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|  |  | **Behaviour Change Formative Research:** Pregnant women give birth at a health facility |
|  |  | Barrier Analysis Results and a Behavioural Change strategy from research conducted in Ndoka ward, Kalabo, Zambia  Namukolo Mate, Zuzana Filipová and Camila Garbutt  February 2018, People in Need (PIN) |
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# Project Introduction

Formative research is an essential step in designing an effective behaviour change strategy. This report documents the results of the formative research conducted for the project “Women in Innovations - WIN”. The project’s implementation period is twelve months (September 2017 – August 2018) and is funded by People in Need.

The project location is in Nangole, Nawinda and Mabuto communities in Ndoka ward of Kalabo district, Western Province, Zambia.

The overall objective is “*To improve nutrition and strengthen resilience of vulnerable population through integrated sustainable innovations in Western Province, Zambia*” and the specific objective is “To improve dietary diversity, livelihood skills, health, hygiene and nutrition practices of vulnerable households with children under 5 (of each at least 70% are FHH) in Kalabo district of Western Province”.

# Barrier Analysis Introduction

**Introduction to the Barrier Analysis:** The Barrier Analysis (BA) study asks people a series of questions aiming to identify which barriers and motivators have the biggest influence on whether they (do not) practice the desired behaviour. The BA study uses the Doer/Non-Doer methodology that consists of interviewing 45 people who already do the behaviour (Doers) and 45 people who have not adopted the behaviour yet (Non-Doers). The differences between their answers are what matters most as they reveal the barriers and motivators to practicing the studied behaviour.

The following behaviour was selected:

**Pregnant women give birth at a health facility**: The priority group are pregnant women in rural areas whose primary livelihood is farming. Delivering in a Health Centre provides pregnant women with the access to specialised health care services to prevent the possibilities of death during child delivery for both the mother and the baby. **Institutional deliveries** coverage is poor, it hasn’t improved in past 5 years and even decreased from 63% in 2015 to 54% in 2016[[1]](#footnote-1). The national target is 60%. The Kalabo district institutional maternal mortality ratio was 275 deaths per 100,000 live births in 2016, a slight decrease from 2015. The national maternal mortality rate is 398 deaths per 100,000[[2]](#footnote-2), which covers both institutional and non-institutional deliveries. Note that the Kalabo District Health Office does not have data on the 46% of deliveries that were outside of the health facility. PIN selected this behaviour to study because health facility delivery is one of the most effective ways of preventing severe complications and death during childbirth, and to mantain good health for both the mother and the baby.

# Training and Methodology

**PIN staff trained**: Zuzana Filipova (Programme Coordinator), Namukolo Mate (Field Officer, Health and Nutrition), Richard Lilamono (Project Officer, Agriculture) and Mulemwa Siyunyi (Field Officer, Agriculture) were trained in the methodology for conduting and analysing a Barrier Analysis by Camila Garbutt (PIN Nutrition and Public Health Advisor) on 18th and 19th January 2018. Namukolo and Siyunyi participated in developing the questionnaire, training the data collectors and tabulating the data.

The training for data collectors (CHVs – 6, CHA - 1) was done on 23rd January 2018 with the pilot testing in Salambango Village of Nangole community in Ndoka ward.

**Questionnaire development and pilot testing**: The standard questionnaire was used with small adjustments in wording during the the training. The translation was drafterd before the training and finalized after the pilot testing. Questionnaires were pilot tested for half a day.

**Sampling**: The data collection was conducted in Nangole community in Ndoka ward on the 24th and 25th January 2018. The community of Nangole was selected for the barrier analysis based on the baseline survey results showing that they had a highter number of non-doers (33,7%) for facility based delivery in Ndoka Ward.[[3]](#footnote-3)

**Coding and data analysis**: Following the data collection the questionnaires were divided up so that the responses from Doers and Non-Doers are analysed separately. Coding and tabulating was done together with the data collectors. A response to a particular question was given a code, similar responses from other questionnaires were given the same code. The questions are structured around the 12 determinants of behavioural change and a mixture of open and closed questions. Significant differences between the responses of doers and non-doers were compared, where a significant difference is defined as minimum of 15% difference.

