

Baseline study findings:

A brief overview

Study objectives

The study aimed to provide baseline estimates for target population level health indicators related to utilization, care seeking, knowledge, attitudes, gender norms and practice, to identify key behavioral determinants for health services use and health practice in project target regions, and to identify appropriate communication approaches for targeted populations in the intervention regions.

Methods

Data were collected from August to September 2016 in four regions of Ethiopia Amhara, Oromia, Tigray and SNNP. 2770 women of reproductive age 15-49 years were interviewed using a structured survey covering six health areas

(RMNCH, PMTCT, Nutrition, Malaria, WASH and TB). The 38 baseline key indicators were explored and a behavioral analysis was conducted with 16 major behavioral outcome variables using logistic regression analysis. Data were analyzed using SPSS.

Key results and recommendations

The following are key results found during the baseline study. Further detailed findings can be found in the Baseline Report.

- **Significant regional variation was found across multiple health behaviors.** Oromia had the lowest uptake of reproductive maternal and child health services followed by SNNP. Oromia and SNNP will require more intensive work including designing of region specific SBCC interventions.

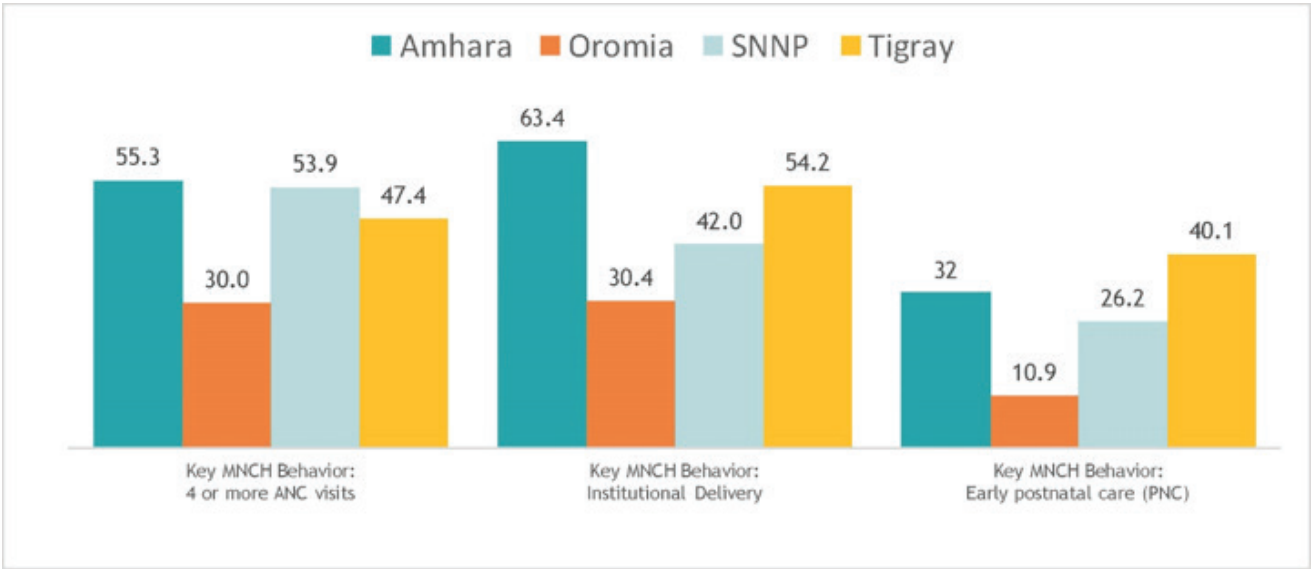


Figure 1 Overview of selected health behaviors by regions



- **Three gateway behaviors**, defined as a behavior that can lead to the adoption of several healthy behaviors in the life cycle, were identified for immediate SBCC programming focus:

1. **Early antenatal care (ANC) registration (<12 weeks):** Increases the likelihood of a woman to have 4 or more ANC visits which leads to other behaviors such as institutional deliveries and children receiving their full set of pentavalent vaccines.

2. **Having a family health guide (FHG):**
Despite a small number of women reporting having a FHG (9.5%), having an FHG significantly predicts a range of positive health seeking behaviors including HIV testing during pregnancy and hand washing at critical times

3. **Having a proper hand washing station:**
Predicts hand washing with soap at all critical times

- **Gender was a cross-cutting issue** across all six health areas with the norms related to gender inequality adversely impacting several health behaviors including: current modern FP use, early ANC registration, institutional delivery, HIV test during pregnancy, early initiation of breast feeding, minimum diet diversity for children, having a handwashing station, use of LLIN, and early treatment seeking for fever. Gender inequitable



norms were measured using the Gender Inequitable Men (GEM) scale, tested and validated in multiple countries and adapted to the Ethiopian context with 21 norms focused on partner violence, sexual relationships, reproductive health and diseases prevention, and domestic chores and daily life.

- **Media exposure** is a key component to uptake of key health behaviors. Among rural households, 51.5% of women reported having mobile phones, 26.3% had functional radio sets and 3.9% had a working TV set. With such high mobile phone ownership an mHealth strategy is recommended.