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**Malaria Behavior Survey**

**[Country], [Year]**

**Submitted to:** [Agency Name]

**Submitted by:** Johns Hopkins Center for Communication Programs

[Date]

Cooperative Agreement #AID-OAA-A-17-00017

*Note for MBS report writing team: Use this template for drafting a Malaria Behavior Survey Report. Complete each section of the report as it pertains to your study. Retain the section titles, organization, and table templates.* ***Do not delete any sections without approval from the PI****.**The gray instruction boxes may be deleted once the report is drafted.*

# How to Use This Document

This document has been developed to guide writing of a standard MBS report by providing authors with a standard report structure and recommendations for each section. There are several elements in each section that may assist authors:

A gray box is presented at the start of each section/sub-section of the report. This box is intended to briefly describe to the author the purpose of the section and recommended length of the section. Once the section is drafted, the gray box should be deleted.

**Guidance** for the author is presented in each section or subsection. This guidance presents key points that authors should consider including in the section, as well as general recommendations relevant for the section. For example, it is recommended that each results subsection include in-text 1 descriptive table, 1 figure (such as a chart or graph) and 1 regression table. It is recommended that all other tables and figures are placed in the annex and referred to in-text via hyperlinks. Once the section is drafted, the guidance key points should be deleted.

**Example** text is provided for some but not all sections. This text is intended to provide an example for the writers to work from if they choose or are finding the section difficult to construct. It is not required or expected of any writers to use the example text but may serve as a resource during the writing process. Once the section is drafted, the example text should be deleted if it was not used to help construct the section.

**Notes for Authors** are additional guidance and suggestions for authors throughout the text, mostly referring to the results section of the report and pertaining to analysis guidance. Once the section is drafted, the notes should be deleted.

**Annexes**

In addition to the elements described above, this template places all data not included in the main body of the report into one of two annexes. **Annex A** describes and presents alldescriptive tables, organized by module. **Annex B** presents all data figures (i.e. graphs, charts, other visual depictions of data), organized by module. Authors should refer in-text to the Annex any data that is not presented in the main body of the report but is otherwise relevant to the study. It is recommended that authors refer directly to the tables via hyperlink.

There is no annex specifically for regression tables as it is expected all regression tables will be presented in the main body of the report.

# Acknowledgements

*The purpose of this section is to document any acknowledgements of partners and key stakeholders in the design and implementation of the study. This section should be limited to 1 page maximum.* ***Delete this gray box once text is adapted.***

**Guidance**

This section may include following key points:

* A brief recognition of study partners and their contributions, including donors.
* A statement of appreciation toward the ethical review boards at JHSPH and in-country.
* A statement acknowledging the responsibility of the PI
* A statement of appreciation toward in-country stakeholders, including:
  + The local research firm
  + NMCP colleagues
  + In-country Breakthrough ACTION partners
  + Study participants

*The [year] Malaria Behavior Survey [year MBS] in [country] was implemented by [organization] from [MM/YYYY] to [MM/YYYY]. The funding for this MBS was provided by the United States Agency for International Development (USAID). [Organization] implemented this survey through the Breakthrough ACTION project, a USAID-funded project for social and behavior change. Additional information about the [year] MBS may be obtained from [organization contact information]. Cover photo [title] © [date] [photographer] [license]*

*Recommended citation: [Organization]. [Date]. [Country] Malaria Behavior Survey [date]. [City, Country].*

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# Acronym List

**Example**

ACT Artemisinin-based combination therapies

ANC Antenatal care

CCP Johns Hopkins Center for Communication Programs

CDC U.S. Centers for Disease Control and Prevention

CHW Community health worker

CM Case Management

DHMT District Health Management Team

DHS Demographic and Health Survey

EA Enumeration area

HMIS Health management information system

ICT Information and communications technology

IPTi Intermittent preventive treatment of malaria in infants

IPTp Intermittent preventive treatment of malaria in pregnancy

IRB Institutional Review Board

IRS Indoor residual spraying

ITN Insecticide-treated net

MBS Malaria Behavior Survey

MDA Mass drug administration

MIS Malaria Indicator Survey

MOH Ministry of health

NGO Non-governmental organization

NMCP National Malaria Control Program

NSP National Strategic Plan

OR Odds Ratio

PMI U.S. President’s Malaria Initiative

PPE Personal Protective Equipment

RDT Rapid diagnostic test

SBC Social and behavior change

SMC Seasonal malaria chemoprevention

SP Sulfadoxine pyrimethamine

TBA Traditional birth assistant

USG United States Government

USAID United States Agency for International Development

WHO World Health Organization

# Preface

**Guidance**

The preface section of this report has often taken the form of a letter from the local NMCP team or chair of the country’s MBS Advisory Group.

This letter often acknowledges the significance of the study and collaboration between Breakthrough-ACTION and the country’s NMCP within the scope of the MBS. Implications of study results have also routinely and briefly discussed.

Prefaces have historically been limited to 1 page.

# Executive Summary

*The purpose of this section is to synthesize key findings in the report. A concise summary of key results in each section of the report should follow an overview of the study setting and methodology. The Executive Summary may typically be limited to 5 pages maximum.* ***Delete this gray box once text is adapted.***

# Introduction

## 1.1 Context of Malaria in [Country]

*The purpose of this section is to summarize the prevalence and severity of malaria in the place of study. This section should not exceed 1.5 pages if possible.* ***Delete this gray box once section is complete.***

**Guidance**

This section may include the following key points:

* Prevalence and severity of malaria in country, with a focus on areas of transmission focalization. This will also include a summary of the plasmodium parasites found in the survey area. Information regarding parasites can be found on the “Parasites” tab of the [CDC Malaria Biology webpage](https://www.cdc.gov/malaria/about/biology/index.html). Key information is also available in the country’s most recent [Malaria Operational Plan (MOP)](https://www.pmi.gov/resource-library/mops).
* Summary of current malaria burden among populations of focus in the study, particularly pregnant women and children under 5 years old.
* Description of transmission seasonality as it relates to the geographic focus of the study.
* When possible, it is helpful to specify malaria severity and transmission patterns at the subnational level

## 1.2 Malaria Interventions in [Country]

*The purpose of this section is to summarize interventions that have been taken to address malaria in the country of study.* ***Delete this gray box once section is complete.***

**Guidance**

Content to support this section is likely included in the original MBS IRB application background section, as well as in recent malaria strategic plans and supporting malaria SBC strategies for the country. Additionally, the most recent description of the country’s history with malaria and malaria interventions as supported by PMI can be found in country’s [MOP](https://www.pmi.gov/resource-library/mops), as well as the national malaria strategic plan, which is often identified in collaboration with local NMCP offices.

Authors should also briefly describe how these strategies fit into broader global malaria eradication strategies such as the [Global Technical Strategy for Malaria 2016-2030,](http://apps.who.int/iris/bitstream/handle/10665/176712/9789241564991_eng.pdf?sequence=1) [the High Burden to High Impact approach](http://apps.who.int/iris/bitstream/handle/10665/275868/WHO-CDS-GMP-2018.25-eng.pdf?ua=1), or [Sustainable Development Goal 3.3](https://www.un.org/sustainabledevelopment/health/).

This section may include the following key points:

* A summary of recent malaria interventions in the country of study, with provincial/regional specificity if possible.
* A description of the goals of the most recent NMCP strategic plan in country of study.
* Summary of the country’s history regarding the President’s Malaria Initiative and/or Global Fund-supported malaria activities.
* A description of large-scale non-governmental malaria interventions in country, with provincial/regional specificity if possible.

## 1.3 Rationale for MBS Study in [Country]

*The purpose of this section is to present the need for MBS study. This section should not exceed 0.5 pages.* ***Delete this gray box once section is complete.***

**Guidance**

This section may benefit from first briefly stating the gap in current knowledge related to malaria prevention behaviors in the study setting. Authors may draw on findings and lessons learned from previous MBS studies to describe how the MBS findings can inform the national strategy in achieving the goals in its recent MOP.

