USAID Healthy Behaviors Activity

Baseline Survey Summary: Malaria Findings Brief

Benishangul-Gumuz and Gambella



Introduction

The FHI 360-managed, USAID Healthy Behaviors Activity works to increase sustained adoption of appropriate health and nutrition behaviors in Ethiopia using evidence-based, theory-informed SBC strategies. The Activity achieves this goal by increasing the adoption of recommended household practices and demand for health services and improving the enabling environment for gender-equitable and healthy behaviors. This includes contributing to reductions in unmet need for family planning, malaria, and maternal and child mortality. The **vision** under USAID Healthy Behaviors is that individuals and communities take ownership of their own health in a supportive environment for change, enabling and catalyzing the uptake and sustained practice of priority behaviors, leading to the improved health and well-being of Ethiopian individuals, families, and communities.

Methodology

A cross-sectional baseline study was employed using a comparative methodology in intervention and non-intervention woredas. A total of 7,906 women and men were surveyed in June and July 2023 across regions. In Benishangul-Gumuz and Gambella regions, there were 2,596 participants sampled from eight different woredas and kebeles. The baseline survey will serve as a benchmark to measure the progress of the USAID Healthy Behaviors Activity against its behavior change objectives. It will also inform the design of USAID Healthy Behaviors' SBC strategy and interventions and enable the identification of likely determinants for each of the Activity's priority behaviors, as drawn from a preliminary understanding of likely factors determined through USAID Healthy Behaviors' <u>literature review.</u> The Activity intends this









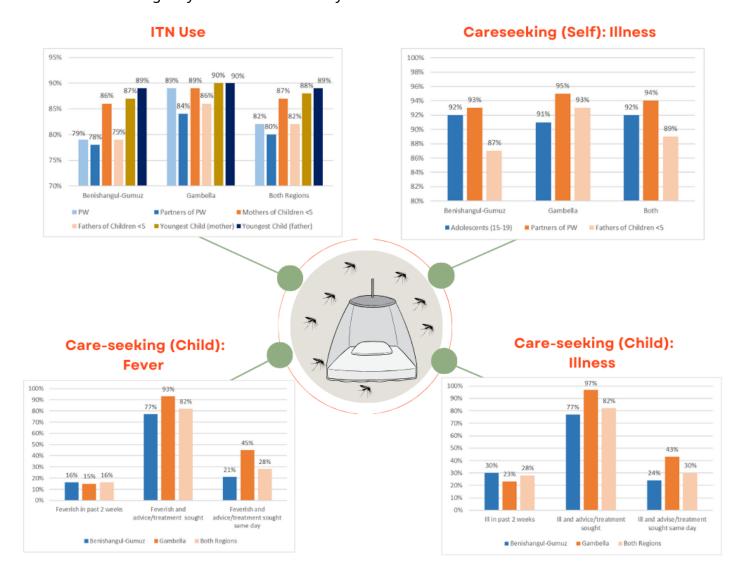




information to be useful for its own work as well as the work of Government of Ethiopia, USAID, and other stakeholders advancing social and behavior change (SBC) outcomes in Ethiopia.

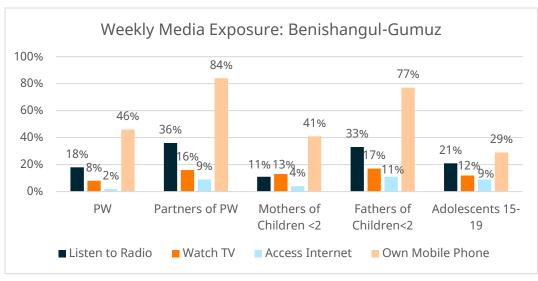
Priority Behaviors

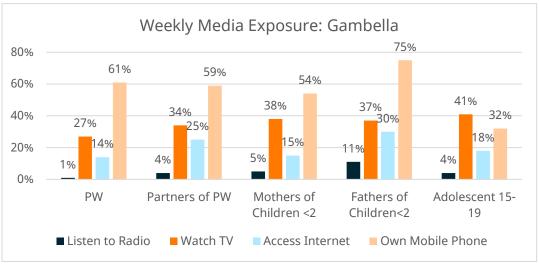
The baseline study examined priority behaviors to be addressed through SBC activities tailored to a range of different primary audiences important to achievement of malaria-related priority behaviors. These included, mothers and fathers of children under the age of five, pregnant women and their partners, and adolescents. Net ownership in Benishangul-Gumuz and Gambella regions was high among households, but not adequate to meet the needs of all household members. Self-reported net use the night prior to the survey was also high. Most mothers reported seeking guidance for a sick child, but delayed care-seeking in the case of fever was reported. The association between media access and exposure varied by audience, but in general, exposure to SBC messages related to net use/net use while traveling was positively associated with those who reported net use the night before the survey. Most respondents who reported an illness with fever in the two weeks preceding the survey sought care, however care-seeking may not have been timely.



