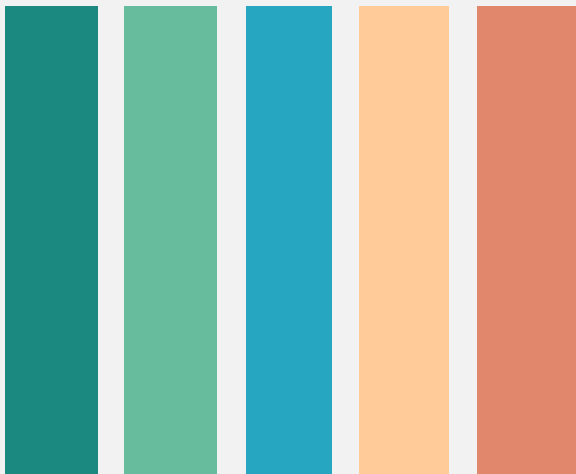


# ANTENATAL CARE CLIENT SEGMENTS

## Counseling Cards *for Community-Based Use*



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PMI

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# Glossary

- **Segment:** Sub-group of pregnant women that have similar attitudes, perceptions of norms, and behaviors.
- **ANC:** Antenatal care.
- **Interaction 1:** Client's first antenatal care interaction.
- **IPTp:** Intermittent preventive treatment of malaria in pregnancy.
- **ITNs:** Insecticide-treated nets.

# Overview

The following segments were built from data on the attitudes, behaviors, and beliefs of pregnant women.

For the first ANC interaction, use the ***ANC 1 Counseling Steps***.

For all other ANC interactions, use the *Follow-up ANC Counseling Steps*.

# ANC1 Counseling Steps

State: “Thank you for spending time with me today. I am going to ask you a series of questions. There is no right or wrong answer. Your responses will simply help me determine the health advice to give that will be most helpful for you and your baby.”

**1**

**Ask the preliminary question to put the pregnant woman at ease.**

**2**

**Use the flow chart to identify the segment. Do not share the segment name. Write segment in client records.**

**3**

**Turn to the card for the client’s segment and follow the prompts to understand more about the client and deliver tailored counseling messages.**

# Follow-up ANC Counseling Steps

State: “Thank you for spending time with me today.”

**1**

**Ask the client how they are feeling today, and if they have any questions or observations about their pregnancy to share.**

**2**

**Check the client records to recall the client’s segment, then refresh yourself on segment characteristics.**

**3**

**Skip to the “Key General Malaria Messages” section, and then to the counseling card for their segment labeled “ANC-Follow-Up.”**

## Preliminary Question

How are you feeling today,  
and how is your pregnancy  
going?

**Go to question 1**

**1** How many ANC visits do you believe women in your community should attend during their pregnancy? How important is attending ANC during pregnancy?

*Continue to 1a, 1b, or 1c.*

**1a.**

- 0–1 visits
- ANC is not important

*Discuss ANC decision making in household*

- If her partner/spouse mostly makes the decision.  
**Segment confirmed.**

If not, go to **2**

**Seldom Adopter**

**1b.**

- 5 or more visits
- As many as possible
- ANC is very important

*Confirmed*  
**Active Modernist.**

**Active Modernist**

**1c.**

- 4 or less visits
- Some visits
- ANC is somewhat important

Go to question

**2**

2

Who makes the decision to go to ANC in your household? Yourself, your spouse/partner, or another individual?

*Continue to 2a or 2b*

**2a.**

- Myself
- Mother/mother-in law
- Uncle
- Another individual/family member that has taken responsibility

**2b.**

- Myself and my spouse/partner
- My spouse/partner

*Discuss her current marital status*

- If she is widowed, separated, divorced or single. **Segment confirmed.**

**If she has a partner, go to question**

3

Go to question

3

**Eager Unfamiliar**



3

If a pregnant woman goes to a health facility without her husband/partner, will she usually be sent away or reprimanded?

*Continue to 3a or 3b*

3a.