Content to support this section is likely included in the original MBS IRB application background section, as well as in any country MBS concept note.

This section may include the following key points:

* Description of the gaps in understanding malaria prevention behavior the study aims to address.
* Standard text related to the role of research on ideational factors in informing malaria SBCC programs.
* How results of this study may inform malaria SBC interventions in the country.

## 1.4 Goals and Objectives of the [Country] MBS

*This section briefly describes the study goals and objectives and should not exceed 0.5 pages.* ***Delete this gray box once complete.***

**Guidance**

This section may include the following key points:

* Description of the study goals and objectives. The in understanding malaria prevention behavior the study aims to address.
* Standard text related to the role of research on ideational factors in informing malaria SBC programs.
* How results of this study may inform malaria SBC interventions in the country.

# Methodology

*This section describes the study methods. It is comprised of 5 subsections relevant to an efficient description of study methods. The methodology section should not exceed 5 pages if possible. Additional guidance is available in each subsection.* ***Delete this gray box once section text is adapted.***

**Guidance**

To begin, write a brief (2-3 sentences) introduction of the methodology section, including that its purpose is to describe methodological elements of the study, including study design; sampling and data collection and procedures; data analysis; and research ethics.

## Survey Design

*This section describes the survey design. This section should not exceed 0.5 pages if possible.* ***Delete this gray box once section text is adapted.***

**Guidance:**

Key information to inform this section is likely included in the most recent study protocol.

This section may include following key points:

* A brief overview of the study design and methods. This includes the following key points:
  + A description of the survey design (e.g., longitudinal; cross-sectional).
  + A description and justification of geographic representativeness in the study.
  + A summary of sample strata composition.

## Sampling

*This section describes the sampling methods and size and should not exceed 1 page in length if possible.* ***Delete this gray box once section text is adapted.***

### Sample Size and Justification

**Guidance:**

Regarding sample justification, it may be beneficial to cite behavioral data (e.g., from MICS or DHS) that were used to inform the sampling frame. Key details related to this section are usually described in the most recent study protocol.

This section may include following key points:

* Summarize the sample size and justification.
  + This may include presenting and describing the sample size calculation.
* It may be beneficial to present sample size in a table format that depicts the following information in each zone/region:
  + Target sample of women
  + Target sample of men
  + Target sample of households

### Participant Inclusion and Exclusion

**Guidance:**

Briefly (3-4 sentences) summarize household and participant inclusion criteria, which are usually described in detail in the study protocol. These may include the following criteria:

* **Age** of prospective participant
* **Eligibility of the household** (i.e. a household with no eligible women is by definition an ineligible household)
* Ability to comprehend and express in an approved study **language**.
* Willingness to practice all required **COVID prevention** protocols.

### Participant Selection Process

**Guidance:**

Selection protocols, including engagement with household members and eligibility screening, are likely described in detail in the most recent study protocol. Be sure to note any practical changes to this process that occurred in the field

This section may include a description of the process regarding the following:

* Selection of enumeration areas.
* Selection of a household within a selected enumeration area.
* Selection of a participant within a selected household.

It may also be beneficial for authors to briefly reiterate the relevant COVID prevention protocols performed during selection of households and household listing, especially if they involved action on the part of the participant (e.g. participant was obliged to wear a mask during data collection).

## Data Collection and Analysis

*This section describes the data collection tools and analysis methods. It is recommended that this not exceed 1.5 pages in length if possible. below.* ***Delete this gray box once section text is adapted.***

### Data Collection Tools

**Guidance:**

Writers can rely on their approved protocol to inform this section.

This section may include following key points:

* The MBS utilizes 3 separate questionnaires by design – a questionnaire for the head of household, a women’s questionnaire, and a men’s questionnaire.
* Briefly describe the topics covered in each questionnaire. These modules should align with the behaviors described in the objectives of the study. It may be beneficial to present this data in a table or other visual format.
* There are occasions where certain modules are exclusively asked in the men’s or women’s questionnaire. Depending on the country of focus, this may be described.

### 2.3.2 Data Collection Procedures and Treatment

**Guidance:**

* Briefly describe the data collection procedures. These can be adapted from the approved study protocol and will include details pertaining to data collector-participant interactions. Note that there are observation questions included in the questionnaires.
* Refer to the approved study protocol or the final fieldworker’s training manual for support if needed.
* Describe quality control measures practiced during data collection. Refer to approved study protocols and any checklists developed during training. The precise approach is likely to differ across study setting.
* Summarize COVID prevention protocols taken during data collection.

### Data Analysis Procedures

**Guidance:**

Writers can rely in part on their approved protocol to inform this section. Additional information may be available via the .do files and experience during analysis

This section may include following key points:

* A brief (i.e., 1 paragraph) summary of the statistical tests and models used in analysis, including validity tests.
* A brief description of any data limitations that exist.
* Software used for analysis and data availability.

## Research Ethics

*This section describes the studies research ethics. This subsection should not exceed 0.5 pages if possible.* ***Delete this gray box once section text is adapted.***

**Gudiance**

Authors may refer to any research ethics presentations used during the training of data collectors. Approval letters from the IRB will provide approval dates. The final research protocol will provide language regarding any consent and data storage procedures.

This section may include the following key points:

* JHSPH and local IRBs approved all study protocols and tools prior to the start of data collection.
* Biefly summarize all research ethics training conducted with enumerators prior to launch of data collection.
* Briefly summarize consent and data storage procedures, including a broad overview of the voluntary nature of the study.

# Results

*This section describes the results of the study. It is comprised of multiple subsections relevant to each module implemented in the study. Additional guidance is available in each subsection.* ***Delete this gray box once section text is adapted.***

**Guidance:**

Use this space to briefly (i.e., 0.3 to 0.5 page maximum) introduce the results section and the subsections that are included.

**Notes for Authors:**

The results section of this report is organized into subsections according to study module. This template includes all possible modules, which will need to be adjusted according to the specific study (i.e. modules that are not applicable will be deleted).

For all other relevant data, authors should briefly describe the key results and reference the table by hyperlinking the text to the full table/graphic in the Annex.

Definitions of key terms, such as “consistent use of ITN”, and “prompt and appropriate care-seeking” have previously been defined and approved in the MBS Data Analysis Plan found in the [MBS Toolkit](https://malariabehaviorsurvey.org/resources/). Authors will utilize these definitions throughout the writing process.

**Presentation of tables, charts/graphs, and figures:**

Each subsection currently lists and links data tables relevant to that module. For the purposes of this guidance document, all [table templates](https://malariabehaviorsurvey.org/resources/) previously developed by Breakthrough ACTION were adapted, placed in the annex of this document, and linked in the relevant results subsections. Authors are free to choose and adapt data tables relevant to their study – these are designed to serve as a starting point for writers and not a prescription.

If there is a need to visualize data, such as through a chart or graph, authors will need to create these, as there are not standard visualizations available. However, some table templates include a graph or chart that will automatically populate when data is entered.

With the intention of minimizing the length of the results section while maintaining a thorough presentation of the data, it is recommended that authors organize each subsection with the following guidance in mind:

* Include no more than 1 descriptive table per subsection.
* Include no more than 1 graphic (e.g., chart, bar graph, data visualization) per subsection.
* Include no more than 1 regression table per subsection.

**Regression tables:**

Authors should be aware of several key points regarding the presentation of regression tables in this report, including:

1. To avoid overfitting the model, regression analyses should be constructed in accordance with the One in Ten rule i.e. a rule that one predictive variable can be included for every ten observations.[[1]](#footnote-1) Adhering to this rule will help in maintaining the confidence in reported findings.
2. When constructing multivariate regression models, authors should only include predictive variables that were found to be significantly associated (p<0.2) with the outcome at the bivariate (unadjusted) level.
3. The sample regression tables provided in this template are intended as a starting point. Authors should adapt these tables based on their models.
4. Regression tables should be presented in each subsection where there is an outcome (i.e. behavior) of interest to the reader. The order of presentation of regression results within a subsection is not preordained, but it is recommended that the order of presentation remain consistent across subsections.

