

# USAID Healthy Behaviors Activity

## Baseline Survey Summary: Pregnancy/Childbirth 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.

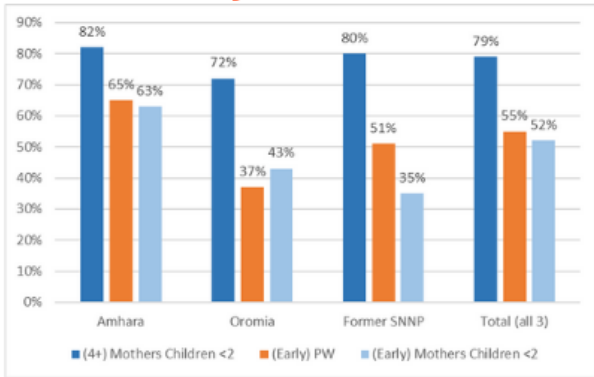
## Methodology

A cross-sectional baseline study 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.

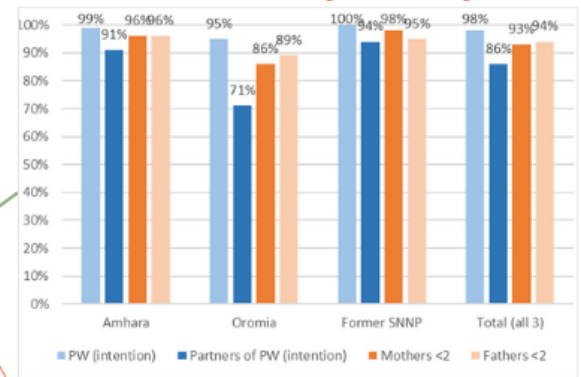
# Priority Behaviors

The baseline study examined priority behaviors to be addressed through SBC activities with pregnant women, their partners, and families during pregnancy and in the immediate postpartum period. The baseline study found that a high percentage of women in all three regions had ever attended antenatal care (ANC) during their pregnancy, but approximately half did not attend within the recommended timeframe (first visit during the first trimester). Of mothers of children under two, approximately three-quarters reported attending ANC at least four times during their last pregnancy, but only a small minority attended 8+ times as recommended by the World Health Organization. Despite higher levels of ANC reported, only 59% of mothers of children under two in intervention woredas reported that they received services from skilled providers. Self-reported rates of health facility delivery (hospital, health center, clinic) were much higher than national survey averages. Postnatal care (PNC) rates were low both within the recommended 24-hour and seven days post-delivery period. Reported rates of early initiation of breast feeding (BF) was relatively high among respondents, though varied by region.

