

USAID Healthy Behaviors Activity

Baseline Survey Summary: Caregiving 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.

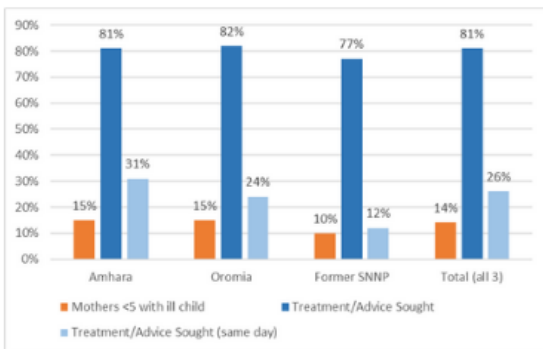
Methodology

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.

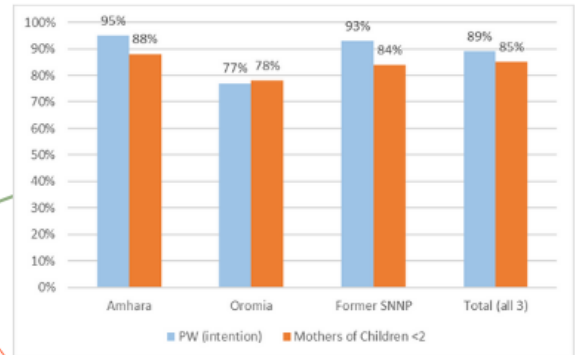
Priority Behaviors

The baseline study examined priority behaviors to be addressed through SBC activities tailored to caregivers of children under age five. Pregnant women and their partners were asked about their intentions to carry out key reproductive, maternal, newborn, and child health behaviors. Mothers and fathers of children under two were asked about their actual practices. Most pregnant women in intervention areas intended to exclusively breastfeed (EBF) their baby and to continue doing so for six months. The intention to EBF was highest in Amhara and lowest in Oromia. Actual rates of EBF reported by caregivers was also high, at 85% across regions. Across regions, the desire to space or limit future pregnancies was also high. Most pregnant women and their partners expressed this desire, as did a large percentage of mothers and fathers of children under two. The use of modern contraceptive methods (MCMs) was reported by a significant percentage of mothers and fathers. Most mothers sought care or advice for an ill child, but only a small percentage did so on the same day.

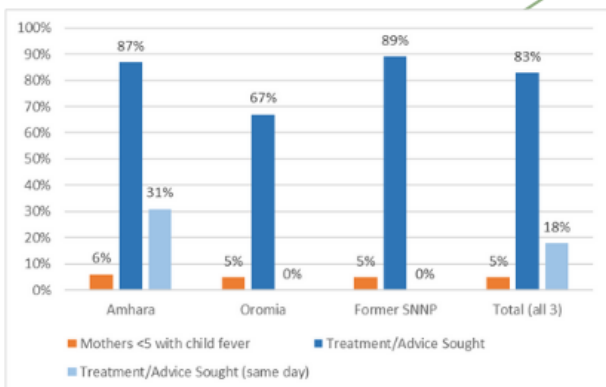
Care-seeking for Child Illness In Past 2 Weeks