## Sample Description

*This section describes the sample in the study. It is recommended that this subsection be limited to a maximum of 4 pages.* ***Delete this gray box once section text is adapted.***

**Guidance:**

This section refers to a description of household characteristics and household members’ characteristics. It is recommended that these results are presented by study region/zone. It is possible that this subsection, because it is distinctly descriptive among the modules, utilizes more than 1 descriptive table.

This section may include following key points:

* A description of household characteristics, which may include, by study region/zone:
  + Characteristics of housing units
  + Household ownership of goods, particularly mobile phones/smartphones
  + Household access to health facilities
  + Household size
  + Sex of head of household
  + Household ownership of ITNs
  + Distribution of household wealth quintiles
* A description of household member characteristics, which may include:
  + Distribution of age and sex
  + Marital status
  + Distribution of religion

All data not presented directly in-text via a table should be summarized in-text and referenced with a hyperlink to the Annex.

**Table Links (do not retain this list in the final version of the report)**

[Table 3.1.1: Housing characteristics](#_Table_3.1.1:_Housing_1)

[Table 3.1.2: Ownership of assets and wealth quintile](#_Table_3.1.2:_Ownership)

[Table 3.1.3: Characteristics of household members](#_Table_3.1.3:_Characteristics)

[Table 3.1.4: Sociodemographic characteristics of respondents](#_Table_3.1.4:_Sociodemographic)

## Cross-Cutting Ideational Determinants

*This section describes results regarding the cross-cutting ideational determinants. It is recommended that this subsection be limited to a maximum of 4 pages.* ***Delete this gray box once section text is adapted.***

**Guidance:**

This section focuses on the describing cross-cutting ideational variables. This includes general correct knowledge of malaria, attitudes toward malaria (but not toward a specific intervention), perceived threat (i.e. severity and susceptibility) related to malaria, and interpersonal communication regarding malaria, among others.

Perceptions of health workers (CHWs and workers at health facilities) are unique among the cross-cutting variables in that they cannot be expected to associate with some behaviors such as use of ITN. Authors may consider a separate subsection focusing on findings from these variables.

**Table Links (do not retain this list in the final version of the report)**

[Table 3.2.2: Correct Knowledge of malaria](#_Table_3.2.2:_Correct)

[Table 3.2.3: Perceived susceptibility to malaria](#_Table_3.2.3:_Perceived)

[Table 3.2.4: Perceived severity of malaria](#_Table_3.2.4:_Perceived)

[Table 3.2.5: Interpersonal communication regarding malaria](#_Table_3.2.5:_Interpersonal)

[Table 3.2.6: Perceptions regarding facility-based health workers](#_Table_3.2.6:_Perceptions)

[Table 3.2.7: Perceptions regarding community health workers](#_Table_3.2.7:_Perceptions)

[Table 3.2.8: Gender norms related to malaria](#_Table_3.2.8:_Gender)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.2.1: Summary of Cross-Cutting Ideational Determinants** | | | | | | |
| **Characteristic** | Percent of respondents who report cross-cutting ideational determinants, by respondent sociodemographic characteristics, [Country Survey Year] | | | | | |
| Reported correct knowledge of malaria | Perceive susceptibility of malaria | Perceive severity of malaria | Reported interpersonal communication regarding malaria with spouse/partner | Reported interpersonal communication regarding malaria with friends/family | Perceive positive gender norms related to malaria |
| **Zone** |  |  |  |  |  |  |
| Zone 1 |  |  |  |  |  |  |
| Zone 2 |  |  |  |  |  |  |
| Zone 3 |  |  |  |  |  |  |
| Zone 4 |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Total (%)** |  |  |  |  |  |  |

## Malaria Case Management for Children Under Five Years Old

*This subsection describes the study results for malaria case management for children and should be limited to 3-4 pages of text if possible.* ***Delete this gray box once section text is adapted.***

**Guidance:**

This is a chapter focusing on a specific behavioral module. As such, the chapter is divided into subsections. The first subsection will describe the ideational variables within the case management module.

The second subsection is reserved to summarize the prevalence of each behavior relevant to the module. It will also describe associations between ideational variables and the behavior using logistic regression. Regression models will likely include ideational variables linked with the module as well as cross-cutting ideational variables.

### Ideational Variables Linked with Care-Seeking

**Guidance:**

This subsection may include the following key points:

* Presentation and description of Table 3.3.1, which is a summary table of all ideational variables related to case management for children under five years old.
* Authors may include a brief summary of key results (i.e. the study-wide prevalence and 2-3 most important facts based on the data) regarding the set of ideational variables.

### Care-seeking Behaviors

**Guidance:**

This subsection may include the following key points:

* Briefly describe the prevalence of **prompt** (same or next day as the onset of fever) and **appropriate** (in a health facility or from a CHW) care seeking behavior and its variations across geographies and socio-demographic groups.
* Use logistic regression results that include cross-cutting and care-seeking-specific ideational determinants to highlight the significant correlates.

**Table Links (do not retain this list in the final version of the report)**

[Table 3.3.2: Knowledge of malaria care seeking and treatment](#_Table_3.3.2:_Knowledge)

[Table 3.3.3: Attitudes towards malaria care-seeking and treatment](#_Table_3.3.3:_Attitudes)

[Table 3.3.4a: Perceived response efficacy of malaria testing](#_Table_3.3.4a:_Perceived)

[Table 3.3.4b: Perceived response efficacy of malaria treatment.](#_Table_3.3.4b:_Perceived)

[Table 3.3.5: Perceived self-efficacy for malaria testing and treatment](#_Table_3.3.5:_Perceived)

[Table 3.3.6: Gender norms related to malaria treatment](#_Table_3.3.6:_Gender)

[Table 3.3.7: Perceived community norms regarding malaria testing and treatment](#_Table_3.3.7:_Perceived)

[Table 3.3.8a: Perceptions of health facilities regarding malaria care-seeking and treatment](#_Table_3.3.8a:_Perceptions)

[Table 3.3.8b: Perceptions of community health workers regarding malaria care-seeking and treatment](#_Table_3.3.8b:_Perceptions)

[Table 3.3.8c: Perceptions of facility health workers regarding malaria care-seeking and treatment](#_Table_3.3.8c:_Perceptions)

[Table 3.3.9: Decision-making for malaria care and treatment](#_Table_3.3.9:_Decision-making)

[Table 3.3.10: Care-seeking and testing of children with fever in the past 2 weeks](#_Table_3.3.10:_Care-seeking)

[Table 3.3.11: Treatment of children with fever](#_Table_3.3.11:_Treatment)

