



# USAID TULONGGE AFYA

## Malaria Audience Insights | Summary Report

May 2018

USAID Cooperative Agreement: AID-621-A-17-00002



*This summary report is made possible by the support of the American People through the United States Agency for International Development (USAID) under Cooperative Agreement No. AID-621-A-17-00002, with 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.*

## **Malaria Insights Activity Overview**

Behavior change campaigns always start with listening to the hearts and minds of the target audiences. Without knowing what audiences feel, think and believe, it is a challenge to create impactful behavior change messages or strategies. However, asking straightforward questions often leads to straightforward lies. The “lies” audiences may tell in traditional focus group settings may be a deliberate attempt to role play for the moderator or group, with the intent to look better or smarter, or may be to protect their most intimate fears. Research suggests that 95% of decisions are based on subconscious or unconscious motivators and not logic and facts, so respondents may also simply be unaware of how they really feel about an issue.

### ***Projective techniques***

For years, researchers have relied on straightforward questions to gather data. Creating messages and programs on data that didn't represent respondents' truth rarely led to desired behavior changes or effective campaigns.

Projective techniques are questions that have no obvious answer. No one knows the correct answer to questions like “if behavior change were a car, what kind would it be.” Because respondents don't know the “correct” answer, they project from their truth. This results in rare insights into the deepest desire of the heart, rather than superficial and often untrue data. This also provides program and message developers fresh and unique insights to inform message and campaign strategies.

### ***Audience Insights Objectives***

The goal of the malaria audience insight gathering was to determine the emotional drivers of audiences related to priority malaria behaviors. Objectives supporting this goal for each target group are listed below.

Pregnant women

- Identify the emotional drivers of pregnant women to attend to or act on desired malaria-related behavior changes including:
  - Take intermittent preventive treatment of malaria in pregnancy (IPTp) during ANC visits
  - Seek ANC early
  - Attend 3 or more ANC visits
  - Demand IPTp at each ANC visit, beginning in the second trimester
  - Acquire sufficient ITNs
  - Hang ITNs properly
  - Sleep under an ITN every night
  - Recognize symptoms of malaria
  - Seek and receive prompt and appropriate care for symptoms malaria
  - Mobilize transport, resources, and logistics to get to a qualified provider who can test properly for malaria

- Obtain diagnosis and treatment from a qualified provider
- Adhere to full course of prescribed treatment for malaria
- Identify and understand perceptions of risk and malaria-related beliefs so messages can bridge the gap between knowledge and action

#### Parents and caregivers

- Identify emotional drivers of parents and caregivers to attend to and act on desired malaria-related behavior changes including:
  - Sleep under an ITN every night
  - Recognize symptoms of malaria and see them as a risk to them achieving their hopes and dreams
  - Seek and receive prompt and appropriate care for malaria symptoms
  - Mobilize transport, resources and logistics to reach a qualified provider who can test properly for malaria
  - Obtain diagnosis and treatment from a qualified provider
  - Adhere to full course of prescribed treatment for malaria
- Identify and understand perceptions of risk and malaria-related beliefs so messages can bridge the gap between knowledge and action.

#### Facility-based health workers

- Identify emotional drivers of facility-based health workers to provide effective malaria-related behavior change messages in an influential way. Key behavior changes include:
  - Assess and talk to patients without judgment
  - Speak the truth with kind, influential words instead of harsh, heavy words
  - Provide advice in a respectful way
  - Show personal interest in the patient; don't treat them as people to be processed through the clinic
  - Be considerate of the patient's time, energy and barriers
  - Stay up to date and carefully follow the latest science-based processes so clients have a better chance of success
  - Listen before speaking. Ask questions to be sure you know what the client feels and needs before providing advice
  - Act in a way that will cause clients to talk about you positively in the community
- Perceptions of health workers to current client feelings about their care
- Emotional drivers of health workers in order to change their client-centered behaviors, increase their influence in behavior change conversations and provide accurate behavior change advice that reflects national standards and protocol
- Insights related to following standardized protocols and guidelines

## **Approach**

### ***Design and Planning***

An expert consultant in the use of projective techniques was contracted by USAID Tulonge Afya to support and lead the audience insight gathering. The consultant was provided with an overview of the malaria audience insights objective, background on the malaria context in Tanzania, and priority behaviors the project aims to address. From that key information, the consultant developed discussion guides for each target audience segment (see table below), which were then reviewed and revised before being submitted to FHI 360's Office of International Research Ethics (OIRE) for review and non-research determination, which was approved.