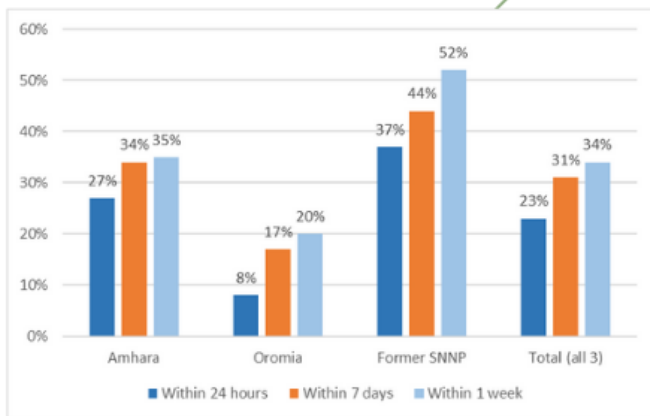
**Early and 4+ANC**



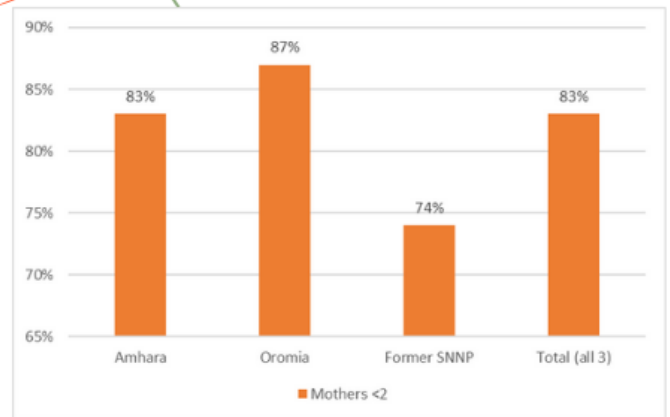
**Health Facility Delivery**



**PNC**

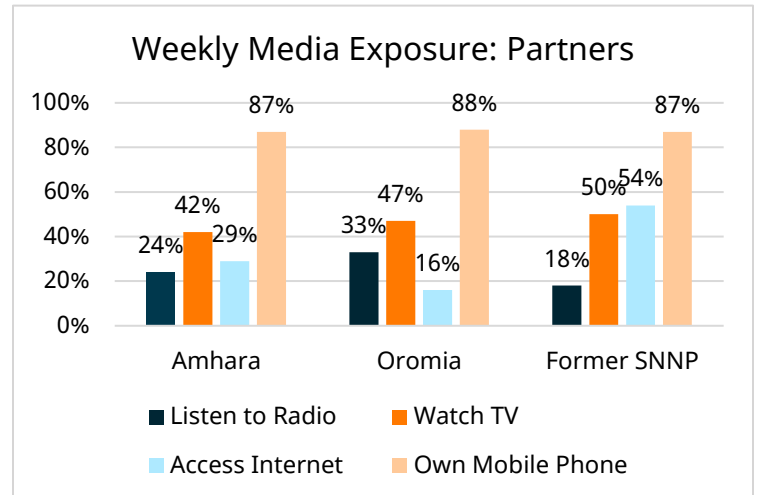
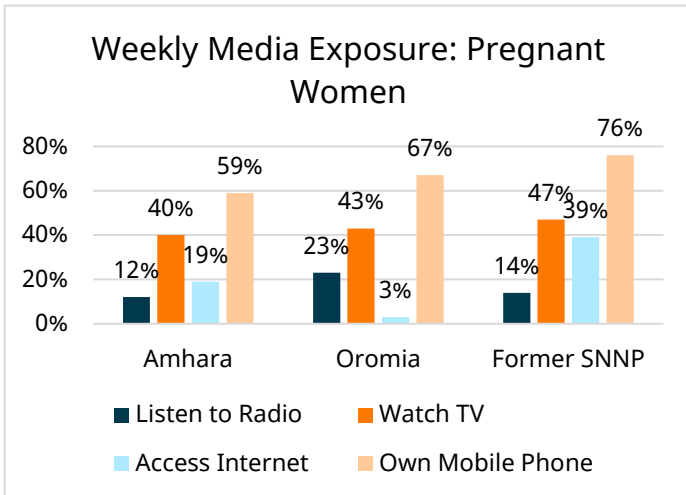


**Early Initiation of BF**



# Media Exposure

Across intervention woredas, routine listenership to radio was low – ranging from 12% in Amhara, among pregnant women to 33% in Oromia, among partners of pregnant women. TV viewership was more frequently observed but varied slightly by region. Most respondents owned a mobile phone – ranging from 59% of pregnant women in Amhara to 88% of partners of pregnant women in Oromia. Additional respondents had mobile phone access.

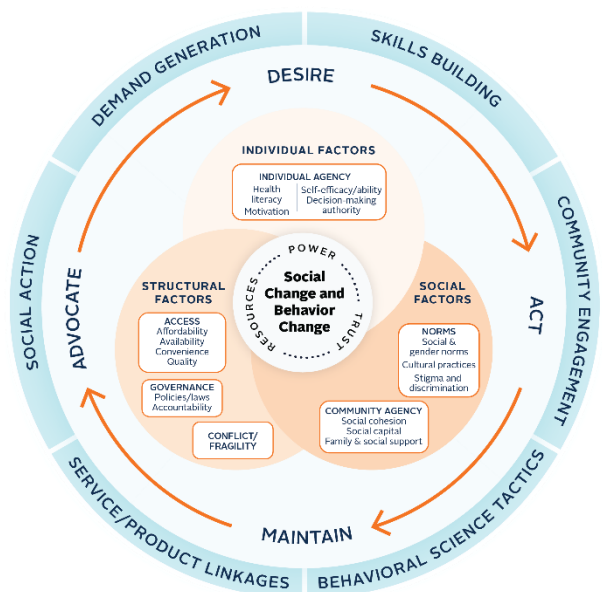


# Behavioral Determinants

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. An analysis of ‘doers’ and ‘non-doers’ (those who reported doing a particular behavior versus those who did not) was conducted across factors for priority behaviors. This section reports on psychographic factors where significant associations were observed. It provides recommendations for SBC programs in addressing them, based on the frequency with which these factors were reported among both ‘doers’ and ‘non-doers’.