Media Exposure

In Benishangul-Gumuz, routine listenership to radio was relatively low, ranging from 11% of mothers of children under two to 36% of partners of PW. Television viewership was lower, under 11% for all groups. Phone ownership was higher, though ranged by audience. More adult men owned phones (around 80% of both fathers and partners of PW) than women (around 40% of both mothers and PW) and adolescents (around 30%). In Gambella, radio listenership was even lower, under 11% for all groups. Unlike Benishangul-Gumuz, television viewership was higher than radio exposure, ranging from 27% of PW to 41% of adolescents. Mobile phone ownership was relatively high, and adhered to the same patterns, with the highest ownership among adult men, then adult women, then adolescents. In Gambella, weekly internet access was higher, ranging from 14% of PW to 30% of fathers.

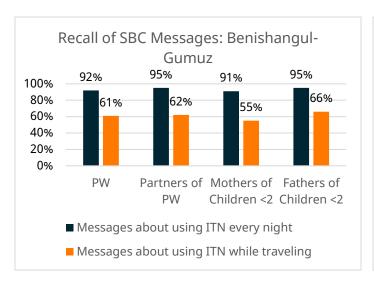


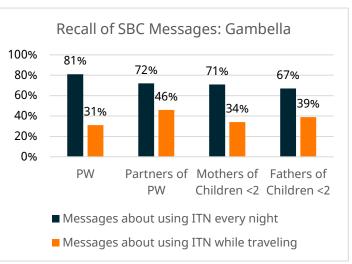


SBC Message Exposure

Respondents were asked about their recall of SBC messages. Those related to malaria-related behaviors are noted in the chart below. With regards to general care seeking for illness, which may or may not be malaria, in Benishangul-Gumuz, 86% of mothers of children under two recalled messages about careseeking for an ill child and 82% recalled messages about care-seeking for a child with a fever; 72% and

70% of mothers of children under two in Gambella recalled similar messages, respectively. Fathers of children under two were also asked about message recall for care-seeking for an ill child; 90% of fathers of children under two in Benishangul-Gumuz recalled such messages, as compared to 65% of fathers of children under two in Gambella. Adolescents, 15-19 were asked about messages they heard about care-seeking when sick, 68% of adolescents in Benishangul-Gumuz and 41% of adolescents in Gambella affirmed hearing such messages. A high percentage of respondents across audience groups and regions recalled messages related to routine insecticide treated net (ITN) use – though recall of such messages was higher in Benishangul-Gumuz than in Gambella. Just over half of respondents in Benishangul-Gumuz and about a third of respondents in Gambella recalled messages related to ITN use while traveling.

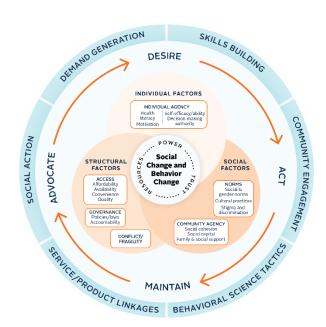




Behavioral Determinants

USAID Healthy Behaviors used FHI 360's Audience-driven Demand, Design and Delivery (ADDED)
Framework as a guide for understanding the range of individual, social, and structural factors that influence its priority behaviors, across life stages. An analysis of 'doers' and 'non-doers' (those who reported doing a particular behavior versus those who did not) was conducted across factors for priority behaviors. This section reports on psychographic factors where significant associations were observed and provides recommendations for SBC programs in addressing them, based on the frequency with which these factors were reported among both 'doers' and 'non-doers' (where applicable); care-seeking was based on trends in factors that appeared most critical.

ADDED Framework



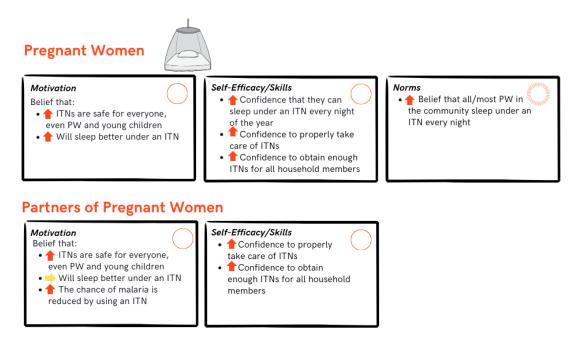
Priority factors are presented along with broad recommendations based on findings from among audience segments.



