understanding context. Here are some illustrative tools or approaches:

- COACH TOOL: Bergstrom A, et al. Health system context and implementation of evidence-based practices—development and validation of the Context Assessment for Community Health (COACH) tool for low-and middle-income settings. Implement Sci. 2015;10:120. doi:10.1186/s13012-015-0305-2
- The Oxford Implementation Index: Montgomery P, et al. The Oxford Implementation Index: a new tool for incorporating implementation data into systematic reviews and meta-analyses. J Clin Epidemiol. 2013;66(8):874-882. doi:10.1016/j.jclinepi.2013.03.006.
- Gomm, a realist evaluator, developed a tool to analyse a programme's context with specific vision for how to adapt to another context. Gomm R, Davies C, editors. Using evidence in health and social care. London: SAGE; 2000.
- Framework and coding system for modifications and adaptations of evidence-based interventions: Stirman SW, et al. Development of a framework and coding system for modifications and adaptations of evidence-based interventions. Implement Sci. 2013;8:65. doi: 10.1186/1748-5908-8-65
- Contextual mapping: Tiberghien, J.E., et al. Reflexive assessment of practical and holistic sanitation development tools using the rural and peri-urban case of Mexico. J. Environ. Manage. 2011: 92 (3), 457e471. doi: 10.1016/j.jenvman.2010.08.032

References

- 1. Leichter H. A comparative approach to policy analysis: health care policy in four nations. Cambridge: Cambridge University Press; 1997.
- 2. George AS, Scott K, Mehra V, Sriram V. Synergies, strengths and challenges: findings on community capability from a systematic health systems research literature review. *BMC Health Serv Res* 2016; **16**(Suppl 7): 623.
- 3. Oxford Languages. Oxford Dictionary of English (Hardcover, 3rd Revised edition). Oxford: Oxford University Press; 2010.
- 4. Sabot K, Marchant T, Spicer N, et al. Contextual factors in maternal and newborn health evaluation: a protocol applied in Nigeria, India and Ethiopia. *Emerg Themes Epidemiol* 2018; **15**: 2.
- 5. Collins C, Green A, Hunter D. Health sector reform and the interpretation of policy context. *Health Policy* 1999; **47**(1): 69-83.
- 6. Victora CG, Schellenberg JA, Huicho L, et al. Context matters: interpreting impact findings in child survival evaluations. *Health Policy Plan* 2005; **20 Suppl** 1: i18-i31.
- 7. Moore GF, Audrey S, Barker M, et al. Process evaluation of complex interventions: Medical Research Council guidance. *BMJ* 2015; **350**: h1258.
- 8. George A, Scott K, Garimella S, Mondal S, Ved R, Sheikh K. Anchoring contextual analysis in health policy and systems research: A narrative review of contextual factors influencing health committees in low and middle income countries. *Soc Sci Med* 2015; **133**: 159-67.
- 9. Pawson R, Tilley N. An introduction to scientific realist evaluation. Evaluation for the 21st century: A handbook. Thousand Oaks, CA, US: Sage Publications, Inc; 1997: 405-18.
- 10. Bryce J, Victora CG, Habicht JP, Black RE, Scherpbier RW. Programmatic pathways to child survival: results of a multi-country evaluation of Integrated Management of Childhood Illness. *Health Policy Plan* 2005; **20 Suppl** 1: i5-i17.
- 11. Rogers L, De Brún A, McAuliffe E. Defining and assessing context in healthcare implementation studies: a systematic review. *BMC Health Serv Res* 2020; **20**(1): 591.
- 12. Kitson AL, Rycroft-Malone J, Harvey G, McCormack B, Seers K, Titchen A. Evaluating the successful implementation of evidence into practice using the PARiHS framework: theoretical and practical challenges. *Implement Sci* 2008; **3**: 1.
- 13. Countdown to 2030. Countdown to 2030 Country Profiles. 2021. Countdown to 2030. https://www.countdown2030.org/landing_page (accessed February 06 2022).

Contextual Factors

06

End matters

Countdown to 2030 for Women's, Children's and Adolescent's Health aims to support the reviews of the national plans, programmes, and investment cases for reproductive, maternal, newborn, child, adolescent health and nutrition (RMNCAH-N).

Data & Analysis Centers (DAC) have been established to support country teams with technical guidance and tools. The DAC for Health Policy and Systems Drivers, led by the University of the Western Cape, supports country teams in qualitative approaches to understanding and assessing health policy and systems.

As part of this support, a series of briefs on health policy and systems related research approaches have been developed to introduce different topics and approaches to teams.

This brief focuses on understanding context. Other briefs relating to health policy and systems research are available on the Countdown to 2030 DAC Health Policy and Systems webpage: www.countdown2030.org/tools-for-analysis/health-policy-and-systems-data-analysis-center

Recommended citation:

Kinney MV, **George** AS, for the Countdown to 2030 Health Policy and Systems DAC. Countdown to 2030 Brief: Understanding and documenting context in women's, children's and adolescents' health. Belville, South Africa: School of Public Health, University of the Western Cape, 2021.

Authors:

Mary Kinney (School of Public Health, University of the Western Cape), Asha George (School of Public Health, University of the Western Cape).

Acknowledgements:

Nasreen Jessani (Faculty of Medicine and Health Sciences, Stellenbosch University), Adam Koon (Department of International Health, Johns Hopkins Bloomberg School of Public Health), Ties Boerma (Department of Community Health Sciences, University of Manitoba).

Photo credits:

Gettylmages, UN, WHO.

Design and layout:

Bill Clinton Sambou (African Population and Health Research Center).

