USAID Healthy Behaviors Activity

Baseline Survey Summary:

Pre-Pregnancy/Adolescent Life Stage Findings Brief

Amhara, Oromia, South Ethiopia, and Central Ethiopia

Introduction

The FHI 360-managed, USAID Healthy Behaviors Activity works to increase sustained adoption of appropriate health and nutrition behaviors in Ethiopia using evidence-based, theory-informed SBC strategies. The Activity achieves this goal by increasing the adoption of recommended household practices and demand for health services and improving the enabling environment for gender-equitable and healthy behaviors. This includes contributing to reductions in unmet need for family planning, malaria, and maternal and child mortality. The **vision** under USAID Healthy Behaviors is that individuals and communities take ownership of their own health in a supportive environment for change, enabling and catalyzing the uptake and sustained practice of priority behaviors, leading to the improved health and well-being of Ethiopian individuals, families, and communities.

Methodology

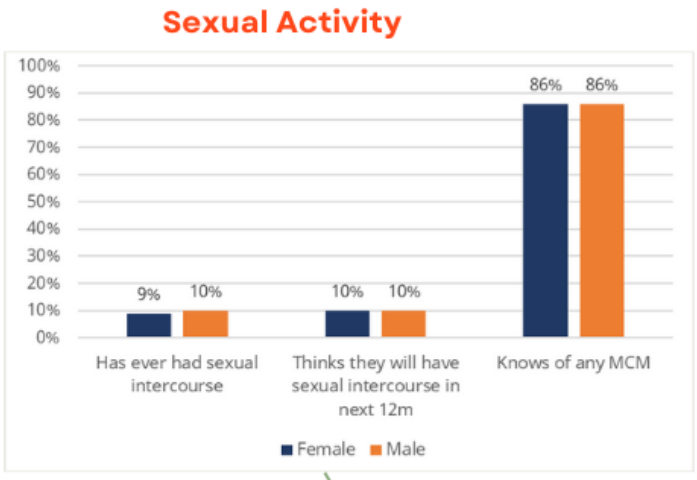
A cross-sectional baseline survey was employed using a comparative methodology in intervention and non-intervention woredas. A total of 7,906 women and men were surveyed in June and July 2023. The baseline survey will serve as a benchmark to measure the progress of the USAID Healthy Behaviors Activity against its behavior change objectives. It will also inform the design of USAID Healthy Behaviors' SBC strategy and interventions and enable the identification of likely determinants for each of the Activity's priority behaviors, as drawn from a preliminary understanding of likely factors determined through USAID Healthy Behaviors' literature review. The Activity intends this information to be useful for its own work as well as the work of Government of Ethiopia, USAID, and other stakeholders advancing social and behavior change (SBC) outcomes in Ethiopia.

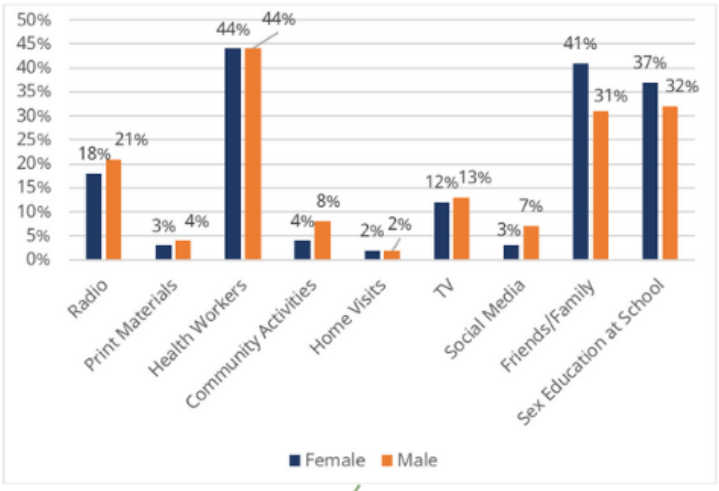
ጤና ሚኒስቴር - ኢትዮጵያ MINISTRY OF HEALTH-ETHIOPIA
USAID FROM THE AMERICAN PEOPLE
PMI U.S. PRESIDENT'S MALARIA INITIATIVE
LED BY USAID FROM THE AMERICAN PEOPLE
CDC
fhi360

Priority Behaviors

Across all adolescents, approximately 10% had ever had sexual intercourse and the same proportion believed they would have sexual intercourse in the next 12 months. Knowledge of MCMs was relatively high in intervention woredas, with 86% of male and female respondents having knowledge of them. However, very few adolescents[1] reported currently being in relationship; while MCM use was relatively high for these individuals, the observed number was too small to draw conclusions, and doer/non-doer analyses were not conducted.