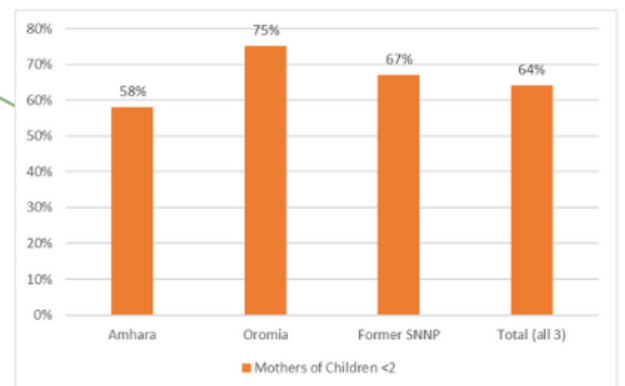
Exclusive Breastfeeding



Care-seeking for Child Fever In Past 2 Weeks

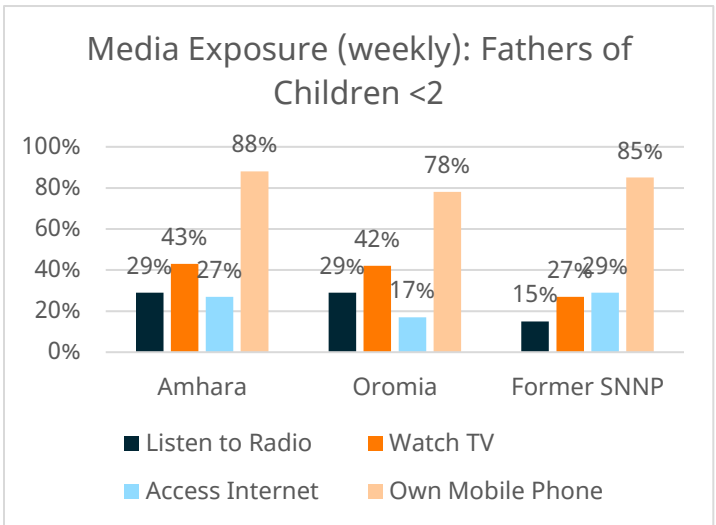
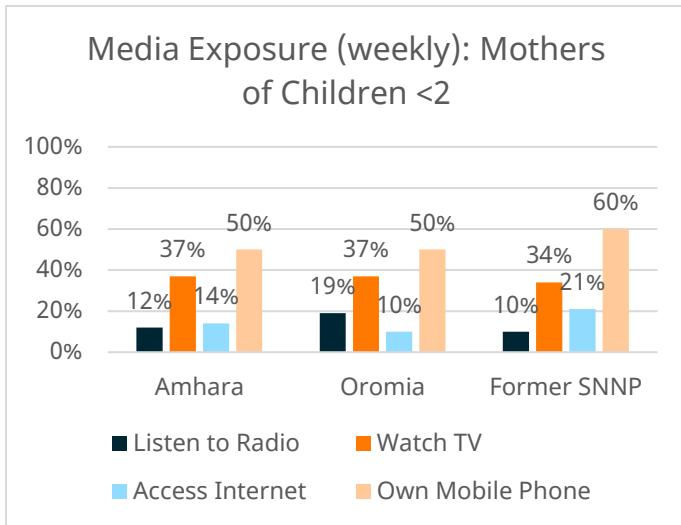