Summary of Ideational Variables: Case management for Children Under 5 Years Old

[Insert summary of results and key findings from these results. Refer to summary table]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.3.1: Summary of Ideational Variables Related to Case Management for Children Under 5 (continued on next page)** | | | | | | | |
| **Characteristic** | Percent of respondents who report cross-cutting ideational determinants, by respondent sociodemographic characteristics, [Country Survey Year] | | | | | | |
| Knowledge of malaria care seeking and treatment | Favorable attitudes towards care-seeking and treatment | Perceived response-efficacy of malaria testing | Perceived response-efficacy of malaria treatment | Perceived self-efficacy to for malaria testing and treatment | Perceived supportive descriptive community norms regarding malaria testing and treatment | Perceive equitable gender norms related to malaria treatment |
| **Zone** |  |  |  |  |  |  |  |
| Zone 1 |  |  |  |  |  |  |  |
| Zone 2 |  |  |  |  |  |  |  |
| Zone 3 |  |  |  |  |  |  |  |
| Zone 4 |  |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |  |
| **Total (%)** |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 3.3.1: Summary of Ideational Variables Related to Case Management for Children Under 5 (continued from previous page)** | | | | |
| **Characteristic** | Percent of respondents who report ideational determinants, by respondent sociodemographic characteristics, [Country Survey Year] | | | |
| Perceived supportive injunctive community norms supporting care-seeking and treatment | Favorable perceptions of health facilities regarding care-seeking and treatment | Favorable perceptions of facility health workers regarding care-seeking and treatment | Favorable perceptions of community health workers regarding care-seeking and treatment |
| **Zone** |  |  |  |  |
| Zone 1 |  |  |  |  |
| Zone 2 |  |  |  |  |
| Zone 3 |  |  |  |  |
| Zone 4 |  |  |  |  |
| **Sex** |  |  |  |  |
| Female |  |  |  |  |
| Male |  |  |  |  |
| **Age** |  |  |  |  |
| 15-24 |  |  |  |  |
| 25-34 |  |  |  |  |
| 35-44 |  |  |  |  |
| 45 and above |  |  |  |  |
| **Residence** |  |  |  |  |
| Urban |  |  |  |  |
| Rural |  |  |  |  |
| **Level of education** |  |  |  |  |
| None |  |  |  |  |
| Primary |  |  |  |  |
| Secondary or higher |  |  |  |  |
| **Wealth quintile** |  |  |  |  |
| Lowest |  |  |  |  |
| Second |  |  |  |  |
| Middle |  |  |  |  |
| Fourth |  |  |  |  |
| Highest |  |  |  |  |
| **Total (%)** |  |  |  |  |

Logistic regression results: care-seeking and testing of children with fever in the past 2 weeks

[Insert summary of results and key findings from these results. Refer to logistic regression table]

|  |  |  |  |
| --- | --- | --- | --- |
| **Results of the logistic regression exploring factors associated with care-seeking and testing of children with fever in the past 2 weeks** | | | |
| **Characteristic** | **% seeking prompt and appropriate care for children with fever in prior 2 weeks** | **Adjusted Odds Ratio (standard error)** |
| **Age in years** |  |  |
| **Level of education** |  |  |
| None (reference) |  |  |
| Primary completed |  |  |
| Secondary or higher |  |  |
| **Household wealth quintile** |  |  |
| Lowest (reference) |  |  |
| Second |  |  |
| Middle |  |  |
| Fourth |  |  |
| Highest |  |  |
| **Zone** |  |  |
| [Zone 1] |  |  |
| [Zone 2] |  |  |
| [Zone 3] |  |  |
| [Zone 4] |  |  |
| **Perceived severity** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Perceived vulnerability** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Talked about malaria with spouse** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Talked about malaria with friends/family members** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Perceived care-seeking and testing effectiveness** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Perceived self-efficacy care-seeking** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Knowledge of malaria care-seeking and treatment** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Favorable attitudes towards care-seeking and treatment** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Care-seeking and testing perceived as the norm in the community** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Perceive equitable gender norms related to malaria treatment** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Mentioned at least one incorrect method of transmitting malaria** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Heard a message about malaria on the media** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Favorable perceptions of health facilities regarding care-seeking and treatment** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Favorable perceptions of facility health workers regarding care-seeking and treatment** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Favorable perceptions of community health workers regarding care-seeking and treatment** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| Pseudo-R2 |  | | |
| Number of observations |  | | |
| Notes: ǂ p<0.1 \* p<0.05; \*\* p<0.01; \*\*\* p<0.001. n/a: not applicable | | | |

## Malaria in Pregnancy

*This subsection describes the study results for IPTp utilization and should be limited to 3-4 pages of text if possible.* ***Delete this gray box once section text is adapted.***

**Guidance:**

This is a chapter focusing on a specific behavioral module. As such, the chapter is divided into subsections. The first subsection should describe the ideational variables within the Malaria in Pregnancy module.

The second subsection is reserved to summarize the prevalence of each behavior relevant to the module. It will also describe associations between ideational variables and intention to attend ANC by women during pregnancy, as well as intention to use IPTp, using logistic regression. Regression models will likely include ideational variables linked with the module as well as cross-cutting ideational variables.

### Ideational Variables Linked with Antenatal Care Attendance and IPTp Use

**Guidance:**

This subsection may include the following key points:

* Presentation and description of Table 3.4.1, which is a summary table of all ideational variables related to IPTp.

### 3.4.2 Intention to Attend ANC

**Guidance:**

This subsection may include the following key points:

* Briefly describe intention to attend antenatal care during pregnancy, with logistic regression results that include cross-cutting ideational determinants.

### Intention to Use IPTp

**Guidance:**

This subsection may include the following key points:

* Briefly describe intention to use IPTp by women during pregnancy, with logistic regression results that include cross-cutting ideational determinants.

**Table Links (do not retain this list in the final version of the report)**:

[Table 3.4.2: Knowledge of Intermittent Presumptive Treatment in Pregnancy (IPTp)](#_Table_3.4.2:_Knowledge)

[Table 3.4.3: Attitudes towards IPTp](#_Table_3.4.3:_Attitudes)

[Table 3.4.4: Perceived severity of malaria in pregnancy](#_Table_3.4.4:_Perceived_1)

[Table 3.4.5: Perceived response efficacy of IPTp](#_Table_3.7.4:_Perceived)

[Table 3.4.6a: Perceived self-efficacy for IPTp- women](#_Table_3.4.6a:_Perceived)

[Table 3.4.6b: Perceived self-efficacy for IPTp-men](#_Table_3.4.6b:_Perceived)

[Table 3.4.7: Perceived community norms regarding IPTp](#_Table_3.4.7:_Perceived)

[Table 3.4.8: Perceived gender norms regarding malaria in pregnancy](#_Table_3.4.8:_Perceived)

[Table 3.4.9a: Perceptions of health workers regarding malaria in pregnancy](#_Table_3.4.9a:_Perceptions)

[Table 3.4.9b: Perceptions of facility-based health workers regarding malaria in pregnancy](#_Table_3.4.9b:_Perceptions)

[Table 3.4.10: Decision-making regarding antenatal care](#_Table_3.4.10:_Decision-making)

[Table 3.4.11: Interpersonal communication regarding antenatal care](#_Table_3.4.11:_Interpersonal)

[Table 3.4.12: Intention to use IPTp](#_Table_3.4.12:_Intention)

[Table 3.4.13: Antenatal care attendance](#_Table_3.4.13:_Antenatal)

[Table 3.4.14: Use of intermittent preventive treatment (IPTp) by women during pregnancy](#_Table_3.4.14:_Use)

[Table 3.4.15: Source of IPTp](#_Table_3.4.15:_Source)

Summary of Ideational Variables: Intermittent Preventative Treatment in Pregnancy

[Insert summary of results and key findings from these results. Refer to summary table]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.4.1: Summary of Ideational Variables Related to Malaria in Pregnancy (continued on next page)** | | | | | | | |
| **Characteristic** | Percent of respondents who report ideational determinants, by respondent sociodemographic characteristics, [Country Survey Year] | | | | | | |
| Knowledge of IPTp recommendations | Favorable attitudes towards IPTp | Perceived malaria in pregnancy as severe | Perceived response-efficacy of IPTp | Perceived self-efficacy regarding IPTp | Perceived that most in community go to ANC care at least 4 times during pregnancy | Perceived that most take malaria preventative medicine during pregnancy |
| **Zone** |  |  |  |  |  |  |  |
| Zone 1 |  |  |  |  |  |  |  |
| Zone 2 |  |  |  |  |  |  |  |
| Zone 3 |  |  |  |  |  |  |  |
| Zone 4 |  |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |  |
| **Total (%)** |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.4.1: Summary of Ideational Variables Related to Malaria in Pregnancy (continued from previous page)** | | | | | | |
| **Characteristic** | Percent of respondents who report ideational determinants, by respondent sociodemographic characteristics, [Country Survey Year] | | | | | |
| Perceived that most people in community will approve of pregnant women taking medicine to prevent malaria | Perceived equitable gender norms regarding ANC | Favorable perceptions of CHWs | Favorable perceptions of facility-based health workers | Involved in decision-making regarding ANC | Discussed ANC attendance with spouse/partner |
| **Zone** |  |  |  |  |  |  |
| Zone 1 |  |  |  |  |  |  |
| Zone 2 |  |  |  |  |  |  |
| Zone 3 |  |  |  |  |  |  |
| Zone 4 |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Total (%)** |  |  |  |  |  |  |

Logistic regression results: Antenatal Care Attendance

[Insert summary of results and key findings from these results. Refer to logistic regression table.]