- No, she will not
- Unlikely
- Doesn't know

*Discuss whether she believes malaria is a threat for her and her baby.*

- If she recognizes the risks of contracting malaria, and that it can be difficult to treat and recover from, confirmed **Unhurried Informed**. If she does not recognize the risks of contracting malaria, confirmed **Cautious Moderate**.

**Unhurried  
Informed**

3b.

- Yes, except in special circumstances
- Yes, at most facilities

*Confirmed  
**Cautious  
Moderate.***

**Cautious  
Moderates**

# Key general malaria messages

State: *“First, I will remind you of some things for a healthy pregnancy.”*

- Celebrate client for taking the time to speak with you about pregnancy and malaria.
- Remind clients of the reasons to attend ANC and set a goal of attending regular ANC consultations during their pregnancy.
- Briefly speak with clients about their traditional beliefs or fears about IPTp. Acknowledge their concerns. Reassure them about IPTp benefits for both them and the baby.
- Remind clients to consistently sleep under an insecticide-treated net before, during, and after the pregnancy.
- Instruct clients to seek care at a health facility when they experience fever or other malaria symptoms (list common symptoms). Remind them that malaria, when left untreated, can harm the pregnancy.

*For all segments*





# Relevant Characteristics

*Do not share with client*

- These women typically go to ANC four or more times during pregnancy and believe most women in their community do the same.
- They tend to discuss ANC attendance with their partners.
- Most have a positive perception of healthcare providers.
- Many adhere to malaria prevention practices, such as ITN use.
- Despite higher levels of IPTp compared to other segments, this group still has insufficient IPTp uptake.

## Opportunities



- Emphasize the importance of taking at least three doses of IPTp during pregnancy.
- Activate as role models for other pregnant women.



# ANC1: Ask and Encourage



Affirm their ANC knowledge, then encourage them to achieve the recommended number of ANC visits.



Ask: What prevents you from taking IPTp?  
Incorporate the answer into discussion.



# ANC1: Educate and Activate



Activate client to act as role model for other women in their community by sharing their positive ANC experience and with taking IPTp.



State that IPTp should be taken three or more times during pregnancy.





# ANC Follow Up

## Educate and Encourage Behavior Change

Ask if they still have any concerns about IPTp and discuss those concerns. Confirm where they can receive their next ANC visit and dose of IPTp.



## Activate

Ask the client if they've been communicating with other women about their ANC experience, and if so, how it has gone. Encourage the client to continue acting as a role model for other women in their community.





# Relevant Characteristics

*Do not share with client*

- These women go to ANC one to four times during pregnancy and believe women in their community also go to four or less visits.
- These women typically wait until later in their pregnancy before going to ANC.
- These women tend to have low IPTp uptake, rarely completing the minimal recommendation of at least three doses.

Opportunities



Emphasize the importance of attending earlier ANC visits and taking three or more doses of IPTp during pregnancy.

**Unhurried Informed**



## ANC1: Ask and Encourage



Share that some women ANC regularly during pregnancy and encourage client to communicate with spouse and other women about ANC attendance.



Ask: What prevents you from going to ANC sooner in the pregnancy? Incorporate answer into discussion.



## ANC1: Educate and Activate



Tell client to attend ANC as soon as possible for any future pregnancies.



State that ANC and IPTp protect mother and child from malaria and other pregnancy issues.



State that IPTp should be taken three or more times during pregnancy, and they need to attend early to get the medicine.





# ANC Follow Up

## **Affirm and Educate**

Remind client of the recommended number of visits for pregnant women at their stage of pregnancy. Remind them that coming often in pregnancy helps complete the recommended number of ANC visits and IPTp doses, and so to continue coming back. Remind them to come early in any future pregnancies.





# Relevant Characteristics

*Do not share with client*

- These women **often attend only one ANC visit** and only occasionally attend more than once.
- They believe that **other women also do not attend ANC visit.**
- They are **most likely to discuss attending ANC with their partner.**
- They are not **too worried about malaria** and believe it's easy to treat.