MCM Use



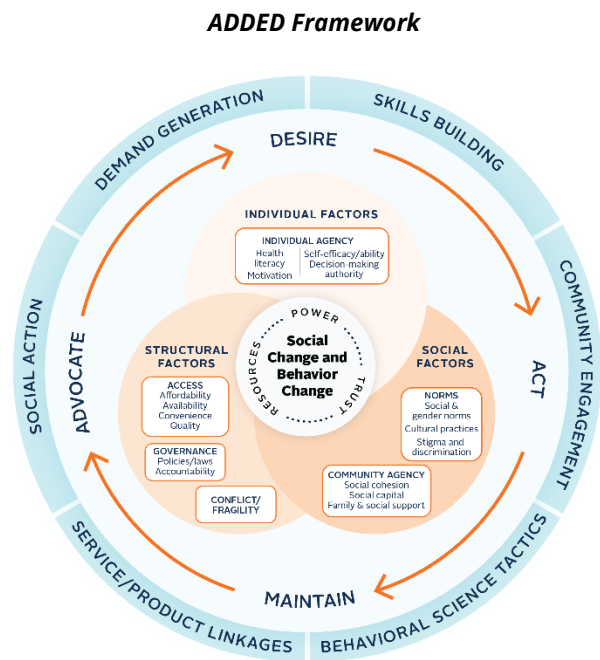
Media Exposure

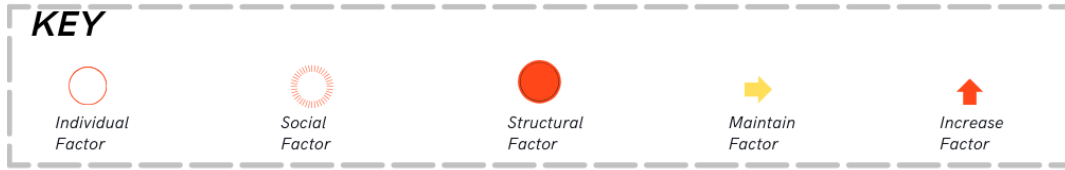
Across intervention woredas, routine listenership to radio was low – ranging from 12% in Amhara, among mothers of children under two to 29% in Amhara and Oromia, among fathers of children under two. Regular TV viewership was more frequently reported. Most respondents owned a mobile phone – ranging from 50% of mothers in Amhara and Oromia to 88% of fathers in Amhara. 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 and provides recommendations for SBC programs in addressing them, based on the frequency with which these factors were reported among both ‘doers’ and ‘non-doers’ (where applicable). Priority factors are presented along with broad recommendations based on findings from among audience segments.

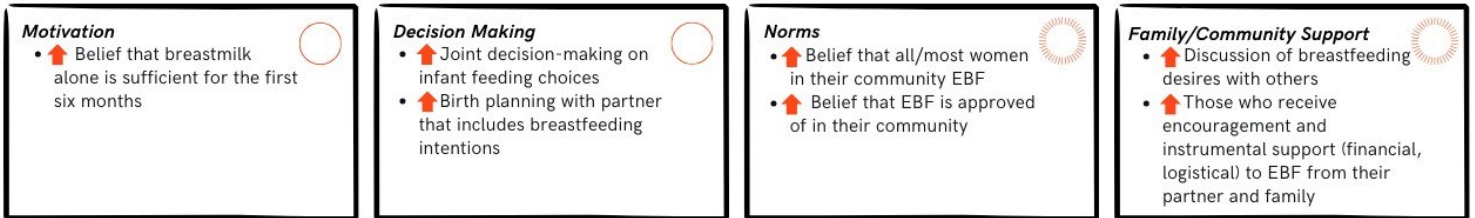




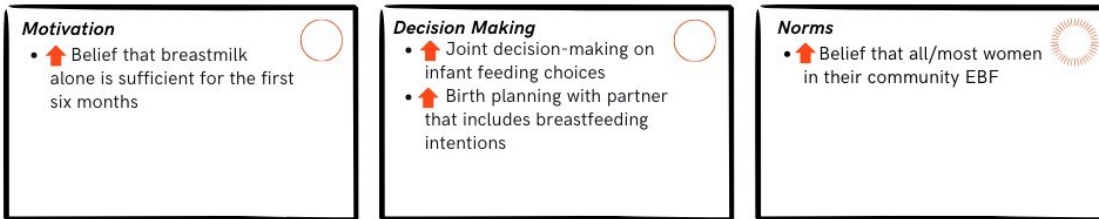
Exclusive Breastfeeding

Factors associated with higher rates of EBF included the belief that breastmilk alone was nutritionally sufficient for a child’s needs until age six months, belief in the community’s approval of EBF and that other women in their community also EBF, partner support and joint decision-making and planning for breast feeding.

Mothers of Children <2



Family Members



MCM Use

Factors associated with MCM use/non-use included self-efficacy in speaking with a partner or HCP about FP use and joint decision-making around use of an MCM (80% of MCM users as compared with 69% non-users). Partner support was strongly associated with MCM use, with mothers of children under two who had discussed timing and spacing with their partners significantly more likely than those who did not to also be using an MCM (83% versus 60%). Positive beliefs around a partner’s support for family planning use was also significantly associated. Women who reported using an MCM within two years postpartum also reported receiving counseling from an HCP on postpartum family planning methods with greater frequency than those who did not.