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

ADDED Framework



## Early and 4+ Antenatal Care/Health Facility Delivery

Priority ANC and health facility delivery behaviors have been bundled together below, as analysis of the baseline data revealed that their determinants were cross cutting. This finding is further supported by the literature, which indicates ANC attendance as a critical gateway behavior for facility delivery. Limited differences in demographic characteristics were observed between those who reported early ANC attendance and those who did not, with higher educational attainment among those who attended 4+ times. Factors that may be associated with facility delivery included increased education and parity (having only one child), among women with children under two.

With regards to psychographic factors contributing to optimal ANC attendance and facility delivery, knowledge of the optimal time to start ANC and the need to attend at least four times, supportive attitudes and beliefs around early ANC and ANC 4+, shared decision-making with a partner for ANC attendance, and supportive descriptive norms around others' ANC attendance are important factors. Birth planning may also be an important facilitator, particularly among men. Increasing overall beliefs, which are low, that ANC is not only for high-risk pregnancies but for all pregnant women was another important factor. Most mothers of children under two received respectful care while at the facility, however, missed opportunities related to counseling on breastfeeding, postpartum FP, PNC, and postnatal danger signs for mother and baby were observed.

### Pregnant Women

<p><b>Health Literacy</b></p> <ul style="list-style-type: none"> <li>• ↑ Knowledge that they should attend ANC 4+ times</li> </ul>	<p><b>Motivation</b></p> <ul style="list-style-type: none"> <li>• ↑ Belief PW should begin ANC in the 1st trimester</li> <li>• 📍 Belief ANC is not primarily for high-risk pregnancies</li> </ul>	<p><b>Decision-Making</b></p> <ul style="list-style-type: none"> <li>• ↑ Joint decision-making on ANC attendance with partner</li> <li>• ↑ Joint decision-making on place of delivery with partner</li> <li>• ↑ Birth planning with partner</li> </ul>	<p><b>Norms</b></p> <ul style="list-style-type: none"> <li>• ↑ Belief that all/most pregnant women in the community attend ANC 4+ times</li> </ul>
<p><b>Family/Community Support</b></p> <p>Those who receive encouragement and instrumental support (financial, logistical) from their partner to:</p> <ul style="list-style-type: none"> <li>• ↑ attend ANC early/4+</li> <li>• ↑ have a facility delivery</li> </ul>			

### Partners of Pregnant Women

<p><b>Decision-Making</b></p> <ul style="list-style-type: none"> <li>• ↑ Joint decision-making on ANC attendance with partner</li> <li>• ↑ Joint decision-making on place of delivery with partner</li> <li>• ↑ Birth planning with partner</li> </ul>	<p><b>Norms</b></p> <ul style="list-style-type: none"> <li>• ↑ Belief that men in their community are involved in ANC</li> <li>• 🟡 Belief that their community approves of men who provide instrumental support for ANC attendance</li> <li>• ↑ Gender equitable attitudes</li> </ul>
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## Early Initiation of Breastfeeding

Self-reported rates of early initiation of breastfeeding (EIBF) were high, at 81% of respondents who had given birth in the last two years. Associated factors that were significantly higher among women who

reported this practice than those who did not, the belief that breastmilk alone is sufficient for the first six months, birth planning, positive perceptions of related descriptive norms (e.g., beliefs that most women in the community breastfed their children), and joint decision-making on infant feeding choices. Women who reported EIBF were more likely than those who did not to receive counseling at the facility during their last delivery, including on breastfeeding, as well as other topics.