### ***Participants***

Participants were selected from primary and secondary target audiences for project malaria messages: pregnant women, parents and caregivers (of children under age 5, and children ages 6-12), and facility-based health workers.

### ***Recruitment***

Prior to recruitment of participants, the USAID Tulonge Afya team introduced the insight gathering activities to Government of Tanzania partners, and secured an approval letter that was used with Regional, District, and community leaders. USAID Tulonge Afya staff developed a recruitment guide that was used by all recruiters. Recruitment of participants took place in coordination with the RHMT and CHMT, USAID Tulonge Afya zonal staff, and community health workers. Recruiters asked potential participants for verbal agreement to participate in the activity but collected no demographic information in order to maintain confidentiality.

### ***Insight Gathering Process***

For pregnant women and parents and caregivers, group discussions were conducted, while individual interviews were conducted with facility-based health workers. Forty audience consultations were held with a total of 174 respondents in Kigoma Municipal Council and Buhigwe District Council (sites selected in collaboration with National Malaria Control Program). In all cases, conversations were directed by a trained facilitator in Kiswahili using audience-specific projective discussion guides. All interviews and discussions were audio recorded for later reference. After the interviews, moderators participated in an in-depth de-brief with the consultant to tease out key information and insights.

### ***Analysis***

The traditional approach to analysis is logic based. Behavior change analysis is emotion based. To start the analysis in an emotion-based arena, the following springboard questions were used to gather information from the facilitators about each interview or discussion:

- What surprised you about this group conversation?
- What was upsetting to you about the group conversation?
- What about this group conversation made you happy or gave you hope?

- What did someone in the group say that you will never forget?
- Was there an emotional reaction to any of the conversation topics? Tears? Anger? Surprise? Disbelief? (Positive or negative)
- What are three key findings that were uncovered in this group?
- How were the key findings from this group different from the key findings of groups like this?
- How were the key findings the same as the key findings from other groups like this?
- What was the most powerful emotional “heart buttons” for this group? Help me understand that choice.
- What other emotional “heart buttons” were important? Help me understand those choices.
- If you were in charge of creating a program that would move every person to use a bednet, what would you do? (Based on what you heard in this group.)
- If you were in charge of creating a program that would move every person to go to a facility as soon as they have signs of malaria, what would you do? (Based on what you heard in this group.)
- Please share other important thoughts or comments that would help me understand this group conversation.

While these questions helped to target emotional responses, the consultant followed up these questions with targeted probes and logic-based questions as needed. The consultant then used the findings to develop creative briefs for each target audience.

## Findings

When presented with a behavior change opportunity, people ask themselves these three questions when considering the change:

- What’s in it for me to change?
- Why should I believe you?
- How will taking action solve a problem in my life?

This activity provided insights into these questions so behavior change messages and strategies can provide answers to these questions in subtle yet effective ways.

### ***What’s in it for me to change?***

The malaria campaign targets a wide range of behavior changes. Although the specific behaviors are different, the emotional drivers of related behaviors within targeted groups are likely to be the same.

Parents and caregivers (male and female)

The insights gathering suggest these primary emotional drivers will be most useful in changing malaria-related behaviors of mothers, fathers and caregivers:

- **Reinvention:** For many respondents, life is hard with daily challenges. Parents and caregivers survive, but they want more than survival for their children. They want them to attend and excel in school, get a good job, enjoy an easier life, and thrive in ways they don't envision for themselves.
- **Nurture:** Parents and caregivers want to be good parents who do right by their child and take steps to help them be successful and happy in life. By providing nurturing behaviors for their children, parents and caregivers feel they are protecting their children's future and insuring a better life.
- **Security:** In Tanzania, the cultural tradition is for children to care for their parents in their old age. Respondents viewed malaria-related behaviors as a way to keep their children successful, thus allowing them to be positioned to provide for them when needed.
- **Recognition:** Parents and caregivers crave positive recognition by family, friends, and community members. They like others to ask their advice, lift them up as a positive role model, and note how their actions align with community standards of good parenting.