Mothers of Children <2



<p>Self-Efficacy/Skills</p> <ul style="list-style-type: none"> • ↑ Confidence to talk to a HCP about MCM use and side effects • → Confidence to talk to their partner about FP • ↑ Confidence to access health services to prevent/treat illness 	<p>Motivation</p> <ul style="list-style-type: none"> • ↑ Belief that MCM use has positive benefits for families 	<p>Decision Making</p> <ul style="list-style-type: none"> • ↑ Joint decision-making on FP • ↑ Discussion of timing and spacing of future pregnancies with partner 	<p>Family/Community Support</p> <ul style="list-style-type: none"> • ↑ Belief that their partner supports the use of FP
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Partners

<p>Self-Efficacy/Skills</p> <ul style="list-style-type: none"> • ↑ Confidence to talk to a HCP about MCM use and side effects • ↑ Confidence to talk to their partner about FP • ↑ Confidence to access health services to prevent/treat illness 	<p>Motivation</p> <ul style="list-style-type: none"> • → Belief that FP options are safe and effective 	<p>Decision Making</p> <ul style="list-style-type: none"> • → Joint decision-making on FP • ↑ Discussion of timing and spacing of future pregnancies with partner
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Care-seeking for Children

Mothers reported relatively high knowledge, confidence, and ability to access the health system in response to an under five child’s fever or illness. This included high levels of knowledge related to malaria transmission and signs and symptoms and of oral rehydration solution (ORS). Decision-making power appeared to be a key consideration for care-seeking, with only 56% of mothers feeling very confident that they would have their partner’s permission to take their child with a fever to an HCP. Mothers reported supportive descriptive community norms around care-seeking and overall community-

Mothers of Children <5



<p>Self-Efficacy/Skills</p> <ul style="list-style-type: none"> • ↑ Confidence to take a sick child with a fever to a HCP for care within 24 hours 	<p>Motivation</p> <ul style="list-style-type: none"> • ↑ Belief that delayed care-seeking can have serious consequences • ↑ Belief that the HF is the first place you should take a sick child for treatment 	<p>Decision Making</p> <ul style="list-style-type: none"> • ↑ Joint decision making on care-seeking for children • ↑ Planning for emergency care-seeking with partner 	<p>Norms</p> <ul style="list-style-type: none"> • ↑ Belief that women in their community know where to go for health services • ↑ Belief that care-seeking is not only necessary when symptoms are severe
<p>Family/Community Support</p> <ul style="list-style-type: none"> • ↑ Those who receive encouragement and instrumental support (financial, logistical) from their partner to take sick child to a HCP 	<p>Service Quality</p> <ul style="list-style-type: none"> • ↑ Belief that they will receive respectful, quality care when taking their child to a HCP 		