Adolescents reported a range of different sources of information on sexual and reproductive health (SRH). Most obtained SRH-related information from health care workers, followed by friends and family, and from sexual education at school. Fewer adolescents reported mass media sources of SRH information.



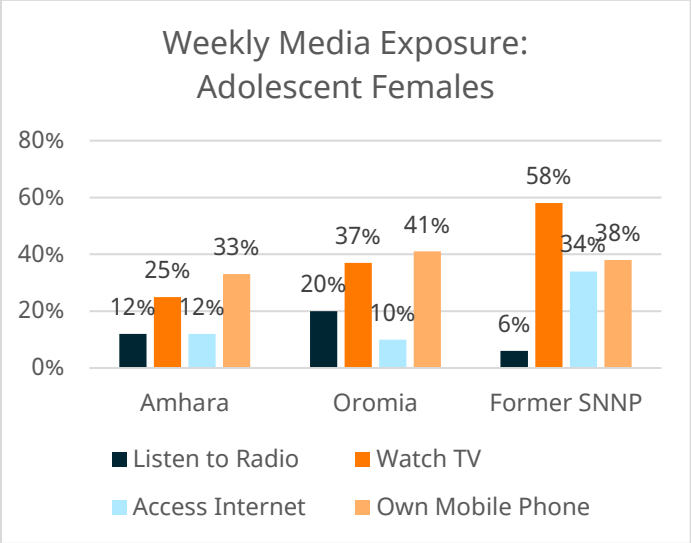


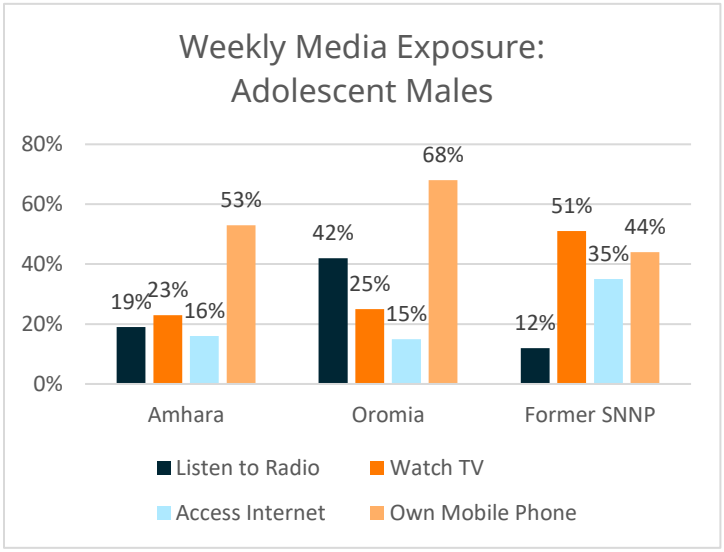
[1] N<10 out of 2500 total respondents

Media Exposure

Across intervention woredas, routine listenership to radio was low – ranging from 6% in the former SNNP region among female adolescents, to 42% of male adolescents in Oromia. TV viewership was more frequently report (with the exception of adolescent males in Oromia), but this varied slightly by region.

Under half of female respondents owned a mobile phone – ranging from 33% in Amhara to 41% in Oromia. Adolescent males reported mobile phone ownership in higher proportion, ranging from 44% in the former SNNP region to 68% in Oromia. Additional respondents had mobile phone access.