#### Pregnant women

The insights gathering suggest these primary emotional drivers will be most useful in changing malaria-related behaviors of pregnant women:

- **Nurturing:** Almost all pregnant women have the deep, fundamental desire to protect their baby and insure their future.
- **Recognition:** Pregnancy is a time of uncertainty. Women often approach pregnancy with fear, secrecy, vulnerability, anxiety, and shame rather than joy and celebration. Being recognized by the community as a positive role model for the positive steps taken to secure a healthy future for their child is desired and needed. Recognition is important anytime for young mothers, but especially during pregnancy.

#### Facility-based health workers

The insights gathering suggest these primary emotional drivers will be most useful in changing malaria-related behaviors of facility-based health workers:

- **Recognition:** Recognition and the deep desire to be positively recognized, even celebrated, by those they serve represents a powerful emotional driver for health workers. Everyone likes to receive positive feedback on their work and have others recognize their service to others, and health workers are no exception. Some respondents enjoy positive recognition from patients, noting they feel loved and cherished when they walk through the community because they receive praise and thanks. Other health workers report awareness of negative community perceptions of health workers—likely themselves--noting that health workers are well aware of how the community perceives them as a health worker. Those who were less liked and valued know patients often refuse to see them and/or ask for a different provider.

### ***Why should I believe you?***

The audience consultation provided insights into the credibility of different message providers. Respondents report that some facility-based health providers have limited influence and credibility with patients because they are unlikeable. They are viewed by some as lacking in empathy, compassion, and tact, and are viewed as untrustworthy and judgmental. In addition, the health clinic process was felt to be lengthy and disrespectful of the needs of working people who didn't have all day to wait and be redirected to other locations. Because of these substantial issues, it is important that facility-based health workers are supported to build their skills in positive interpersonal communication so that they may be more effective and influential in presenting malaria messages.

Some facility-based health workers identified community health workers as useful in diffusing malaria rumors, giving bed net messages, and checking on medication and bed net compliance. Influence is greater when people share areas of similarity, and community health workers are likely to be viewed by others in the community as people who "walk in their shoes."

Traditional healers are viewed to be credible by some respondents, likely because they present themselves as likable, they have messages that solve patient problems - even if they are not accurate - and assure them their advice will make them rich. This contrasts with the harsh words often delivered by health workers. In addition, traditional healers require little time or cost for transportation.

### ***How will taking action solve a problem in my life?***

People only change when they feel the change will solve a problem in their lives. Based on the audience insight findings, these are potential ways in which targeted changes can solve a problem in the lives of target audiences.

#### Parents and caregivers

When parents and caregivers make the targeted changes, they will feel they are:

- Reinventing a better life for their child
- Nurturing their children's future success and protecting them
- Securing their own future because a successful child will be able to provide for them in their old age
- Recognized by the community for being great parents

#### Pregnant women

When pregnant women make the targeted changes, they will feel they are:

- Nurturing their child by protecting and insuring their future success
- Recognized by the community for their parenting skills and identified as someone to go to for advice



Facility-based health workers

When facility-based health workers make the targeted changes, they will feel they are:

- Recognized, honored, respected, and celebrated by the community for the way they changed lives in the health clinic.

### ***Barriers to change***

There are always barriers to change. Knowing what barriers exist is important information for effective messages. This consultation identified many barriers for parents and caregivers, and pregnant women to making malaria-related behavior changes.