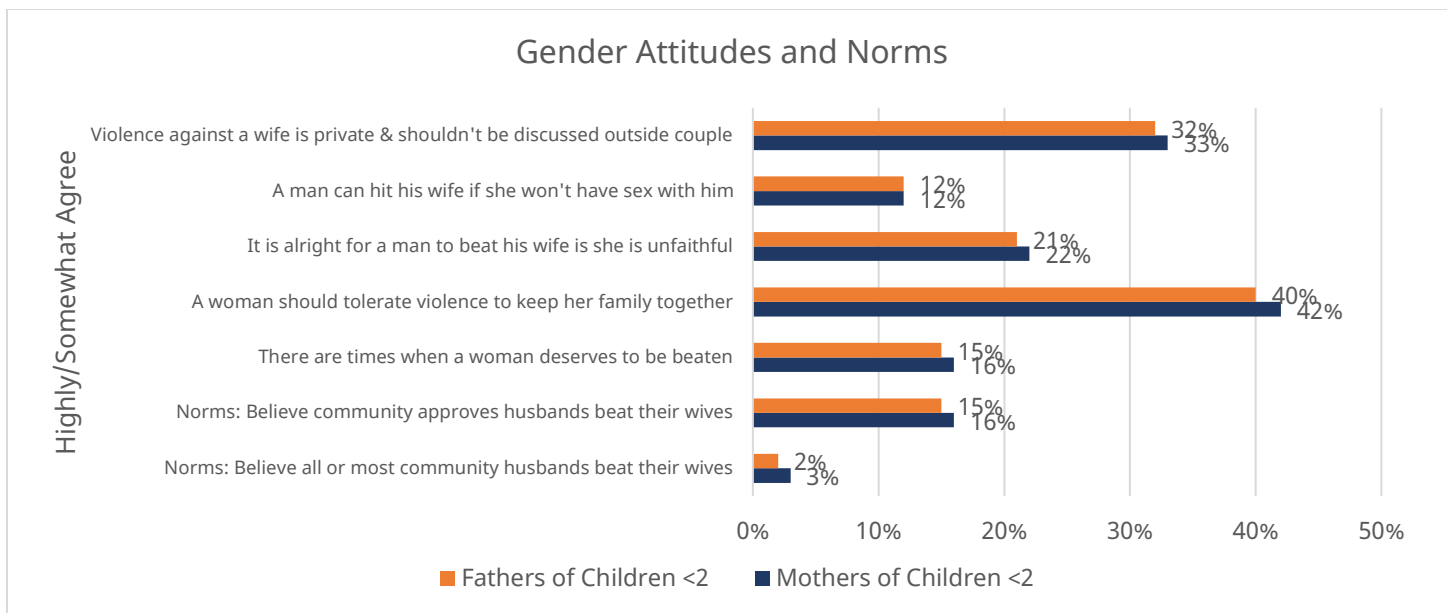
Fathers of Children <5

<p>Self-Efficacy/Skills</p> <ul style="list-style-type: none"> • → Confidence to access health services to prevent/treat illness • ↑ Belief that they can follow HCP instructions to prevent or treat illness 	<p>Decision Making</p> <ul style="list-style-type: none"> • ↑ Joint decision making on care-seeking for children • ↑ Planning for emergency care-seeking with partner
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level approval of mothers who sought care for their child. Partner support in the form of encouragement and instrumental support (financial or logistical help) to seek care for a sick child was reported by approximately 85% of women. Perceived quality of services when seeking care was also an important factor.

Gender

Cross-cutting USAID Healthy Behaviors' priority behaviors are gender-related attitudes and norms. Gender-related attitudes of female and male caregivers are highlighted in the below graph. Respondents were also asked about community-level norms around gender-based violence. Thirteen percent of mothers and 15% of fathers strongly agreed or agreed that people in their community approve of husbands beating their wives. Further, 3% of mothers and 2% of fathers 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 reveals that while EBF rates are high, immediate care-seeking needs improvement. Additionally, intentions for future family planning are strong, and the use of MCMs are prevalent, especially for spacing between live births. The factors driving EBF and MCM use include knowledge, community approval, partner support, and positive interactions with healthcare providers. Care-seeking for child illnesses is influenced by decision-making power, particularly regarding obtaining a partner's permission. Partners' self-efficacy related to care-seeking varies.

Based on the baseline study's findings, it is further recommended that SBC programs working to address needs of caregivers and their children, in the first 1,000 days of life, and up to five years of age. It is recommended SBC programs:

- Use a range of mutually reinforcing strategies to improve key factors identified in the baseline survey, and as delineated above.
- Emphasize birth planning, including breastfeeding, and work to increase positive perceptions of descriptive community norms around breastfeeding, and partner support for breastfeeding.
- Provide counseling on breastfeeding during delivery and support for early initiation of breastfeeding within the first hour of birth.
- Promote community approval of EBF.
- Expand counseling from HCPs on postpartum FP options, side effects, and increase self-efficacy in discussing family planning with partners or HCPs pre-birth and at key points in time (e.g., well child visits) postpartum.
- Encourage joint decision-making between partners on MCM use, couples communication around birth spacing and fertility desires, and partner support for family planning.
- Increase knowledge of child-related illnesses, their signs, and symptoms.
- Promote decision-making power for mothers to seek care for a sick child and planning for emergency care-seeking, tied to financial savings.
- Enhance supportive community norms for care-seeking and community-level approval of mothers seeking care for their children.
- Engage key stakeholders, including religious leaders and community members in community-based SBC activities promoting EBF, MCM use for spacing, and care-seeking behaviors.
- Enhance general health literacy and health-seeking-related awareness for all family members, including young children.
- 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: Zeleman Communications, Advertising, and Production, via FHI 360 for the USAID Healthy Behaviors Activity, 2022. A family of five in Oromia region, Ethiopia.

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