

## **BEHAVIOUR 1: ANTENATAL CARE (ANC)**

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### **Behaviour to promote**

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

**The first signs of a pregnancy can differ from one woman to another and from one pregnancy to another. Signs of pregnancy include being late for your period, swollen breasts, nausea, loss of appetite, dizziness, vomiting, fatigue.**

### **Reasons**

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According to the 2013-14 DHS for DRC, 88% of pregnant women have received antenatal care by a trained health agent. Nearly half of pregnant women (48%) have attended at least four antenatal care visits, as recommended by the WHO. In 38% of cases, mothers have done 2-3 visits, 4% have only done one, 10% have not done any. Only 10% have had their first antenatal care visit at an early stage of pregnancy, i.e. at less than 4 months; 29% of women have their first visit 6-7 months into the pregnancy, compromising the number and regular spacing of ANC visits recommended by the WHO.

### **Obstacles to behaviour change**

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#### *Ideas*

A significant proportion of women do not clearly recognize a pregnancy and may mistake symptoms such as low energy, weakness and nausea for other illnesses. Only after 1-3 months of small illnesses and dizziness, and missing menstrual periods, do they begin to suspect a pregnancy.

There are costs associated with ANC and giving birth in a health facility to DRC. The cost for ANC varies between around \$5 in a CS and \$15 in hospital maternity ward (often iron supplementation is included in the cost). These costs can be a barrier to ANC uptake among the poorest, who may attend private health structures of inferior quality to avoid the costs.

Young girls who are victims of early and unwanted will rarely attend ANC for fear of exposing themselves to ridicule and shame, since having a pregnancy outside marriage is frowned upon in most communities.

#### *Decision-making*

A woman will usually inform her husband that she suspects a pregnancy before visiting a health centre; the husband 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, avoiding 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 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 to encourage antenatal care visits and to make sure pregnant women are well nourished and rested. This family circle can also promote visiting the health centre rather than encouraging traditional treatments (herbal teas, washes).

### **Elements favouring behaviour change**

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Generally, women have a good image of health centres and antenatal care visits. According to DHS 2013-14, most pregnant women (59%) have received iron supplements (in the form of syrup or tablets), 56% have received medicine against intestinal worms, 75% have had their blood pressure measured.

## BEHAVIOUR 2: GIVING BIRTH IN A HEALTH CENTRE

### Behaviour to promote

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**Pregnant women must give birth in a health centre or assisted by a qualified health agent or skilled birth attendant.**

### Reasons

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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 DRC 2013-14 DHS, 74% of births in rural areas take place in a health centre or in the presence of a skilled birth attendant. This ranges from 60% in Equateur to 98% in Kinshasa.

### Obstacles to behavioural change

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#### *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), or to the costs of giving birth in a health centre (\$50 for a normal delivery, up to \$100 for more complicated deliveries), 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.

### Elements favouring behaviour change

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Many people do realise that only qualified health agents 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 assist 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.

In recent years the government has increased the number of health zones from 306 to 515 in order to bring health services closer to the population and hard to reach places.