

### Addressing Barriers to Post-Natal Care-Seeking through Demand-Side Interventions

### Parents do not know about postnatal care within 42 days

11 studies found<sup>1,4,5,6,7,8,9,10,11,12,13,14</sup>

In Bangladesh, mothers using Aponjon (a mobile phone-based mHealth service) regularly had better knowledge of maternal care (3x) and newborn care (1.5x) post-delivery as compared to non-users.

### Parents do not know about danger signs for newborns 3 studies found<sup>7,13,23</sup>

In an RCT in Kenya, women received package of mobile messages providing info on PNC and danger signs. End-line survey found that women who received the danger sign messages were 1.6x more likely to list at least one danger sign and 3.5x more likely to seek treatment if they experienced postpartum danger signs.

### Families rely on traditional healers for postnatal care

1 study found<sup>5</sup>

A study assessed effectiveness of mobile phone technology in facilitating and improving communication between pregnant women and healthcare providers. Women in the intervention group had nearly 5x the odds of receiving a postpartum care visit within two days of delivery, and over 5x the odds of having their newborn's health checked within two days of birth.

### Partner/ family elders are not supportive of seeking facility-based

2 studies found<sup>24,25</sup>

Studies have found that men can provide substantial practical, financial, and emotional support to women to overcome demand-side barriers in accessing health services. Male support normalizes careseeking within households and communities and encourage other household members to adopt healthpromoting behaviors at home, such as improved nutrition and hygiene practices (Link).

#### Transportation cost to the facility is high

3 studies found<sup>19,20,21</sup>

Care-seeking behavior was compared between women in Bangladesh who received money for transport costs and vouchers for antenatal care, delivery, emergency care for obstetric complications, and postnatal care. Voucher program was found to significantly increased the use of antenatal, delivery, and postnatal care with qualified providers.

# Parents do not get social support in facility settings 4 studies found<sup>15,16,17,18</sup>

A study in India assessed effectiveness of community-based support groups for parents of children with retinopathy of prematurity. Support groups were found useful in improving awareness, knowledge, and compliance, alleviating anxiety, and empowering parents.









Parents/families do not know

about where to obtain care



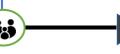












## 1 study found<sup>11</sup> In Nigeria, a study compared

PNC clinic attendance among intervention and control group. Text message reminders were delivered to postnatal mothers in the intervention group. This group was 50% less likely to fail to attend their postnatal appointment.

### Women do not have autonomy to seek healthcare

2 studies found<sup>26,27</sup>

A community mobilization approach to empower women to seek care through participatory women's groups showed improved birth outcomes in poor rural communities in eastern India, NMR was 32% lower in intervention clusters, showing that increasing women's autonomy was associated with improved neonatal outcomes.

### Out-of-pocket expenses to seek care are high

3 studies found<sup>19,20,21</sup>

Studies suggest voucher programs expand provider choice and improves the quality of care by enrolling both public and private sector lower-level and referral facilities into the program. Bellows et al (2013) provide a comprehensive review of 28 voucher programs, suggesting that voucher programs can serve populations with national-level impacts.

### Parents are not optimistic about sick newborn outcomes 1 study found<sup>3</sup>

In an RCT in Canada, mothers of premature infants who receive guidance from an experienced nurse counsellor and a veteran mother for seven to 12 weeks. They were found to visit their infants more frequently in NICU and interact more with them during visits in the nursery and at home.

#### Parents do not consider postnatal care necessary 11 studies found<sup>4,5,6,7,8,9,10,11,12,13,14,23</sup>

In Uganda, a qualitative study found that locally-made mobile community videos are effective in improving knowledge, attitudes, practices, and use of maternal and child healthcare among rural, semi-illiterate communities.



### **Number Citation**

- Murthy N. Chandrasekharan S. Prakash MP, et al. The Impact of an mHealth Voice Message Service (mMitra) on Infant Care Knowledge, and Practices Among Low-Income Women in India: Findings from a Pseudo-
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