



7 DECEMBER 2021













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

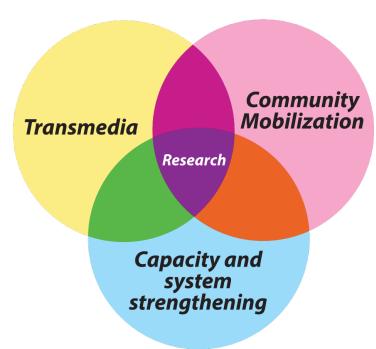
Date

USAID Ujjiban SBCC Project



Ujjiban project focus



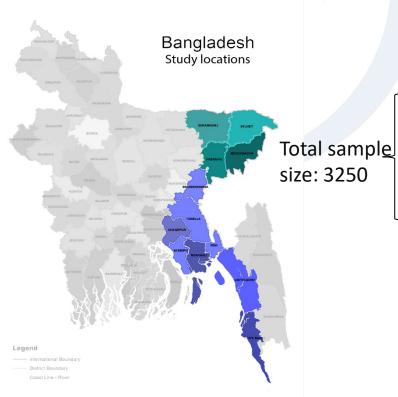


Thematic areas: (1) MNCAH, (2) Family Planning, (3) Tuberculosis, (4) Nutrition





Methodology



- 36 SSI
- 18 FGDs
- 27-33 KIIs
- 18 IDIs (CS)

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),

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

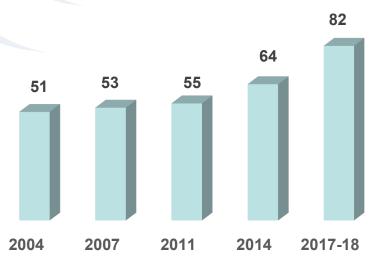




Trend in national level ANC by women (%)

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

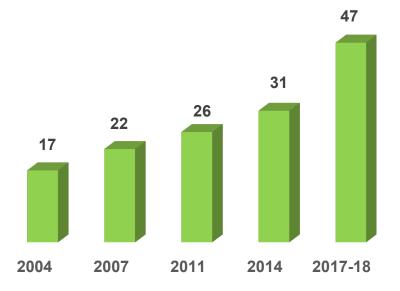
Antenatal Care from Medically Trained Provider, BDHS 2004-2018 (% of women receiving at least one ANC from a medically trained provider)



BDHS: Bangladesh Demographic and Health Survey

Trend in 4+ Antenatal Care visits, BDHS 2004-2018

(% of women receiving at least 4 ANC)







Sampling technique

Data collection period: April – May 2018

- 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

- 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

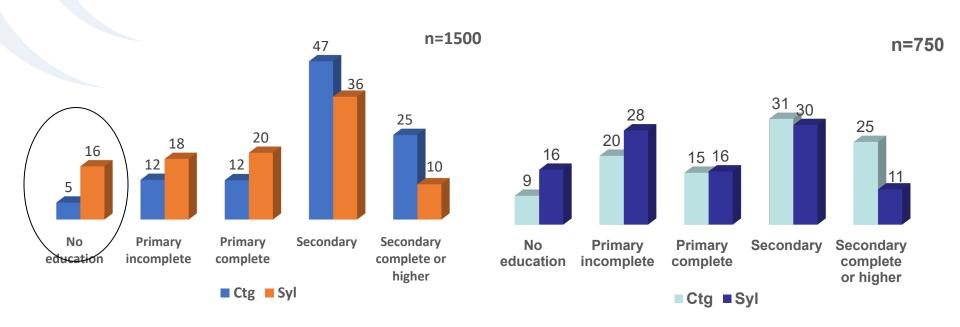


- Mean age 26.4 years
- Mostly housewives (96%)



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

Level of education (%)



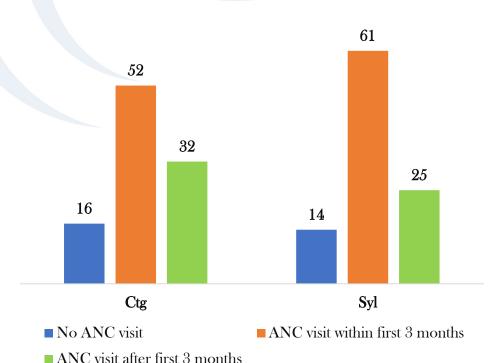




ANC visit by women in last pregnancy (%)

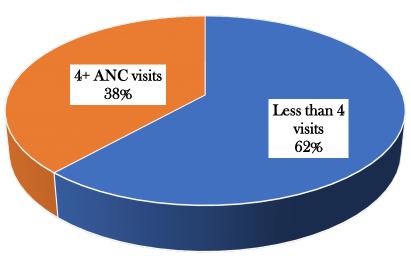
Practice varies significantly across level of education, vulnerability index, and wealth index

ANC visits by women during last pregnancy (%)



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 (%)





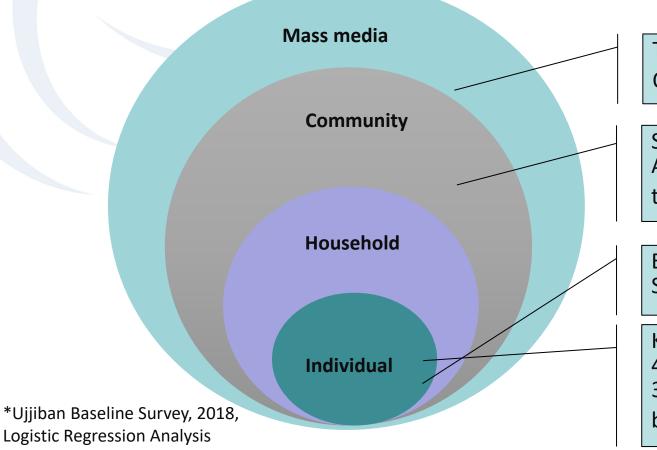


First ANC within 12 weeks (women with U2 child)

55% Of women had first ANC visit within 12 weeks

Factors influencing early initiation of ANC

Social Ecological Model



TV Viewing Occasional*; Daily*

Social norm
Arranging emergency
transport **

Education Secondary or higher*

Knowledge 4 ANC check ups*** 3 or more danger signs after birth*





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

Social norms

First ANC visit before 3 months

Weak norm

Strong norm

First ANC visit after 4-5 months





Maternal health behavior continuum



Often the desired health behaviours are supported by "weak" social norms

^{*}Ujjiban Baseline Survey, 2018





Thanks