Authors will create regression tables using shell tables presented in other sections of this document, adjusting for specific independent variables according to the guidance provided at the beginning of the Results section.

Logistic regression results: Use of IPTp by women during pregnancy

[Insert summary of results and key findings from these results. Refer to logistic regression table.]

Authors will create regression tables using shell tables presented in other sections of this document, adjusting for specific independent variables according to the guidance provided at the beginning of the Results section.

## Insecticide-Treated Net Use

*This subsection describes the study results ITN use. It is recommended that this subsection be limited to a maximum of 4 pages.* ***Delete this gray box once section text is adapted.***

**Guidance:**

This is a chapter focusing on a specific behavioral module. As such, the chapter is divided into subsections. The first subsection should describe the ideational variables within the ITN module.

The second subsection is reserved to summarize the prevalence of each behavior relevant to the module. It will also describe associations between ideational variables and consistent ITN use using logistic regression. Regression models will likely include ideational variables linked with the module as well as cross-cutting ideational variables.

This module also includes an element of ITN Access. It is recommended that authors include the ITN Use:Access Ratio results via a data visualization in subsection 3.5.2.

### 3.5.1 Ideational Variables Linked with ITN Use

**Guidance:**

This subsection may include following key points:

* Description and presentation of Table 3.5.1, which is a summary table of all ideational variables related to ITN use, including gender norms related to intrahousehold ITN allocation.
  + This should include a brief summary of key results (i.e. the study-wide prevalence and 2-3 most important facts based on the data) regarding the set of ideational indicators.

### ITN Access and Use

**Guidance:**

This subsection may include following key points:

* Briefly describe household possession and household ITN coverage
* Briefly describe use of nets by persons in the household
  + It will be important to clarify that “consistent use” is defined as using a net every night in the prior week
  + Note net use patterns the night before the survey
  + Note any age or sex trends in net use
* Summarize key results related to population ITN access, population ITN use and Use:Access ratio
  + It may also be important to describe what the Use:Access ratio is and why it cannot be used in the multivariate regression models. The Use:Access ratio describes access at a population level. We also have access at an individual level, which is preferable when modeling individual behavior.
* Use results of the logistic regression to summarize key results related to consistent ITN use by respondents in households with an adequate number of nets.

### ITN Care

This subsection may include the following key points:

* Briefly describe net care behavior prevalence
* Use results of the logistic regression to summarize relationship between ideational factors and appropriate care (i.e. adequate washing and suspension of nets).

**Table Links (do not retain this list in the final version of the report)**:

[Table 3.5.2: Knowledge of malaria prevention using mosquito nets](#_Table_3.5.2:_Knowledge)

[Table 3.5.3a: Favorable attitudes towards ITNs](#_Table_3.5.3a:_Favorable)

[Table 3.5.3b: Favorable attitudes towards ITN care](#_Table_3.5.3b:_Favorable)

[Table 3.5.4: Perceived response efficacy of ITNs](#_Table_3.5.4:_Perceived_1)

[Table 3.5.5: Perceived self-efficacy to use ITNs](#_Table_3.5.5:_Perceived)

[Table 3.5.6a: Perceived community norms regarding ITNs](#_Table_3.5.6a:_Perceived)

[Table 3.5.6b: Perceived gender norms regarding ITNs](#_Table_3.5.6b:_Perceived)

[Table 3.5.7: Household possession of mosquito nets](#_Table_3.5.7:_Household)

[Table 3.5.8: Access to an ITN](#_Table_3.5.8:_Access)

[Table 3.5.9: Use of mosquito nets by persons in the household](#_Table_3.5.9:_Use)

[Table 3.5.10: ITN Use Access Ratio](#_Table_3.5.10:_ITN)

[Table 3.5.11: Use of existing ITNs](#_Table_3.5.11:_Use)

[Table 3.5.12: ITN characteristics](#_Table_3.5.12:_ITN)

[Table 3.5.13: ITN care and repurposing](#_Table_3.5.13:_ITN)

[Table 3.5.14: Sleep pattern and outdoor sleeping the previous night](#_Table_3.5.14:_Sleep)

[Table 3.5.15: Seasonality in outdoor sleeping](#_Table_3.5.15:_Seasonality)

**Placeholder**:

Summary of Ideational Variables: ITN Use

[Insert summary of results and key findings from these results. Refer to summary table.]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.5.1: Summary of Ideational Variables Related to ITN Use** | | | | | | | |
| **Characteristic** | Percent of respondents who report ITN ideational determinants, by respondent sociodemographic characteristics, [Country Survey Year] | | | | | | |
| Knowledge of malaria prevention using mosquito nets | Favorable attitudes towards ITNs | Favorable attitudes towards ITN care | Perceived response-efficacy of ITNs | Perceived self-efficacy to use ITNs | Perceived community norms regarding ITNs | Perceived equitable gender norms related to malaria |
| **Zone** |  |  |  |  |  |  |  |
| Zone 1 |  |  |  |  |  |  |  |
| Zone 2 |  |  |  |  |  |  |  |
| Zone 3 |  |  |  |  |  |  |  |
| Zone 4 |  |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |  |
| **Total (%)** |  |  |  |  |  |  |  |

Logistic regression results: Use of LLIN every night:

[Insert summary of results and key findings from these results. Refer to logistic regression table.]

|  |  |  |  |
| --- | --- | --- | --- |
| **Results of the logistic regression exploring factors associated with use of ITN every night – residents of households with an adequate number of ITNs, based on number of household residents.** | | | |
| **Characteristics** | **% using ITN every night** | **Adjusted Odds Ratio (standard error)** |
| Sex |  |  |
| Male (reference) |  |  |
| Female |  |  |
| Age in years |  |  |
| Level of education |  |  |
| None (reference) |  |  |
| Primary completed |  |  |
| Secondary or higher |  |  |
| Household wealth quintile |  |  |
| Lowest (reference) |  |  |
| Second |  |  |
| Middle |  |  |
| Fourth |  |  |
| Highest |  |  |
| Zone |  |  |
| [Zone 1] |  |  |
| [Zone 2] |  |  |
| [Zone 3] |  |  |
| [Zone 4] |  |  |
| Attitudes favorable to the use of mosquito nets |  |  |
| No (reference) |  |  |
| Yes |  |  |
| Perceived severity |  |  |
| No (reference) |  |  |
| Yes |  |  |
| Perceived vulnerability |  |  |
| No (reference) |  |  |
| Yes |  |  |
| Talked about malaria with spouse |  |  |
| No (reference) |  |  |
| Yes |  |  |
| Talked about malaria with friends/family members |  |  |
| No (reference) |  |  |
| Yes |  |  |
| Perceived mosquito net effectiveness |  |  |
| No (reference) |  |  |
| Yes |  |  |
| Perceived self-efficacy for mosquito net use |  |  |
| No (reference) |  |  |
| Yes |  |  |
| Use of mosquito nets perceived as the norm in the community |  |  |
| No (reference) |  |  |
| Yes |  |  |
| Mentioned at least one incorrect method of transmitting malaria |  |  |
| No (reference) |  |  |
| Yes |  |  |
| Heard a message about malaria on the media |  |  |
| No (reference) |  |  |
| Yes |  |  |
| Household size | n/a |  |
| Number of LLIN | n/a |  |
| Pseudo-R2 |  | | |
| Number of observations |  | | |
| Notes: ǂ p<0.1 \* p<0.05; \*\* p<0.01; \*\*\* p<0.001. n/a: not applicable | | | |

## 

## SMC for Children Under Five Years Old

*This subsection describes the study results for SMC, and should be limited to 3-4 pages of text.* ***Delete this gray box once section text is adapted.***

**Guidance:**

This is a chapter focusing on a specific behavioral module. As such, the chapter is divided into subsections. The first subsection should describe the ideational variables within the SMC module.

