

BEHAVIOR PROFILE: ANTENATAL CARE

HEALTH GOAL

Improve maternal and child survival

BEHAVIOR

Pregnant women complete a full course of quality antenatal care (ANC)

71 Percentage of women who had a live birth in the three years preceding the survey who had 4+ antenatal care visits



BEHAVIOR ANALYSIS

STRATEGY

BEHAVIOR AND STEPS	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM STRATEGIES
<p>What steps are needed to practice this behavior?</p> <p>Behavior</p> <p>Pregnant women complete a full course of quality antenatal care (ANC)</p> <p>Steps</p> <ol style="list-style-type: none"> 1. Recognize signs and symptoms of pregnancy 2. Decide to seek ANC early, before the end of the first trimester 3. Plan transport, resources, and logistics 4. Attend all recommended ANC visits 5. Obtain all required services (history, examination, screening and tests, treatments, preventive measures, health education and counseling) from qualified provider at each visit 6. Adhere to provider instructions during and following each visit, including when to return for the next visit 	<p>What factors may prevent or support practice of this behavior?</p> <p>STRUCTURAL</p> <p>Accessibility: Pregnant women cannot access health facilities because they are too far.</p> <p>Accessibility: Pregnant women do not attend multiple ANC visits because they struggle to afford the costs that come in addition to on-going essential expenditures.</p> <p>Service Provider Competencies: Pregnant women cannot obtain quality ANC because providers neither respect them nor effectively communicate relevant technical information or explain the benefits of the different services, tests, and medications given during ANC.</p> <p>Service Experience: Pregnant women do not go for ANC because the health facilities often lack the tests, medications, or supplements that women need, or payment is required when services and products should be free.</p> <p>SOCIAL</p> <p>Family and Community Support: Many pregnant adolescents and unmarried women are reluctant to seek early care because of stigma or the risk that they will be asked to leave school or quit their job.</p> <p>Family and Community Support: Pregnant women do not plan to attend, or attend ANC because family and community members do not encourage or support their attendance.</p> <p>Norms: Pregnant women do not seek ANC because many societies have strict cultural or traditional practices around disclosure of pregnancy.</p> <p>INTERNAL</p> <p>Attitudes and Beliefs: Pregnant women do not always perceive a value to multiple ANC visits if they have already had one or more healthy pregnancies.</p> <p>Attitudes and Beliefs: Pregnant women do not always comply with provider's instructions particularly related to medications, supplements, or</p>	<p>Who must support the practice of this behavior, and what actions must they take?</p> <p>INSTITUTIONAL</p> <p>Policymakers: Ensure maternity care is accessible via insurance schemes, conditional cash transfers (CCTs) or other financing.</p> <p>Policymakers: Ensure pregnant adolescents can still attend school.</p> <p>Managers: Provide effective supervision and on-site support to ensure quality ANC services.</p> <p>Logistics Personnel: Monitor and properly forecast stock of essential tests, medicines, and supplements.</p> <p>Providers: Offer counseling and support to pregnant women during ANC visits, including thorough explanations of services provided as well as the importance of multiple visits and adherence to supplements or medications given.</p> <p>COMMUNITY</p> <p>Community and Religious Leaders: Publicly support or promote ANC including programs that attempt to reduce stigma and encourage women to talk to their partners about early pregnancy care.</p> <p>Community Health Workers/Peer Educators: Encourage or actively support women to seek a full course of ANC and to continue following provider's instructions once at home.</p> <p>HOUSEHOLD</p> <p>Family Members: Actively participate in ANC and support women, especially first-time mothers and adolescents, in all aspects of pregnancy and delivery planning.</p> <p>Male Partners: Actively support finances, planning, and transportation for ANC for pregnant women.</p>	<p>What strategies will best focus our efforts based on this analysis?</p> <p>Strategy requires Communication Support</p> <p>ENABLING ENVIRONMENT</p> <p>Financing: Expand free or low-cost access to products and services through vouchers or fee exceptions to ensure access to ANC.</p> <p>Financing: Finance task-shifting and explore community-based service delivery such as iron and folic acid supplements.</p> <p>Policies and Governance: Adopt and enforce policies to permit pregnant adolescents to attend school.</p> <p>Policies and Governance: Establish a policy for areas with poor health facility access to have the most basic ANC services, such as iron and folic acid supplement resupply managed at the community level.</p> <p>SYSTEMS, PRODUCTS AND SERVICES</p> <p>Supply Chain: Strengthen supply chains for essential drugs, supplements, and preventative medicines for ANC.</p> <p>Quality Improvement: Train and support providers to emphasize value of completing all ANC visits as well as active birth planning.</p> <p>Quality Improvement: Expand services and improve structures, including hours offered, types of services available, transparent costing of services when appropriate and use of ANC outreach services to encourage pregnant women to use ANC.</p> <p>Quality Improvement: Ensure that services are client- and family-friendly and that counseling on follow-up care is provided to both the pregnant woman and any family members accompanying her.</p> <p>DEMAND AND USE</p> <p>Communication: Use targeted media, including SMS where possible, to send tailored reminders and tips for pregnant women and their families on both ANC attendance and adherence to supplements like iron and folic acid.</p> <p>Communication: Create pregnancy and newborn groups to help mothers understand the benefit of care throughout pregnancy and the post-partum period.</p> <p>Collective Engagement: Train and use traditional leaders and traditional birth attendants to encourage women to seek early and multiple ANC visits.</p>

foods because of beliefs about the adverse effects of the medication or foods on their fetus.

Knowledge: Most pregnant women attend at least one ANC visit because they understand its benefits.