

Learning package: Community strengthening and engagement

Encouraging positive maternal and newborn health behaviours in remote communities

Culturally sensitive, multilingual communications in Cambodia's remote northeast help to overcome barriers of geography and ethnicity to promote healthy behaviours and improve outcomes for mothers and babies.

Reproductive, maternal and newborn health (RMNH) indicators in Cambodia's remote northeast are among the lowest in the country. Communities in these areas often experience challenges of poverty, ethnicity, language and geography, which impact their opportunity, ability and motivation to have access to mainstream health services.

To overcome these challenges, Partnering to Save Lives (PSL) partnered with MEDIA One to introduce a suite of behaviour change communication (BCC) activities in remote communities in Kratie, Mondul Kiri, Ratanak Kiri and Stung Treng. Messages were designed to reach Khmer and ethnic minority audiences of women of reproductive age, pregnant women, women who gave birth recently, fathers/male partners, grandparents and other caregivers. Inclusive imagery of persons with disabilities was incorporated throughout the BCC resources. In Mondul Kiri and Ratanak Kiri provinces, activities were conducted in commonly-spoken ethnic minority languages: Tompoun, Phnong, Jaray and Kreung.

BCC activities for remote and ethnic minority communities

- Village health promotion events.
- Live radio broadcasts in the form of acted dramas and call-in shows with RMNH experts.
- Listening and dialogue groups (LDGs) with a local facilitator to listen and discuss pre-recorded audio content.
- Short public service announcements.
- SMS/Interactive Voice Response (IVR) messaging to community members.
- Community games with integrated RMNH messages.



Above: Group facilitators used illustrated flip-charts to convey health messages. The picture above accompanies an explanation of different family planning methods.

“I didn’t know anything before I went to the group but now I know more. The radio told me about the danger signs... So I went [to the health centre] after hearing it.”

Khmer woman, 19 years old, mother of a two-month old baby, Kratie province

Observed behaviour changes in the community

PSL commissioned an evaluation of its BCC activities, and participants (i.e. Village Health Support Group, health staff, project implementers, community members) reported behaviour changes they had observed in the community. The strongest reported changes were increased antenatal care (ANC) and facility-based deliveries. This was consistent with the results of the PSL endline survey, which showed that the percentage of women having four or more ANC checks increased from 47% to 60.6% over the life of the project, and facility-based deliveries increased from 55.2% to 78.6%.

The smallest changes were reported for healthy diet (beyond PSL's scope) and postnatal care, the latter of which showed improvement in PSL endline surveys, but remains a challenge for vulnerable groups (e.g. ethnic minorities, adolescents, persons with disabilities).

Behaviour changes in the community after BCC activities, as reported by participants

Most change

Attending antenatal care
Skilled birth attendance

Taking iron supplements

Using modern contraception
Not applying non-medical items to the baby's cord

Roasting
Smoking/drinking, per traditional practices

Attending postnatal care
Healthy diet

Least change

Source: Ozano, K. (2016). *Evaluation report: Behaviour change communication activities in the northeast of Cambodia.*

Lessons learned

Based on the outcomes of its BCC evaluation and the input of its participants, PSL identified these lessons:

- **LDGs** were a good modality for generating discussion of RMNH issues. Men's groups prompted changes in the behaviours of men toward wives and newborns, and women demonstrated greater self-efficacy and were keen to share their new knowledge with others. Face-to-face communication at LDGs was encouraged dialogue with young, pregnant women from ethnic minorities who were otherwise too shy to discuss RMNH with health professionals.
- **Radio/other audio broadcasts (incorporated in LDGs)** enabled people without radios to learn about RMNH. Participants' interest was sustained by serialised stories that were played from week to week. Challenges existed with multiple language groups residing in the same areas.
- **Radio broadcasts (independent of LDGs)** were effective where people had access to radios (two of four provinces), particularly to reach ethnic minority communities. Timing and language need to be taken into account when using radio.
- **SMS, voice messages and IVR** were effective for reaching men, who own phones, but many dismissed the messages as they were targeted at women. Many women did not own phones.
- The communities enjoyed **village health promotion events**, which helped to increase interest in RMNH messages and raised awareness of radio broadcasts and LDGs.

Recommendations

Community-based BCC activities can help to generate discussion of important RMNH topics among vulnerable groups, particularly ethnic minorities. PSL recommends to:

- Develop approaches and messages that are targeted to the requirements of different audience segments. Consider language, culture, gender, ability, timing and the availability of technologies (eg. radios, mobile phones) when designing activities.
- Include opportunities for face-to-face discussion with trusted peers and community volunteers. Draw upon the established position of community volunteers to deliver BCC activities.
- Identify influencers of RMNH behaviours, including male partners, other family members and community leaders. Engage these groups as secondary audiences for BCC activities.

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