ITN Use

Pregnant women (PW) reported holding supportive attitudes towards net use, including perceived better sleep when using a net. More PW who used nets considered them safe for women during a pregnancy and for young children than women who did not use them – though less than half in total believed this fully. Pregnant women who used nets were much more likely than those who did not to report high levels of confidence in sleeping under a net, caring for a net, and obtaining sufficient nets for their home. Perceived norms around net use among other PW was also a key factor.

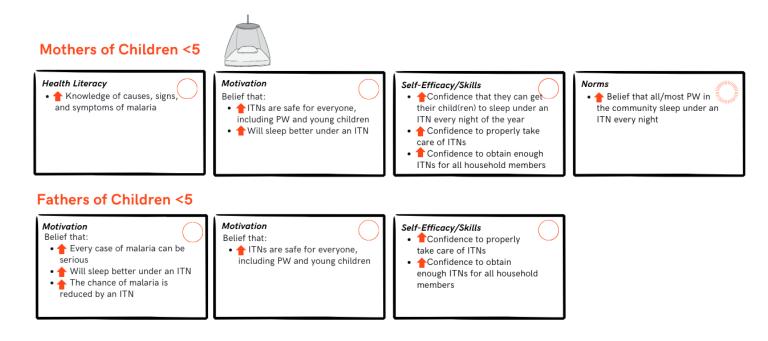
Among partners of PW, the study also found supportive beliefs and attitudes related to malaria prevention and care-seeking. In general, partners of PW who used nets believed them to be safe, including for PW and young children. Partners who used a net were significantly more likely to report high levels of confidence in their ability to obtain, use, and care for nets.



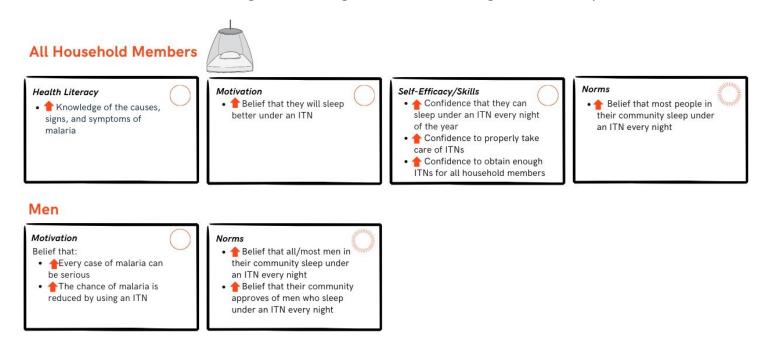
The study found that mothers with children under five who slept under a net the night before the survey were significantly more likely to report having knowledge of causes, signs, and symptoms of malaria than those who did not. They were also more likely to believe that nets were safe for all, including young children and PW, and that they will sleep better under a net. The study also found that mothers whose child under five slept under mosquito nets the previous night were more likely to report being very confident in their ability to sleep under a net every night, have all children in their household sleep under a net every night, properly take care of a net, and obtain enough nets for all members of their household.

Lastly, mothers of children under five who slept under a net the night before were more likely to report supportive descriptive norms for under five child net use.

Among fathers of children under five that slept under a net, most were aware that fever was a sign of malaria and of the cause of malaria, but other knowledge factors were also important. Fathers whose child slept under nets were more likely to believe net use would lead to a better night's sleep and that every case of malaria could be serious.



Across all household members surveyed – pregnant women and their partners and mothers and fathers of children under five, the following cross-cutting determinants emerged as most important.