**Limitations and lessons learnt:**

* Most of the people who are supposed to be captured in the data collection as **non-doers** are from Kashwati, a village in Nangole community that becomes almost cut off during the rainy season due to flooding of the plains, hence we failed to reach the village and faced low turn up of women from same village even when we invited them to meet at the focal point place in Nangole, Ndoka school.
* The training, data collection and coding and tabulating of the results took more time than what was expected due to the distance covered to Nangole, hence timing should be considered as critical in planning for the BA.
* Data collectors frequently confused the responses to the questions „what makes it easier to do the behaviour?“ and „what are the positive consequence of doing the behaviour?“. Different data collectors would put the same response under different questions or they would repeat the same response under both. This made it challenging during data coding and tabulation stage and took extra time. It took the team an extra day to fininsh the coding compared to the plan.

# Results

The results of the Barrier Analysis surveys are presented below using the Designing for Behaviour Change (DBC) Framework.

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| **Behaviour** | **Priority Group** | **Determinants** | **Bridges to Activities** | **Activities** |
| Pregnant women give birth at a health facility | * Rural women with young children under 24 months, living in Ndoka Ward, Nangole Community * Income depends on agriculture and fishing * 66,3% giving birth with skilled birth personnel | 1. Self-Efficacy  - The mothers say having the Health Centre requirements would make it easy for them to deliver in a HC  - The mothers say having enough food would make it easy for them to deliver in HC  - The mothers say not having someone to help makes it difficult to deliver in HC  2. Social Norms  Mothers don’t strongly perceive that parents approve of them giving birth in a health facility  Mothers don’t strongly perceive that health worker staff approve of them giving birth in a health facility  Mothers don’t strongly perceive that husbands approve of them giving birth in a health facility  3. Reminders  Mothers think that it is difficult to remember to give birth in a health facility | Increase pregnant women's perception that they have the HC requirements (husbands are the ones who buy this)  Increase pregnant women's ability to have enough food to take with them to the HC  Increase pregnant women's perception that they have enough help (to look after children at home, and to help them get to the health centre)  Increase pregnant women's perception that their parents approve of giving birth in a health facility  Increase pregnant women's perception that health workers approve of giving birth in a health facility (their exposure to visits)  Increase pregnant women's perception that their husbands approve of them giving birth in a health facility  Increase pregnant women's ability to remember to give birth in a health facility | Present the BA results to the Health Centre staff and explain that these barriers are the most significant and therefore we have to focus on them. During the presentation ask for a list of the Health Centre requirements and discuss with them whether it is realistic and what can be changed, quantity could be reduced? HC staff should communicate any changes themselves to community through the CCs.  Community Health Volunteers visit the HH of pregnant women in their 8th month of pregnancy to ensure:   * They remember to go to the HC (Reminders) * They are preparing enough food for the delivery time (Self-efficacy - food) * There is someone who can help them look after children or take them to the HC (Self-efficacy)   Livelihood and agriculture activity support to poorest households under other WIN project activities (Self-efficacy - food)  Use male Community Health Volunteers to talk to men during community conversations (CCs).  Prior to this, provide a briefing session to male CHVs, traditional leaders and key influencers on the results of the BA and what this means for how they should conduct the CC. During the CCs ask men how they can be engaged in spreading awareness for women to give birth, and if they have any beliefs that women shouldn’t give birth in a health facility. Also ensure that parents are invited to CCs.  CC must address:   * Looking after children * Having enough food * HC requirements |
| **Outcome Indicator:**  % of children aged 0-23 months whose births were attended by skilled health personnel | | |  | **Process Indicator:**  % of women that were visited by a CHV in the last month before birth  Number of men attending community conversations  Number of women that know the correct requirements of the HC |

# Follow up actions

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| **Action Required** | **Who** | **By When** |
| Present the research findings to the communities and explain the proposed activities and get their feedback | Field Officer (Namukolo Mate) | Mid-February 2018 |
| Revision to project workplan to incorporate the proposed activities in the existing project activities | Field Officer/ Programme Coordinator | 12th February 2018 |
| Revise Results Framework and ITT to incorporate new indicators that are designed based on the new activities | Field Officer/ Programme Coordinator | February 2018 |
| Implement the new activities identified based on the BA | Field Officer | From February 2018 to August 2018 (end of project) |

# Annexes

## Annex 1 : Barrier Analysis Questionnaires





## Annex 2 : Barrier Analysis Tabulation Sheets





1. Kalabo District Health Office report 2016 [↑](#footnote-ref-1)
2. 2013-14 Zambia Demographic and Health Survey [↑](#footnote-ref-2)
3. PIN baseline survey (December 2017) [↑](#footnote-ref-3)