### Pregnant Women

<p><b>Motivation</b></p> <ul style="list-style-type: none"> <li>• ↑ Belief that breastmilk alone is sufficient for the first six months</li> </ul>	<p><b>Decision-Making</b></p> <ul style="list-style-type: none"> <li>• ↑ Birth planning with partner, that includes BF intentions</li> <li>• ↑ Joint decision-making on infant feeding choices</li> </ul>	<p><b>Family/Community Support</b></p> <ul style="list-style-type: none"> <li>• ↑ Discussion of breastfeeding desires with others</li> </ul>
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### Family Members

<p><b>Motivation</b></p> <ul style="list-style-type: none"> <li>• ↑ Belief that breastmilk alone is sufficient for the first six months</li> </ul>	<p><b>Decision-Making</b></p> <ul style="list-style-type: none"> <li>• ↑ Birth planning with partner, that includes BF intentions</li> <li>• ↑ Joint decision-making on infant feeding choices</li> </ul>
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## Postnatal Care

PNC rates were low among mothers across regions, and at key time intervals (e.g., within 24-hours or within seven days of birth). Among pregnancy/childbirth-priority behaviors, the psychographic differences between those women who attended PNC and those who did not were the most pronounced. Women who received PNC services within the first seven days of birth were more likely to report higher knowledge/health literacy – particularly related to the timing and frequency of recommended PNC services – and they were also more likely to have planned to have PNC care ahead of their birth, made joint PNC decisions with their partners, and reported supportive descriptive norms about other women in their community and their attendance at PNC. Women who attended PNC were

### Postpartum Women

<p><b>Health Literacy</b></p> <ul style="list-style-type: none"> <li>• ↑ Knowledge of the number and timing of PNC checks</li> </ul>	<p><b>Decision Making</b></p> <ul style="list-style-type: none"> <li>• ↑ Joint decision-making on attending PNC</li> <li>• ↑ Birth planning with partner that includes attending PNC checks</li> </ul>	<p><b>Norms</b></p> <ul style="list-style-type: none"> <li>• ↑ Belief that more women in their community are attending PNC in the first week after delivery</li> </ul>	<p><b>Family/Community Support</b></p> <ul style="list-style-type: none"> <li>• ↑ Those who receive encouragement and instrumental support (financial, logistical) from partner and family to attend PNC</li> </ul>
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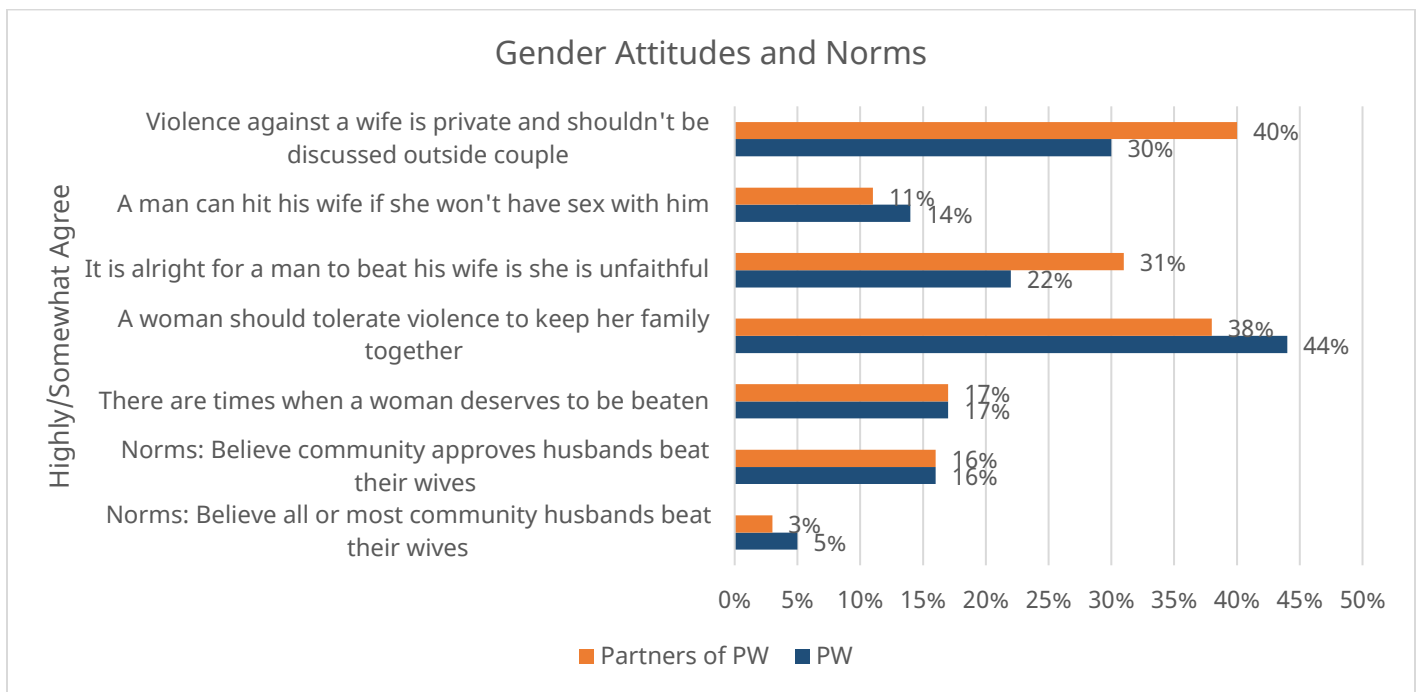
### Partners of Postpartum Women