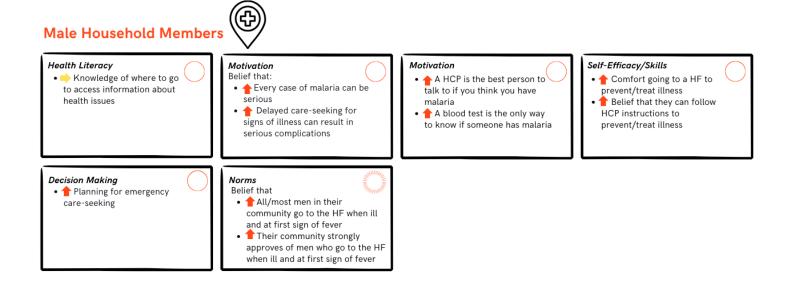


Care-seeking

Among mothers whose under five child had a fever in the two weeks prior to the survey, high levels of knowledge related to the signs and symptoms of malaria and illness were observed, as well as related to how malaria is transmitted. Most mothers reported supportive attitudes related to care-seeking for a child with fever. Mothers generally reported high levels of self-efficacy related to their ability to seek care from a HCP for a child with fever, though only 55% stated that they were very confident that they could do so the same or next day. While most decisions around care-seeking for a sick child were made jointly, 39% of mothers reported that they made this decision directly. Less supportive descriptive community norms were reported for care-seeking for an under five child with fever than other behaviors, with many believing that only a few or some mothers in their community sought care at the facility for a child with fever. Most mothers believed that they would receive quality care at the facility, but nine percent did not believe they would receive respectful care. Only a very small number of men reported having experienced a fever in the two weeks prior to the survey. Nonetheless, among this small sample, reported care-seeking was high; 95% of partners of pregnant woman and 78% of fathers of children under five reported care-seeking for their own case of fever in the past two weeks.



Due to the small number of male participants reporting fever in the past two weeks, audience segments for male care-seeking for fever were developed based on participants' confidence in seeking care, rather than reported care-seeking. Male household members with higher confidence to seek care for fever were more likely to report high levels of knowledge of where to go to access information about health issues, higher perceived severity of malaria, and supportive attitudes toward care-seeking from a healthcare provider. Reported comfort with going to a health facility for the prevention or treatment of illness and belief in ability to follow healthcare provider instructions was generally high across all male audience segments, though significantly associated with confidence in seeking care. Lastly, male household members with high confidence to seek care were more likely to report supportive descriptive and injunctive norms for male care-seeking generally and in the case of fever.



Conclusions and Recommendations

The baseline study provides a comprehensive view of maternal and child health and broader population-level behaviors and psychographic factors across multiple regions. In Benishangul-Gumuz and Gambella specifically, it provides more detailed findings related to malaria priority behaviors. The study sheds light on critical aspects of healthcare utilization and reveals opportunities for improvement at individual, interpersonal, social, and structural levels. Malaria prevention behaviors, including net ownership and use, are generally high, with room for improvement in addressing delayed care-seeking for fever. The study points to demographic factors influencing malaria-related behaviors and highlights the importance of health care-seeking knowledge, supportive attitudes, and self-efficacy. The study identified variations in attitudes related to mosquito net use and misconceptions about malaria transmission, indicating the need for targeted SBC activities. Furthermore, the research highlights the role of fathers in malaria prevention and care-seeking, underlining the importance of their beliefs, attitudes, and self-efficacy. Mothers who sleep under mosquito nets exhibit confidence in their net usage and have comprehensive plans for underfive child care, including emergency situations. These mothers are more likely to report supportive norms in their communities.

To better support sustained adoption of malaria prevention and care seeking behaviors, it is recommended that SBC programs:

- Use a range of mutually reinforcing strategies to improve key factors identified in the baseline survey, and as delineated above.
- Improve access to mosquito nets, especially for HHs with multiple members. For SBC programs, this may include strengthened linkages with public and/or private net distribution efforts.
- Sustain the relatively high percentage of households that report sleeping under ITNs the night before the survey through continuous reinforcement of malaria-related messages.
- Implement targeted SBC campaigns to raise awareness of malaria prevention methods, including mosquito net use. Specifically, malaria related SBC activities and messaging should

be accelerated as an important intervention to reduce the seasonal incidence of malaria among the most vulnerable groups (pregnant women, men, and children), especially in high burden areas.

- Strengthen health-seeking knowledge and promote joint decision-making for net use and care-seeking.
- Increase awareness of the potential for contracting malaria outside of the rainy season or during low mosquito activity.
- Build confidence in net use, care, and reinforce supportive beliefs and attitudes.
- Encourage dialogue between couples regarding malaria prevention and planning for emergency care-seeking.

Photo credit: Zeleman Communications, Advertising, and Production, via FHI 360 for the USAID Healthy Behaviors Activity, 2023. A couple use an ITN in Oromia region, Ethiopia.

Disclaimer: This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under Cooperative Agreement No. 72066322CA00005 with Family Health International (FHI 360) as the prime recipient. The contents are the responsibility of FHI 360 and do not necessarily reflect the views of USAID or the United States Government (USG).

For more information about the USAID Healthy Behaviors Baseline Survey, please contact EthiopiaUHBMERL@fhi360.org.