The second subsection is reserved to summarize the prevalence of each behavior relevant to the module. It will also describe associations between ideational variables and acceptance of SMC, and adherence to SMC dosage using logistic regression. Regression models will likely include ideational variables linked with the module as well as cross-cutting ideational variables.

### Ideational Variables Linked with SMC-related Behaviors

**Guidance:**

This subsection may include following key points:

* Presentation and description of Table 3.6.1, which is a summary table of all ideational variables related to SMC for children under five years old.
  + Authors should confirm the inclusion of any gender normative questions in the module.
  + This should include a brief summary of key results (i.e. study-wide prevalence and 2-3 most important facts based on data) regarding the ideational indicators.

### 3.6.2 SMC-related Behaviors

**Guidance:**

This subsection may include following key points:

* Briefly describe receipt of SMC in households during the most recent rainy season, with logistic regression results that include cross-cutting ideational determinants (if applicable).
* Briefly describe the % of caretakers who adhered to SMC dosage, with logistic regression results that include cross-cutting ideational determinants.
  + This may include a description of caretakers’ observation of child taking dose.
* Discuss key associations between ideational variables and SMC behaviors.

**Table Links (do not retain this list in the final version of the report)**:

[Table 3.6.2: Knowledge of SMC program](#_Table_3.6.2:_Knowledge)

[Table 3.6.3 Favorable attitudes towards SMC](#_Table_3.6.3_Favorable)

[Table 3.6.4 Perceived response efficacy of SMC](#_Table_3.6.3_Perceived)

[Table 3.6.5 Perceived self-efficacy regarding SMC](#_Table_3.6.5_Perceived)

[Table 3.6.6: Perceived Norms regarding SMC](#_Table_3.6.6:_Perceived)

[Table 3.6.7: Perceptions of health workers regarding SMC](#_Table_3.6.7:_Perceptions)

[Table 3.6.8: Decision-making regarding SMC](#_Table_3.6.8:_Decision-making)

[Table 3.6.9: Presence of SMC program in communities](#_Table_3.6.9:_Presence)

[Table 3.6.10: Receipt of SMC in households during the most recent rainy season](#_Table_3.6.10:_Receipt)

[Table 3.6.11: Proportion of children 3-59 months who received the first dose of the most recent cycle of SMC](#_Table_3.6.11:_Proportion)

Summary of Ideational Variables: SMC for Children Under 5 Years Old

[Insert summary of results and key findings from these results. Refer to summary table.]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.6.1: Summary of Ideational Variables Related to SMC for Children Under 5** | | | | | | | |
| **Characteristic** | Percent of respondents who report ideational determinants, by respondent sociodemographic characteristics, [Country Survey Year] | | | | | | |
| Knowledge of SMC program | Favorable attitudes towards SMC | Perceive response efficacy of SMC | Perceive self-efficacy of SMC | SMC perceived as the community norm | Favorable perceptions of health workers regarding SMC | Joint decision-making regarding SMC |
| **Zone** |  |  |  |  |  |  |  |
| Zone 1 |  |  |  |  |  |  |  |
| Zone 2 |  |  |  |  |  |  |  |
| Zone 3 |  |  |  |  |  |  |  |
| Zone 4 |  |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |  |
| **Total (%)** |  |  |  |  |  |  |  |

Logistic regression results: Receipt of SMC in Households During most Recent Rainy Season:

[Insert summary of results and key findings from these results. Refer to logistic regression table]

|  |  |  |
| --- | --- | --- |
| **Results of the logistic regression exploring factors associated with adherence to SMC among children under five years old during most recent cycle.** | | |
| **Characteristic** | **% whose children adhered to all SMC doses during most recent SMC cycle.** | **Adjusted Odds ratio (standard error)** |
| **Age in years** |  |  |
| **Level of education** |  |  |
| None (reference) |  |  |
| Primary completed |  |  |
| Secondary or higher |  |  |
| **Household wealth quintile** |  |  |
| Lowest (reference) |  |  |
| Second |  |  |
| Middle |  |  |
| Fourth |  |  |
| Highest |  |  |
| **Zone** |  |  |
| [Zone 1] |  |  |
| [Zone 2] |  |  |
| [Zone 3] |  |  |
| [Zone 4] |  |  |
| **Perceived severity** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Perceived vulnerability** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Talked about malaria with spouse** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Talked about malaria with friends/family members** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Perceived care-seeking and testing effectiveness** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Perceived self-efficacy care-seeking** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Knowledge of SMC program** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Favorable attitudes towards SMC** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Utilization of SMC perceived as the norm in the community** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Mentioned at least one incorrect method of transmitting malaria** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Heard a message about malaria on the media** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Perceived self-efficacy regarding SMC** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Favorable perceptions of health workers regarding SMC** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Perceived response efficacy of SMC** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| **Joint decision-making regarding SMC** |  |  |
| No (reference) |  |  |
| Yes |  |  |
| Pseudo-R2 |  | |
| Number of observations |  | |
| Notes: ǂ p<0.1 \* p<0.05; \*\* p<0.01; \*\*\* p<0.001. n/a: not applicable | | |

## 3.7 Indoor Residual Spraying

*This subsection describes the study results for IRS coverage and willingness. This should be limited to 3-4 pages of text if possible.* ***Delete this gray box once section text is adapted.***

**Guidance:**

This is a chapter focusing on a specific behavioral module. As such, the chapter is divided into subsections. The first subsection should describe the ideational variables within the IRS module.

The second subsection is reserved to summarize the prevalence of each behavior relevant to the module. I will also conduct cross-tabulations of ideational variables and willingness to accept IRS. Logistic regression is not used in this module.

### Ideational Variables Linked with Acceptance of IRS

**Guidance:**

This subsection may include following key points:

* Presentation and description of Table 3.7.1, which is a summary table of all ideational variables related to IRS.
  + This should include a brief summary of key results (i.e., the study-wide prevalence and 2-3 most important facts based on the data) regarding the set of ideational indicators.

### Acceptance of IRS

**Guidance:**

This subsection may include following key points:

* Briefly describe acceptance IRS, with cross-tabulation of results that may include cross-cutting and IRS-specific ideational determinants.
* Describe willingness to accept IRS among respondents who reported their community did not receive IRS or were otherwise not aware of IRS.

**Table Links (do not retain this list in the final version of the report)**:

[Table 3.7.2: Knowledge of Indoor Residual Spraying](#_Table_3.7.2:_Knowledge)

[Table 3.7.3: Attitudes towards Indoor Residual Spraying](#_Table_3.7.3:_Attitudes)

[Table 3.7.4: Perceived response efficacy of Indoor Residual Spraying](#_Table_3.8.3:_Perceived)

[Table 3.7.5: Perceived self-efficacy regarding Indoor Residual Spraying](#_Table_3.7.5:_Perceived)

[Table 3.7.6: Willingness to accept Indoor Residual Spraying](#_Table_3.7.6:_Willingness)

[Table 3.7.7: Indoor Residual Spraying coverage](#_Table_3.7.7:_Indoor)