## Opportunities



Elevate the benefits of ANC attendance and malaria prevention for the health of the entire family, including the partner.

## Cautious Moderates



# Ask and Encourage: ANC1



**Ask how their partner plays a role in their decision to attend ANC.**



**Encourage client to continue communicating with their spouse/partner about how ANC contributes to a healthy baby.**



# Educate and Activate: ANC1



**Remind client of the increased risk of poor outcomes for pregnant women with malaria.**



**Share positive stories of other women who attend ANC visits and take IPTp.**



**Encourage clients to ask their partners to attend ANC with them, noting that solo attendance still works well.**





# ANC Follow Up

## **Affirm**

Ask the client if they've been communicating with their spouse about ANC, and if so, how it has gone. Incorporate their answer into discussion and encourage them to continue communicating with their spouse about the benefits of attending ANC often during pregnancy.



## **Educate and Encourage**

Remind her again that pregnant women are more vulnerable to malaria. Note that taking three or more doses of IPTp and ITN use can help prevent malaria for a safe pregnancy and healthy baby.





# Relevant Characteristics

*Do not share with client*

- They also tend to have **had less previous livebirths (one or two)**.
- These women attend tend to attend **ANC infrequently (one to four visits, sometimes zero visits) and need to be supported and encouraged to come more often**.
- Tend to need **more reassurance** that they will have positive experiences with the healthcare system

## Opportunities



Congratulate on attending ANC and encourage a follow-up ANC visit.

**Uncertain New Mothers**



# Ask and Encourage: ANC1



**Encourage segment to describe their perception of ANC or previous experiences with ANC.**



**Ask: What prevents their ITN and IPTp use?**



# Educate and Activate: ANC1



**Discuss the importance of finding and relying on a support system during pregnancy.**



**Emphasize that providers are there to help with all the client's healthcare needs.**



**Remind client to go to ANC early in pregnancy and set a goal of regular visits. Remind them that IPTp helps prevent malaria.**





# ANC Follow Up

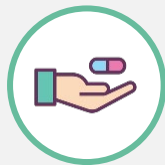
## **Affirm**

Ask them about their experience at the last ANC visit, and if there is anything that can be done to make their experience smooth for future visits. Emphasize that providers are there to help with all health care needs throughout the pregnancy.



## **Educate and Encourage**

Remind the client to attend regular ANC visits during pregnancy for a safe pregnancy and healthy baby, and to avoid getting malaria by taking IPTp three or more times.





# Relevant Characteristics

*Do not share with client*

- Seldom Adopters **have very low levels of ANC attendance**—typically the lowest amongst all the segments.
- These women are also **unlikely to discuss ANC with their partners**.
- Their **partners typically make the decision** about whether to attend ANC.
- These women tend to **NOT use malaria prevention practices practices**, such as insecticide-treated nets and tend to have low IPTp uptake.

## Opportunities



Educate them on malaria risk and the importance of ANC attendance. Encourage them to start ANC and IPTp uptake in during their pregnancies.

## Seldom Adopters



# Ask and Encourage: ANC1



**Ask client for details about what prevents their ANC attendance.**



**Discuss their decision-making dynamic with their partner.**



# Educate and Activate: ANC1



**Remind client of the increased malaria vulnerability for pregnant women**



**Remind client of the benefits of sleeping under ITN and of IPTp treatment.**



**Share positive stories of other women who attended ANC visits and encourage them to share stories with their partners.**





# ANC Follow Up

## **Affirm**

Ask the client if they've been communicating with their spouse about ANC, and if so, how it has gone. Incorporate their answer into discussion and encourage them to continue communicating with their spouse about the benefits of attending ANC often during pregnancy.



## **Educate and Encourage**

Remind her that pregnant women are at risk of malaria and malaria can affect the baby's health. Share positive stories of other women who attend regular ANC visits and take preventive IPTp medication.