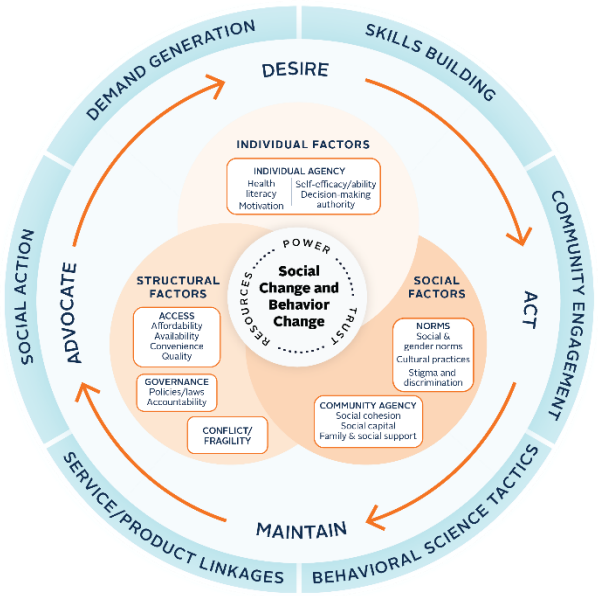


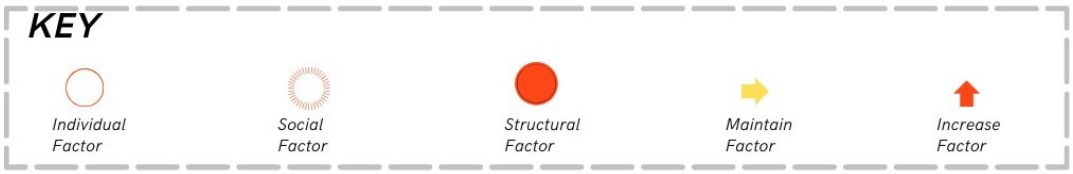
Behavioral Determinants

USAID Healthy Behaviors used FHI 360's Audience-driven Demand, Design and Delivery (ADDED) Framework as a guide for understanding the range of individual, social, and structural factors that influence its priority behaviors, across life stages. This section reports on psychographic factors and provides recommendations for SBC programs in addressing them, based on trends in factors that appeared most critical.

Priority factors are presented along with broad recommendations based on findings from among audience segments.

