

## Antenatal care visits during pregnancy in Sekong, Laos

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**Regular antenatal care visits during pregnancy are known to reduce maternal, neonatal and infant mortality because possible complications can be detected early on. To increase regularity of women in the Sekong region going for antenatal care check-ups, a behaviour change campaign was developed to target women of childbearing age. The campaign focused on providing knowledge, highlighting benefits of the visits for the women, increasing social norms, and providing practical guidance on when and where to go for these visits during village sessions. Specifically designed posters and information material were used. Also, male partners of the women were included in the activities to acknowledge their important role when it comes to family decisions.**

### Context

The project took place in Sekong province, located in the southern part of Laos. In collaboration with SFE Laos and SME Suisse, Ranas realized a pilot project to investigate how behaviour change interventions can contribute to increase regular attendance of women to antenatal care visits.

### Objectives

The main goal of this study was to promote that women go to four antenatal care visits during their pregnancy. Specific objectives were:

1. To assess current practice and the behavioural factors determining this practice.
2. To systematically design, pilot and evaluate behaviour change activities that are feasible to be integrated into ongoing efforts of SFE Laos and potential further actors.

### What motivates antenatal care visits?

We identified, measured and determined the current practice of antenatal care visits and their behavioural factors (RANAS phases 1 to 3).

The following data was collected from 10 villages in January 2023:

- 21 qualitative in-depth interviews to provide context information and details for the quantitative questionnaire development
- 226 quantitative interviews (baseline survey)
- behavioural factors influencing the target behaviour were identified by a doer/non-doer statistical analysis



*Baseline data collection interview. © SFE Laos*

Doers (those who do 4 or more antenatal care visits, 35%) compared to non-doers (those who do less visits, 65%) perceive higher benefits of getting medical advice, less costs associated with going to the health centre, less fear of the blood test, and have stronger positive emotions related to the visits in general (attitudes: cost-benefit, feelings).

They also perceive more other women attending regularly to the visits (social norm) and value the opinion of their husbands more.

More doers know they should go before the 3<sup>rd</sup> month of pregnancy and are more confident to do the 4 visits, even when barriers occur (e.g. bad road due to rain; abilities). Doers also know better how to overcome such barriers, forget less often to go and are more committed in general (self-regulation). However, the data also shows that doers seem to live at shorter distance to the health centres, reflected in the perception of distance as a barrier.

## How did we design the campaign?

Based on the behavioural factors identified by the analysis, behaviour change techniques (BCTs) were selected from the RANAS catalogue of BCTs.

Together with SFE and SME, a contextualized behaviour change campaign was developed consisting of a health education session for couples and a follow-up household visit once the woman is pregnant (RANAS phase 4).

At the **health education session**, held in a central place in the villages, a nurse and a midwife talked about health risks associated with working hard during pregnancy, benefits of the antenatal visits, recommended timing, and what happens during the course of such visits to reduce fear. Then the couples were asked to calculate costs of the visits, but also anticipate costs of pregnancy complication with the help of a **cost-calculation sheet**. In a second part, couples were encouraged to write down barriers they anticipate and what they could do to overcome them in a **planning sheet**. The planning also included a part where couples noted down the timings for the four antenatal visits. At the end of the health education session, couples could sign up on a list to receive a household visit to support them in realizing their plan (if already pregnant) or to commit to contact the village health volunteer (VHV) within the first three months once the wife is pregnant. Both sheets were taken home by the couples.

The **household visits** by the VHV had the goal to follow up and adapt the couple's action plan, to talk about (new) barriers and what could be done, and in general to positively encourage them even if parts of the plan had not been carried out as planned.



Health education in Oung village. © SFE

## Did the campaign achieve behaviour change?

SFE together with the local authorities implemented the RANAS campaign in four villages in September 2023. An evaluation survey was carried out in November 2023 (RANAS phases 5 + 6). Data was collected from 51 participants in RANAS campaign villages compared with data from 90 participants from 6 villages that received a regular health campaign (control group).

**The campaign** was well received by the villagers. However, mainly women participated without their husbands. Feedback was received that the session could have been more interactive, women are not used to ask specific questions in large groups, and the explanation of the planning sheet was not fully understood by a majority of the women. The household visits here came in very useful to privately address specific questions and to support the women in their specific planning.

For an **in-depth analysis**, we analysed the change in intention and the RANAS behavioural factors.

Overall, changes were only small to moderate given the short time of the study. As expected, intention increased more in campaign villages though it was already quite high before the campaign. The largest improvements were factual knowledge (all villages), perceived health benefits, action and barrier planning, and positive feelings towards the visits (RANAS campaign only).

## Conclusions

Changes in behavioural factors and intention to attend antenatal care visits were present but smaller than expected. This suggests that the campaign worked but did not realize its full potential. Participants' feedback suggest that (1) the campaign should be implemented through household visits in the future, and (2) to focus particularly on the inclusion of the husband and the family as their approval of the antenatal care visits was an important behavioural factor but not changed by the campaign. Also, it seems worth focusing on vulnerable households for specific barrier planning.

**Further information:** Information on the RANAS model and practical approach, the Behaviour Change Techniques Catalogue and more fact sheets on the RANAS approach can be accessed on [www.ranas.ch](http://www.ranas.ch)

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