Summary of Ideational Variables: Indoor Residual Spraying

[Insert summary of results and key findings from these results. Refer to summary table]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 3.7.1: Summary of Ideational Variables Related to IRS** | | | | |
| **Characteristic** | Percent of respondents who report ideational determinants, by respondent sociodemographic characteristics, [Country Survey Year] | | | |
| Knowledge of the IRS program | Favorable attitudes towards IRS | Perceived IRS as effective | Perceived self-efficacy of IRS |
| **Zone** |  |  |  |  |
| Zone 1 |  |  |  |  |
| Zone 2 |  |  |  |  |
| Zone 3 |  |  |  |  |
| Zone 4 |  |  |  |  |
| **Sex** |  |  |  |  |
| Female |  |  |  |  |
| Male |  |  |  |  |
| **Age** |  |  |  |  |
| 15-24 |  |  |  |  |
| 25-34 |  |  |  |  |
| 35-44 |  |  |  |  |
| 45 and above |  |  |  |  |
| **Residence** |  |  |  |  |
| Urban |  |  |  |  |
| Rural |  |  |  |  |
| **Level of education** |  |  |  |  |
| None |  |  |  |  |
| Primary |  |  |  |  |
| Secondary or higher |  |  |  |  |
| **Wealth quintile** |  |  |  |  |
| Lowest |  |  |  |  |
| Second |  |  |  |  |
| Middle |  |  |  |  |
| Fourth |  |  |  |  |
| Highest |  |  |  |  |
| **Total (%)** |  |  |  |  |

## Media Consumption and Message Exposure

*This section describes results regarding media consumption and message exposure. It is recommended that this subsection be limited to a maximum of 4 pages.* ***Delete this gray box once section text is adapted.***

**Guidance:**

This section focuses on media consumption and message exposure among participants. It may also include an element of potential exposure such as patterns of ownership and consumption of assets which can relay SBC messages

This section may include following key points:

* A summary media listenership/viewership patterns with a note describing any geographic or demographic data points of interest, specific to each channel:
  + For radio: State radio ownership and listenership rate, describe preferred schedule, highlight any subgroups that stand out
  + For TV: State TV ownership and listenership rate, describe and preferred schedule, highlight any subgroups that stand out
  + For Mobile: State mobile ownership rate and types of content accessed by mobile including internet and chats, highlight any subgroups that stand out
    - Social Media: state rate of access to social media and types of content phones are equipped to received.
* Regarding Exposure: State the rate of exposure to malaria messages in past 6 months and ensure to include rates of campaign slogan recall, include images of logos shown to respondents
  + A narrative summary of this is likely sufficient, with in-text reference to tables in the Annex.
  + Heat maps or other visual graphs may be useful at depicting geographic differences in these patterns
  + Be sure to note any geographic or demographic data points that the team views as outliers.

**Table Links (do not retain this list in the final version of the report)**

[Table 3.8.1: Radio listenership at least once a week](#_Table_3.8.1:_Radio)

[Table 3.8.2: Preferred time to listen to radio](#_Table_3.8.2:_Preferred)

[Table 3.8.3: Television viewership at least once a week](#_Table_3.8.3:_Television)

[Table 3.8.4: Preferred time to watch television](#_Table_3.8.4:_Preferred)

[Table 3.8.5: Mobile phone or tablet ownership](#_Table_3.8.5:_Mobile)

[Table 3.8.6: Exposure to malaria messages](#_Table_3.8.6:_Exposure)

# Conclusions & Recommendations

*This section provides conclusions and recommendations of the study. It is comprised of multiple subsections relevant to each module implemented in the study. Additional guidance is available in each subsection. It is recommended that this section be limited to a maximum of 6 pages.* ***Delete this gray box once section text is adapted.***

**Guidance:**

Authors will revisit each key outcome in the previous sections, summarize the results, and discuss the implications for SBC programs, policy and future research. Each subsection will focus on statistically significant and actionable results within each module.

Use this space to briefly (i.e., 0.3 to 0.5 page maximum) introduce the section and the subsections that are included.

## Cross-Cutting Ideational Determinants

### Conclusions: Cross-Cutting Ideational Determinants

* Authors will and summarize results. focusing on statistically significant relationships between specific cross-cutting determinants and behaviors.
  + For example, if correct knowledge of malaria is significantly associated with certain behaviors, authors will discuss that relationship in this section.

### SBC Program & Policy Recommendations: Cross-Cutting Ideational Determinants

* Drawing on the previous subsection, authors will present SBC program and policy recommendations. Topics of audience segmentation and geographic prioritization may be relevant to discuss here.

## Case Management

### Conclusions: Case Management

* Authors will revisit each key outcome in this section and summarize the results, focusing on statistically significant results.

### SBC Program & Policy Recommendations: Case Management

* Drawing on the previous subsection, authors will present SBC program and policy recommendations related to case management behaviors.
  + This may include recommendations related to audience segmentation and strategies SBC programs may take to influence ideational (modular and cross-cutting) variables found to be significantly associated with behaviors.

## Malaria in Pregnancy

### Conclusions: Malaria in Pregnancy

* Authors will revisit each key outcome in this section and summarize the results, focusing on statistically significant results.

### SBC Program & Policy Recommendations: Malaria in Pregnancy

* Drawing on the previous subsection, authors will present SBC program and policy recommendations related to malaria prevention behaviors during pregnancy.
  + This may include recommendations related to audience segmentation and strategies SBC programs may take to influence ideational (modular and cross-cutting) variables found to be significantly associated with behaviors.

## ITN

### Conclusions: ITN Use and Care

* Authors will revisit each key outcome in this section and summarize the results, focusing on statistically significant results.

### SBC Program & Policy Recommendations: ITN Use and Care

* Drawing on the previous subsection, authors will present SBC program and policy recommendations related to ITN behaviors.
  + This may include recommendations related to audience segmentation and strategies SBC programs may take to influence ideational (modular and cross-cutting) variables found to be significantly associated with behaviors.
  + ITN Use:Access ratio may be discussed in this section to identify coverage and use gaps.

## SMC

### Conclusions: SMC

* Authors will revisit each key outcome in this section and summarize the results, focusing on statistically significant results.

### SBC Program & Policy Recommendations: SMC

* Drawing on the previous subsection, authors will present SBC program and policy recommendations related to SMC behaviors.
  + This may include recommendations related to audience segmentation and strategies SBC programs may take to influence ideational (modular and cross-cutting) variables found to be significantly associated with behaviors.

## IRS

### Conclusions: IRS

* Authors will revisit each key outcome in this section and summarize the results, focusing on statistically significant results.

### SBC Program & Policy Recommendations: IRS

* Drawing on the previous subsection, authors will present SBC program and policy recommendations related to IRS behaviors.
  + This may include recommendations related to audience segmentation and strategies SBC programs may take to influence ideational (modular and cross-cutting) variables found to be significantly associated with behaviors.
  + IRS coverage may be discussed in the study context. If relevant, authors may use these data to recommend high-impact locations for future IRS campaigns.

## Media Consumption & Exposure

### Conclusions: Media Consumption & Exposure

* Authors will revisit each key outcome in this section and summarize results. focusing on statistically significant relationships between SBC exposure and target behaviors.

### SBC Program & Policy Recommendations: Media Consumption

* Drawing on the previous subsection, authors will present SBC program and policy recommendations related to the sample media consumption and exposure patterns.

## Implications for Future Research

Authors will discuss contributions of the study to research discourse, as well as identify remaining gaps that future research may address.

# References

# Annex A: Data Tables

**Guidance:**

Annex A will include all data tables that were referenced in the main body of the report, but not directly inputted. As a general point of guidance, each results section should include only 1 descriptive table, 1 regression table, and 1 data visualization such as a chart, graph, heat map, etc. The remaining descriptive tables will be linked in-text and placed in this Annex. Table shells have been drafted and may serve as a starting point for authors.

**Example**

This annex provides all data tables for the 2020 DRC MBS that were not included in the main body of the report.

A brief description of the purpose of each table is provided. Data presented in these tables are often disaggregated by study zone and/or respondent or household sociodemographic characteristics.