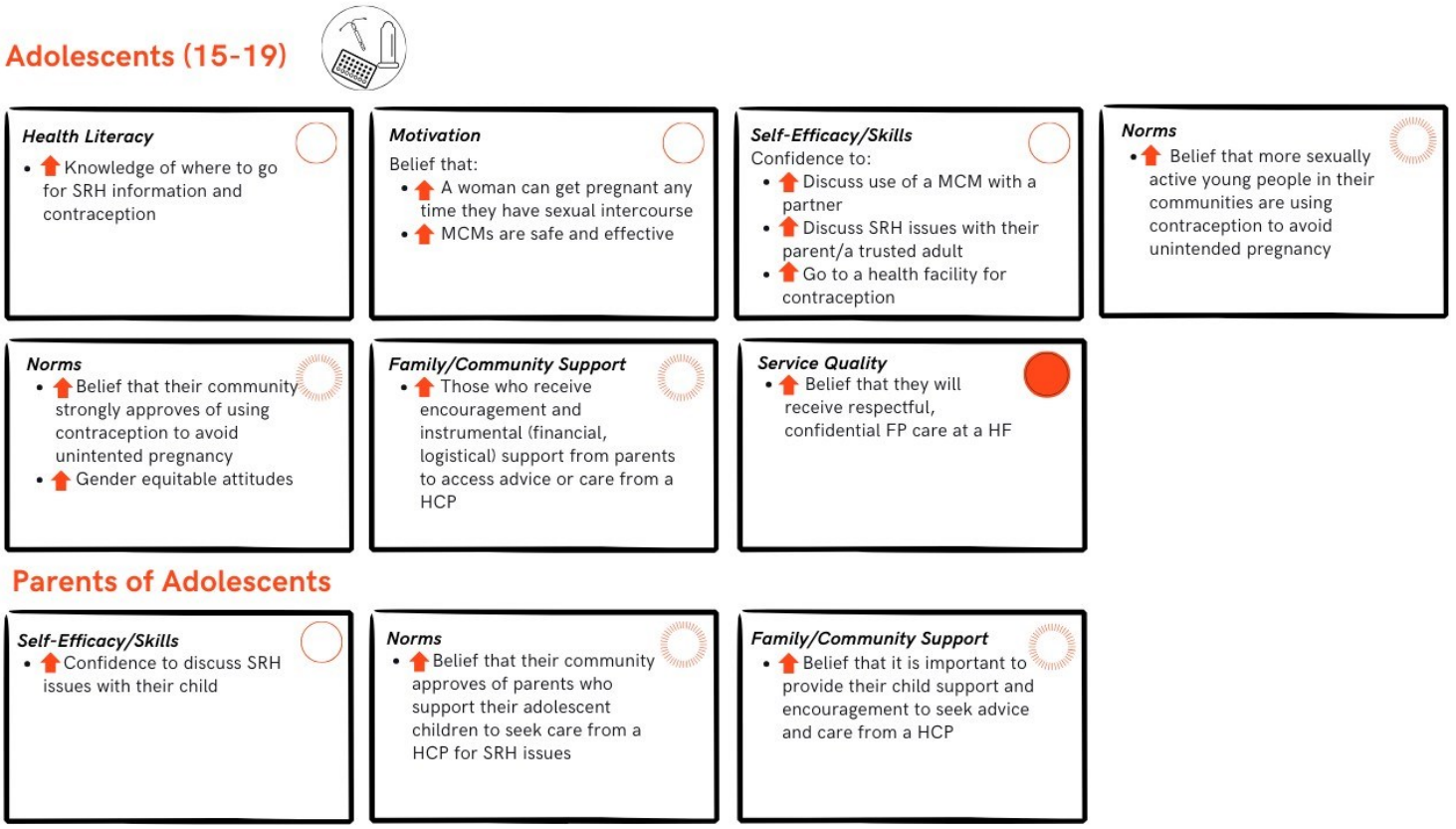
ADDED Framework





MCM Use and SRH

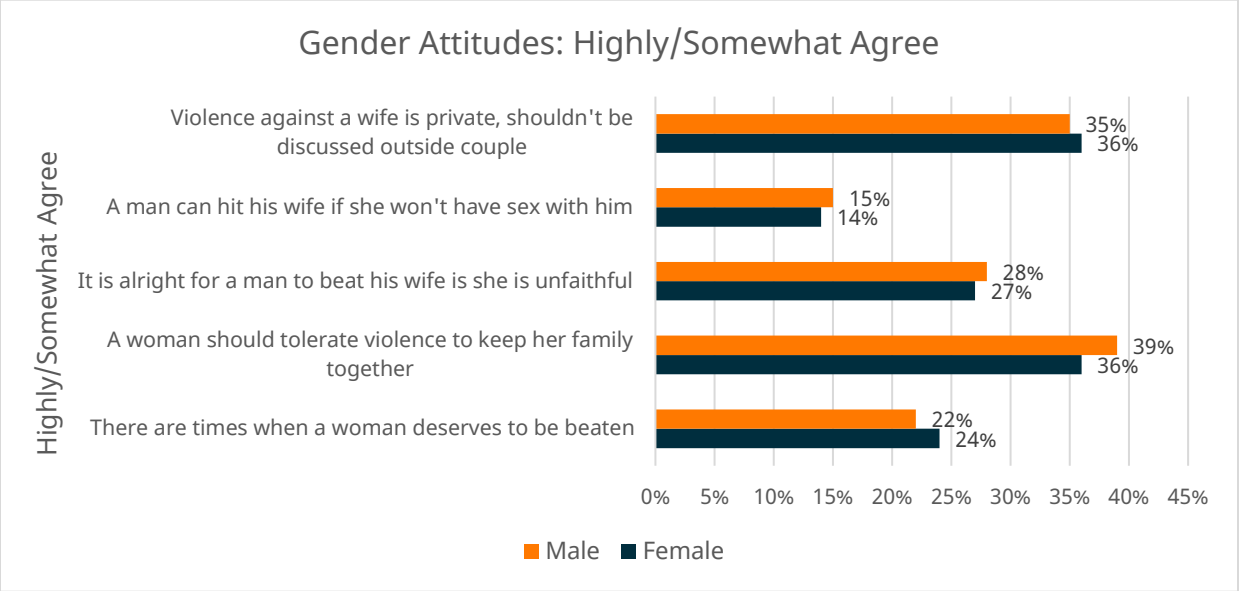
While most adolescents have knowledge about where to go for health information and obtain MCMs, there are still misconceptions about pregnancy and contraception. Both males and females feel comfortable going to health facilities for treatment but express shyness or embarrassment when seeking contraception-related services. Girls are more likely to need permission from parents to go to a healthcare provider than boys. Adolescents express low beliefs in contraception use among peers and community approval for their use, but believe partners are more supportive than their parents in seeking healthcare services for this need. Only a quarter of adolescents feel they would receive respectful care or privacy when requesting family planning products/services. From the baseline survey, it is recommended that SBC programs place emphasis on shifting the following factors to improve priority adolescent SRH-related behaviors:



