

BEHAVIOUR 1: ANTENATAL CARE (ANC)

Behaviour to promote

As soon as you think you might be pregnant, go and see a qualified health agent for your first antenatal care visit. Attend your first antenatal care visit in the first three months of your pregnancy. You must attend at least 4 antenatal care visits during your pregnancy.

The first signs of a pregnancy differ from one woman to another, and also from one pregnancy to another. Important signs of a pregnancy are being late for your period, having swollen breasts, nausea, loss of appetite, dizziness, vomiting, fatigue, etc.

Reasons

Figures

According to DHS Burkina Faso 2010, 95% of pregnant women have received antenatal care by a trained health agent (in rural areas, mostly by an auxiliary midwife, and then by midwives and nurses). The Sahel region has the weakest coverage (with 86%).

One third of women (34%) have attended at least four antenatal care visits, as recommended by the WHO. In 57% of cases, mothers have done 2-3 visits, 4% have only done one, 5% have not done any. 41% have done their antenatal care visit at an early stage of pregnancy, i.e. at less than 4 months; on the other hand 14% of women have done it only from 6-7 months into the pregnancy, compromising the number and regular spacing of antenatal care visits recommended by the WHO.

Obstacles to behaviour change

Ideas

A significant proportion of women do not clearly recognize a pregnancy: they only think of a pregnancy when they have “*low energy, a weak body, sometimes [they] have malaria and nausea*”. Only after 1-3 months of small illnesses and dizziness, and a lack of menstrual period, do they suspect a pregnancy.

Decision-making

The woman will inform her husband that she suspects a pregnancy before going for a visit at the health centre; the husband (and the husband's father) is responsible for the pregnant woman and must give his consent for her to go to the health centre. He is also responsible for any associated costs. The husband may not like these visits because one common recommendation for women is that they should work less, they should avoid tiresome work and heavy loads, and women themselves may resist resting “*for fear of being called lazy*”. Another reason is the perceived cost of ANC visits: officially free of charge, they sometimes incur some payments (for the card, iron supplements).

Regarding maternity advice, pregnant women confide in their mothers or their mothers-in-law in order to benefit from their experience. The family circle has a big responsibility in encouraging antenatal care visits and in making sure the pregnant woman is well-fed and is resting more. This family circle can just as well promote visiting the health centre as they can encourage traditional treatments (herbal teas, washes).

Elements favouring behaviour change

Generally, women have a good image of health centres and antenatal care visits. According to DHS 2010, most pregnant women (93%) have received iron supplements (in the form of syrup or tablets), an anti-malarial (88% - but not the recommended two doses for intermittent preventive treatment), one quarter has received medicine against intestinal worms. Common exams (blood pressure, urine and blood sampling) have been carried out, with weaknesses in the East, Sahel, Centre-West regions, and among the poorest women.

BEHAVIOUR 2: GIVING BIRTH IN A HEALTH CENTRE

Behaviour to promote

Pregnant women must give birth in a health centre, assisted by a qualified health agent.

Reasons

The delivery is the most critical period, for the mother and for the child. All pregnant women must receive help from a qualified person (midwife, doctor or nurse) during delivery and must be able to have quick access to specialised care in case of any complication.

Figures

According to the Burkina Faso DHS 2010, 61% of births in rural areas take place in a health centre, with significant variation between regions. Many women still give birth at home: 48% in the East, 56% in the South-West, 64% in the Sahel region, 35% in the 'Boucle du Mouhoun' region, 40% in the Centre-West, and 38% in the North. Women without education and poorer women tend to give birth at home more often than the others.

Obstacles to behavioural change

Ideas

Pregnant women do not recognise the early warning signs of delivery nor do they recognise the symptoms of potential complications. The signs of labour are different for each woman but the usual signs are: contractions, waters breaking, persistent pain in the lower back. If a pregnant woman does not attend ANC visits properly she will have less precise information to plan her delivery.

The low rate of deliveries in health centres in certain regions can be due to distance between a population and the health centre (access is also more difficult in the rainy season), to the perceived and real costs of giving birth in a health centre, and to habits passed on from generation to generation.

Decision-making

Before the estimated delivery date, transport to the health centre needs to be planned in advance, as well as accommodation if necessary. This implies that savings need to be made for the woman to deliver in a health centre. This is primarily the husband's responsibility, but the wife can also participate with her own savings. Delivery costs are subsidised: 900 CFA for any delivery without complication, 1,800 CFA for a delivery with complication and 11,000 CFA for a caesarean section (DeAllegrì *et al.* 2010).

Elements favouring behaviour change

DMI research in Banfora showed that the population (men and women) realise that only qualified health agents in health centres can adequately deal with complications following delivery.

Since they need to ensure that a pregnant woman completes her four ANC visits, the family circle around the pregnant woman must also be made aware of delivery preparations. They should make sure that the last phase of pregnancy goes smoothly. The family circle should know the distance to the health centre and can participate towards the costs of delivery. They should not wait for signs of labour before taking the pregnant woman to the health centre, but should arrange transport and accommodation in advance. The family circle includes the husband (responsible for transport and costs) and the mother/mother-in-law who assists the pregnant woman before and after delivery.

Giving birth at a health centre diminishes risks regarding the mother and the child's health and the newborn will benefit from immediate neonatal care, which will help him/her in his/her first few days of life.