<p><b>Self-Efficacy/Skills</b></p> <ul style="list-style-type: none"> <li>• ↑ Belief that they can access services from the health system to prevent or treat illness</li> </ul>	<p><b>Decision Making</b></p> <ul style="list-style-type: none"> <li>• ↑ Joint decision-making on attending PNC</li> <li>• ↑ Birth planning with partner that includes attending PNC checks</li> </ul>	<p><b>Norms</b></p> <ul style="list-style-type: none"> <li>• ↑ Gender equitable attitudes</li> </ul>
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also in far higher proportion than those who did not likely to report partner support – both in the form of encouragement as well as instrumental support (logistics or funding). PNC ‘doers’ also reported higher levels of respectful care and appropriate counseling during their delivery, than women who did not.

## Gender

Cross-cutting USAID Healthy Behaviors’ priority behaviors are gender-related attitudes and norms. Gender-related attitudes of pregnant women and partners of pregnant women are highlighted in the below graph. Respondents were also asked about community-level norms around gender-based violence. Sixteen percent of pregnant women and partners of pregnant women strongly agreed or agreed that people in their community approve of husbands beating their wives. Further, 3% of pregnant women and 5% of partners of pregnant women 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 improvement at individual, interpersonal, social, and structural levels. The study's findings underscore the importance of enhancing ANC services. While a substantial number of women have attended ANC, there is room for improvement in terms of the recommended timing and frequency of visits, particularly related to early ANC attendance. EIBF rates are encouraging, but other areas like PNC require attention. Psychographic factors play a significant role in shaping these behaviors, emphasizing the value of knowledge, birth planning, partner support, and shared decision-making. It is recommended that SBC activities place greater emphasis on these

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identified factors, along a pathway to achieving shifts in social norms and priority behaviors among pregnant women and their families.

Based on the baseline study's findings, it is further recommended that SBC programs working to address needs in the pregnancy and immediate postpartum period:

- Use a range of mutually reinforcing strategies to improve key factors identified in the baseline survey, and as delineated above.
- Implement SBC strategies to increase knowledge and health literacy, particularly related to the timing and frequency of recommended ANC and PNC services, and facility delivery.
- Promote counseling on the importance of early ANC and PNC attendance and multiple ANC and PNC contacts, even if mom and baby are healthy or not at higher risk and foster supportive attitudes and beliefs about these services.
- Encourage shared decision-making with partners for ANC attendance, facility delivery, and PNC, and related planning.
- Ensure that mothers receive respectful care at healthcare facilities, have their questions answered, and are not discriminated against based on age, parity, socioeconomic status, culture, or other factor.
- Address missed opportunities related to counseling on breastfeeding, including EIBF, postpartum FP, PNC, and postnatal danger signs for both mother and baby at ANC and delivery.
- Support families around birth and emergency care-seeking-related planning.
- Increase positive perceptions of descriptive community norms and approval around breastfeeding, and partner support for breastfeeding.
- Enhance general health literacy and health-seeking-related awareness for all family members.
- Integrate gender transformative SBC programming and norms shifting activities across activities, including related to gender-based violence.
- Continue focus on increasing educational attainment, in general.

**Photo credit:** FHI 360 for the USAID Healthy Behaviors Activity, 2023. A pregnant woman in Oromia, Ethiopia.

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**For more information about the USAID Healthy Behaviors Baseline Survey, please contact [EthiopiaUHBMERL@fhi360.org](mailto:EthiopiaUHBMERL@fhi360.org).**