Gender

Cross-cutting USAID Healthy Behaviors' priority behaviors are gender-related attitudes and norms. Gender-related attitudes of male and female adolescents are highlighted in the below graph.

Respondents were also asked about community-level norms around gender-based violence (GBV). Twelve percent of male and 16% of female adolescents strongly agreed or agreed that people in their community approve of husbands beating their wives. Further, two percent of male and female adolescents think all or most husbands in their community beat their wives.



Conclusions and Recommendations

The baseline study provides a comprehensive view of maternal and child health and broader population-level behaviors and psychographic factors across multiple regions. It sheds light on critical aspects of healthcare utilization and reveals opportunities for improvements at individual, interpersonal, social, and structural levels. For adolescents, the baseline's focus was on SRH-related behaviors and psychographic factors. Among adolescents, knowledge of MCM methods was relatively high, however the prevalence of relationships, sexual activity, and MCM use was low. A range of community actors – health care workers, schools, and friends and family are influential resources for adolescents for SRH-related information. Adolescents report a range of GBV-supportive attitudes that indicate need for early intervention in this area.

While the number of adolescents engaged in relationships for which delayed pregnancy was a concern was low, this period in individuals' lives offers a prime opportunity to shape future healthy decisions related to SRH, couples communication, violence reduction, and more equitable decision-making norms, and to promote primary and emergency care seeking, in general. To better support adolescents' SRH needs, is recommended that SBC programs:

- Use a range of mutually reinforcing strategies to improve key factors identified in the baseline survey, and as delineated above.
- Increase access to comprehensive sexuality education (CSE) for adolescents. CSE should include information on MCM methods, their side effects and what to do if experienced, addressing MCM misconceptions and provide more holistic information related to SRH and healthy relationships. It should also address gender norms and the importance of delaying marriage and pregnancy until after age 19, as well as staying in school.

- Create and promote positive messaging and role models to shift community norms around early marriage and pregnancy. This could include campaigns featuring successful young people who have delayed marriage and pregnancy, as well as highlighting the benefits of delaying marriage and pregnancy on enabling adolescents to achieve their life objectives and ensure future, healthy families.
- Increase quality access to SRH services for adolescents. This could include providing access to free or low-cost SRH services, as well as increasing the number of youth-friendly health facilities.
- Strengthen the capacity of health care providers to provide youth-friendly services. This could include training health care providers on how to provide non-judgmental, comprehensive, and confidential services to adolescents.
- Integrate gender transformative SBC programming and norms shifting activities across activities, including related to GBV.
- Continue focus on increasing educational attainment, in general.

Photo credit: *FHI 360 for the USAID Healthy Behaviors Activity, 2023. Adolescents in Oromia region, Ethiopia.*

Disclaimer*: This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under Cooperative Agreement No. 72066322CA00005 with Family Health International (FHI 360) as the prime recipient. The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government (USG).*

For more information about the USAID Healthy Behaviors Baseline Survey, please contact EthiopiaUHBMERL@fhi360.org.