A primary barrier for parents, caregivers, and pregnant women is the perception of malaria as an inconvenience and not a significant risk. One mother shared how she lived near the water, where malaria-carrying mosquitoes bit her many children every night. She worked nights and her husband wasn't willing or able to put the children under bed nets, so they slept in the open. She told of taking her children to the clinic many times a month, often being treated harshly by the health workers who were tired of her repeat appearances for malaria testing and medications. However, she felt she had few other options, and considered malaria an inconvenience rather than something that threatened her family or her children's health. She resented the time and effort to seeking care but didn't seem concerned that malaria could have a fatal ending. After many malaria-related visits, a health worker came to her home and worked with the parents to coordinate evening care with bed nets for all her children.

While this mother's story provides insights into this barrier, another projective technique suggests it is a common theme. Parent and caregiver respondents were asked to prioritize items that compete for their attention, time, and money like school tuition, immunizations, breastfeeding, taking kids to medical checkups, bed nets, giving ACT for malaria and taking a sick child to a health provider. While a few parents rated bed nets in the "very important" group, most felt school tuition and food were more important as they were tied to success in life. They explained that education and food was essential to success while malaria-related tasks were considered "not important."

Misunderstandings and rumors are also barriers to malaria-related behaviors. In almost every group, respondents shared these common rumors:

- Bed nets cause bed bug infestations. Treated nets kill all insects, not just mosquitoes. When bed nets are first used, current bed bugs may come to the surface and become visible to the eye, causing users to believe they were brought in with the bed nets. Some respondents questioned the safety of treated bed nets, wondering if they were really safe if they could kill a mosquito on contact.
- Malaria may be caused by a spell cast by a neighbor and relative. Given this belief, it is unlikely that malaria prevention behaviors or biomedical care-seeking would be practiced.

- Organizations may be using bed nets for mind or fertility control. Some respondents were suspicious of organizations that provide bed nets, assuming there was a nefarious reason for their gift.
- Bed nets cause infertility and impotence. Many respondents repeated this popular myth about bed nets, though they didn't offer any reason for this belief.
- Bed nets are only for certain season, genders and conditions. Many respondents believe bed nets are only necessary for some people who live by the water, have dirty houses and/or have window screens. Some respondents felt bed nets were appropriate for pregnant women but not necessary for men of any age. Many said bed nets resulted in hot, uncomfortable sleep.

Health workers represent a significant barrier to malaria messages and actions. Respondents report abusive behaviors including harsh words, shaming, blaming, name calling, "ghosting," and slapping a pregnant woman during delivery. People act on messages and advice from people they like and many health workers are not likable. In contrast, medicine men and pharmacists tend to be very likeable and more influential, causing people to be more likely to attend to and act on their messages.

Some respondents report engaging in "revenge behaviors." This happens when people receive negative care, leaving them feeling hurt, helpless and misunderstood. They try to get back at the person who makes them feel that way by doing the opposite of what the health worker tells them to do. For some people, this is a way of feeling more in control.

Pregnant women face malaria-related barriers due to clinic rules at the health facility. During ANC visits, women receive a bed net or specific malaria services. If they miss one of the visits, those items are not available to them, as they are given only at specific visits. At the first visit, the clinic requires the partner to accompany them to the visit. Many partners don't want to attend the clinic, either due to cost, loss of income, or HIV testing that occurs at that visit. If the partner won't come, the pregnant woman does not receive services. In addition, a clinic card is required for clinic services; for some women this represents a barrier as they don't understand the need for the card, and lose or replace it.

While clinic rules can be challenging to many pregnant women, they are especially challenging to young, unmarried women. These pregnant women prefer to hide in shame rather than confront clinic rules that only reinforce their unique and often unwanted condition in the community.

Health worker barriers to providing kind, compassionate service were more difficult to tease out because most of the health workers seemed to believe they were currently providing excellent service to all respondents. Yet, when pressed, they identified these barriers to providing the type of services people would like to receive:

- Time pressures
- Government lack of focus on correcting malaria-related rumors
- Too many people to serve well
- Work environment that isn't structured for success
- Patients who talk and don't listen
- Patients who can't be satisfied
- Health workers getting unfairly labeled as "bad guys"
- Lack of compassion, particularly for the poor
- Patients believe and act on rumors instead of listening to health workers

## **Next Steps**

Based on these audience insights, the consultant developed creative briefs which the project will use to inform development of malaria messages, SBCC tools, and materials.