Antenatal Care as a gateway behavior to increase birth at a health facility: Opportunity for SBCC programs
Ujjiban project focus

Thematic areas: (1) MNCAH, (2) Family Planning, (3) Tuberculosis, (4) Nutrition
Methodology

Quantitative
Face-to-face interview using CAPI
- Married women aged 15-49 years with at least child <5yrs or nulliparous, n=1500
- Husbands of the selected women, n=750
- Unmarried adolescent girls (aged 15-19 years), n=500
- Unmarried adolescent boys (aged 15-19 years), n=500

Total sample size: 3250

Qualitative
In-Depth interview (SSI, CS, KII) and Focus Group Discussion
- Married women aged 15-49 years with at least child <5yrs or nulliparous
- Husbands of the selected women
- Unmarried adolescent girls and boys (aged 15-19 years)
- Community Health Worker
- Community influential

- 36 SSI
- 18 FGDs
- 27-33 KIIs
- 18 IDIs (CS)
Trend in national level ANC by women (%)

In Bangladesh, there is a sharp increase in the proportion of married women receiving ANC - not reflective of time, number and next course of action.

Antenatal Care from Medically Trained Provider, BDHS 2004-2018
(% of women receiving at least one ANC from a medically trained provider)

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<td>53</td>
<td>55</td>
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Trend in 4+ Antenatal Care visits, BDHS 2004-2018
(% of women receiving at least 4 ANC)

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<td>17</td>
<td>22</td>
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BDHS: Bangladesh Demographic and Health Survey
Sampling technique

- Sylhet
- Chattogram

Program Divisions

- Stratified two stage sampling
  - Urban-Rural proportion - 23:77
  - Mouza and Mahalla

PSUs selected from divisions – 25 MWRA per PSU, totaling 60 PSUs

MWRA main target group

Systematic random sampling

- HH listing in PSUs – sampling frame

Data collection period: April – May 2018

- Three districts from two zones in Ctg and one in Sylhet – random selection
- Purposive selection of HHs through discussing community stakeholders

Data collection period: October - November 2019
Socio-demographic profile of respondents

- Mean age 26.4 years
- Mostly housewives (96%)

Level of education (%)

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<th>Male (Syl)</th>
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<td>Secondary complete or higher</td>
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n=1500

- Mean age 34.8 years
- Common occupation: Business (40%), Labor (26%), Farming (16%)

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<td>Secondary complete or higher</td>
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n=750
ANC visit by women in last pregnancy (%)

Practice varies significantly across level of education, vulnerability index, and wealth index.

Husbands accompanied 57% of MWRA for ANC (Ctg: 55%; Syl: 64%) – others with other female relatives (34%), mother (18%) and mother in law (18%).

Number of ANC visits during last pregnancy (%)

- No ANC visit
- ANC visit within first 3 months
- ANC visit after first 3 months
- 4+ ANC visits

- Less than 4 visits
- 62%

- 4+ ANC visits
- 38%
First ANC within 12 weeks (women with U2 child)

55% Of women had first ANC visit within 12 weeks

Factors influencing early initiation of ANC
Social Ecological Model

- Mass media
  - TV Viewing
    - Occasional*; Daily*
- Community
  - Social norm
    - Arranging emergency transport **
- Household
  - Education
    - Secondary or higher*
- Individual
  - Knowledge
    - 4 ANC check ups***
    - 3 or more danger signs after birth*

*Ujjiban Baseline Survey, 2018, Logistic Regression Analysis
Barriers to early ANC visit

- ‘ANC’ for pregnancy confirmation – seldom opt for ‘early ANC’ after learning about pregnancy
- Women believe ANC is needed only if ‘feeling unwell’ or if ‘facing any problem’

“...now that she in her 5th month she will go for checkup. No one goes at the beginning... No one goes at the beginning.... they think that they are well now, things like that..” - Women, Chattogram
Often the desired health behaviours are supported by “weak” social norms

*Ujjiban Baseline Survey, 2018*
Thanks