

What will encourage pregnant women in Ethiopia to take multiple micronutrient supplementation (MMS)?

The study researched barriers to uptake of AnteNatal Care and nutrition services, and proposed potential social behavior change communication strategies. Women in Ethiopia face several socio-cultural barriers to accessing MMS pills, which cost effectively enhance maternal nutrition, that policymakers need to understand to provide effective care for a healthy pregnancy and childbirth.

Background: Improving nutrition for pregnant and lactating women

Multiple micronutrient supplementation (MMS) has been shown to be more effective than iron and folic acid supplementation (IFAS) at improving perinatal outcomes. Better health outcomes also make MMS more cost effective. That is why UNICEF and the Federal Ministry of Health in Ethiopia (FMOH) are seeking to encourage pregnant and lactating women to shift from IFAS to MMS. Yet, numerous factors affect whether pregnant and lactating women use multiple micronutrient supplementation.

Conducting the research

We performed an extensive literature review and augmented it with key informant interviews with the stakeholders from the Ethiopian Ministry and Health at the federal and regional levels. We also leveraged lessons from other programs using the social ecological model of behavioral change to guide our understanding of the barriers and levers to the implementation of maternal and child health programs in Ethiopia. We then applied proposed levers to existing materials, interventions and approaches, while developing new interventions to address barriers. Finally we validated these interventions through a field visit and a validation workshop with stakeholders and end users.

project facts

Key words

Antenatal care, Ethiopia, iron and folic acid supplementation (IFAS), maternal healthcare, multiple micronutrient supplementation (MMS), pregnant and lactating women

Behavioral themes

Perceptions and awareness;
Interpersonal factors, communal norms and beliefs

Research design

Phenomenology

Scope

Start date: December 2022

End date: June 2023

Location

Ethiopia: Addis Ababa and Adama

Partner

UNICEF Ethiopia

Ethics approval

NA

The following stand in the way of improved uptake of MMS:

- » Women lack knowledge and awareness about maternal health services, and trust in the institutions that provide either.
- » This leads to doubt around solutions provided, such as fear of potential side effects of IFAs. Women have limited agency to make decisions to visit health centers for antenatal care (ANC) visits.
- » How women perceive their pregnancies influences their behavior when it comes to accessing ANC services. For example, most women go for ANC services only after several months of pregnancy as disclosing pregnancy early on is culturally discouraged.
- » Women have often been told from a young age that they ought not to show their bodies. This creates a barrier when it comes to accessing ANC as they do not feel comfortable being examined by a male doctor.

Implications

For pregnant and lactating mothers: Pregnant and lactating women in Ethiopia might benefit from understanding how some of the barriers they are experiencing can stand in the way of a better ANC, thus supporting them to make informed decisions.

For healthcare workers: Efforts to reach women need to include awareness of barriers women experience and provide them with the right tools and language to engage effectively in their own ANC.

For policy makers: To drive uptake of MMS requires that barriers of trust in health care, the decision-making environment, culture of pregnant and lactating women in Ethiopia is taken into account. Simply providing more information will not automatically increase uptake.

Recommendations for future research

- » Further research into how to encourage uptake of MMS needs to unpack demand and supply side barriers that occur at the personal, interpersonal, communal, and structural levels.
- » Long-term follow-up studies are necessary to track the impact of transitioning from IFAS to MMS on birth outcomes, child development, and overall maternal and child health.
- » Especially for remote or underserved areas, further research needs to assess the feasibility and impact of using mobile technologies for disseminating maternal health information, appointment reminders, and monitoring MMS adherence.

Further reading

Workicho A, Belachew T, Ghosh S, Kershaw M, Lachat C, Kolsteren & P. Burden (2019). *Determinants of undernutrition among young pregnant women in Ethiopia*. *Matern Child Nutr*. 2019; 15:e12751. <https://doi.org/10.1111/mcn.12751>

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