Data tables pertaining to the specific subsections can be found by utilizing the table of contents at the beginning of this report or the links below:

[A.3.1 Sample Characteristics](#_A.3.1_Sample_Characteristics)

[A.3.2 Cross-Cutting Ideational Determinants](#_A.3.2_Cross-Cutting_Ideational)

[A.3.3 Malaria Case Management for Children Under Five Years Old](#_A.3.3_Malaria_Case)

[A.3.4 Malaria in Pregnancy](#_A.3.4_Malaria_in)

[A.3.5 Insecticide-Treated Net Use](#_A.3.5_Insecticide-Treated_Net)

[A.3.6 SMC for Children Under Five Years Old](#_A.3.6_SMC_for_2)

[A.3.7 Indoor Residual Spraying](#_A.3.7_Indoor_Residual)

[A.3.8 Media Consumption and Message Exposure](#_A.3.8_Media_Consumption)

## A.3.1 Sample Characteristics

This subsection of the Annex provides all data tables related to sample characteristics. The following tables may have been duplicated or referenced in the main body of the report.

### Table 3.1.1: Housing Characteristics

**Table 3.1.1** describes the distribution of selected household characteristics in the study, disaggregated by zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.1.1:** Housing Characteristics | | | | | |
| Percent distribution of selected household characteristics by zone, [Country Survey Year] | | | | | |
|
| **Characteristic** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| Average number of sleeping rooms |  |  |  |  |  |
| Number of people per sleeping room |  |  |  |  |  |
| Percentage of households with electricity |  |  |  |  |  |
| Percentage of households near\* a public health facility |  |  |  |  |  |
| Percentage of households near\* a private health facility |  |  |  |  |  |
| Percentage of households near\* a pharmacy/chemist |  |  |  |  |  |
| Percentage of households with finished floors |  |  |  |  |  |
| Percentage of households with finished roofs |  |  |  |  |  |
| Percentage of households with finished walls |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |
| Note: \* Located 5 kilometers or less, less than 30 minutes on foot, or less than 10 minutes by car | | | | | |
|

### Table 3.1.2: Ownership of assets and wealth quintile

**Table 3.1.2** describes the distribution of household ownership of assets. This table also presents the proportion of wealth quintiles, disaggregated by zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.1.2:** Ownership of Assets and Wealth Quintile | | | | | |
| Percent distribution of household assets and wealth quintile by zone, [Country Survey Year] | | | | | |
| **Percent of households with assets** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
| Radio |  |  |  |  |  |
| Television |  |  |  |  |  |
| Mobile phone |  |  |  |  |  |
| Refrigerator |  |  |  |  |  |
| Clock |  |  |  |  |  |
| Bicycle |  |  |  |  |  |
| Motorcycle |  |  |  |  |  |
| Car |  |  |  |  |  |
| Computer |  |  |  |  |  |
| **Wealth Quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Third |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Total (%)** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.1.3: Characteristics of household members

**Table 3.1.3** describes the sociodemographic characteristics of household members in each zone. These include member sex, residence, age distribution and distribution of household ownership of assets. This table lists the distribution of these characteristics for all household members listed during the household questionnaire and does not necessarily reflect only the characteristics of individuals interviewed. The data presented in this table is disaggregated by zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.1.3:** Characteristics of household members | | | | | | |
| Sociodemographic characteristics of household members by region [Country Survey Year] | | | | | | |
|
| **Characteristic** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Age Distribution** |  |  |  |  |  |  |
| 0-4 |  |  |  |  |  |  |
| 5-17 |  |  |  |  |  |  |
| 18 and above |  |  |  |  |  |  |
| Average age |  |  |  |  |  |  |
| **Total (%)** |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

### Table 3.1.4: Sociodemographic characteristics of respondents

**Table 3.1.4** describes the distribution of respondents by sociodemographic characteristics, including participant sex, age group, residence, and level of education. The data presented in this table is disaggregated by zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.1.4:** Sociodemographic characteristics of respondents | | | | | | |
| Percent distribution of respondents by sociodemographic characteristics, by zone [Country Survey Year] | | | | | | |
|
| **Characteristic** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
|
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |
| **Total (%)** |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

## 

## A.3.2 Cross-Cutting Ideational Determinants

This subsection of the Annex provides all data tables related to cross-cutting ideational determinants. These include knowledge of malaria, perceived susceptibility and severity of malaria, gender norms related to malaria, perceptions regarding health workers and malaria, and interpersonal communication related to malaria. The tables herein summarize the prevalence of ideational determinants and may be duplicative of tables in the main body of the report.

### Table 3.2.2: Correct Knowledge of malaria

**Table 3.2.2** (next page) summarizes respondents’ level of knowledge of malaria. This includes the proportion of respondents who identified fever as the main symptom of malaria, who reported that malaria is caused by a mosquito bite; and who reported at least one major malaria prevention measure such as sleeping under a treated bed net every night. These data are presented according to respondent background characteristics and are disaggregated by zone.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.2.2 Correct** Knowledge of Malaria | | | | | | | | | | | | | | | |
| Percent of respondents with correct malaria knowledge by zone, [Country Survey Year] | | | | | | | | | | | | | | | |
| Characteristic | Zone 1 | | | Zone 2 | | | Zone 3 | | | Zone 4 | | | Total | | |
| Know fever is the main symptom of malaria | Know malaria is caused by mosquito bite | Know at least one malaria major prevention measure | Know fever is a symptom of malaria | Know malaria is caused by mosquito bite | Know at least one malaria major prevention measure | Know fever is a symptom of malaria | Know malaria is caused by mosquito bite | Know at least one malaria major prevention measure | Know fever is a symptom of malaria | Know malaria is caused by mosquito bite | Know at least one malaria major prevention measure | Know fever is a symptom of malaria | Know malaria is caused by mosquito bite | Know at least one malaria major prevention measure |
| **Sex** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 45 and  above |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Secondary  or higher |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Respondents with knowledge (%)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### Table 3.2.3: Perceived susceptibility to malaria

**Table 3.2.3** summarizes the distribution of perceived susceptibility to malaria, based on responses to specific statements. Results are presented by participant sociodemographic characteristics and are disaggregated by study zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.2.3:** Perceived susceptibility to Malaria | | | | | | |
| Percent of respondents with specific perceived susceptibility to malaria by zone, [Country Survey Year] | | | | | | |
| **Percent of respondents that agree/disagree with the following statements:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
|
| DISAGREE  *People in this community only catch malaria*  *during the rainy season.* |  |  |  |  |  |  |
| AGREE  *Almost every year, a person in this community*  *catches severe malaria.* |  |  |  |  |  |  |
| AGREE  *When your child has a fever, you're almost*  *always afraid it's malaria.* |  |  |  |  |  |  |
| AGREE  *During the rainy season, you are afraid almost*  *every day that a member of your family will*  *suffer from malaria.* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Percent of respondents who perceive susceptibility to malaria** |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

### Table 3.2.4: Perceived severity of malaria

**Table 3.2.4** presents distribution of participants’ perceived severity of malaria. One’s level of perceived severity is based on their level of agreement with several statements. Results are presented by participant sociodemographic characteristics and are disaggregated by study zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.2.4:** Perceived severity of Malaria | | | | | |
| Percent of respondents with perceived severity of malaria by zone, [Country Survey Year] | | | | | |
|
| **Percent of respondents that agree/disagree with the following statements:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| DISAGREE  *You are not afraid of malaria, because it can be*  *treated Easily.* |  |  |  |  |  |
| DISAGREE  *Only weak children can die of malaria.* |  |  |  |  |  |
| AGREE  *Each case of malaria can potentially lead to death.* |  |  |  |  |  |
| DISAGREE  *When someone you know has malaria, you usually*  *expect them to recover completely within a few days.* |  |  |  |  |  |
|  |  |  |  |  |  |
| **Percent of respondents who perceive malaria severity** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.2.5: Interpersonal communication regarding malaria

**Table 3.2.5** (next page)presents data regarding participants’ reporting of interpersonal communication regarding malaria in the six months prior to data collection. This includes reports of talking about malaria with one’s spouse or one’s friend/family member. Results are presented by participant sociodemographic characteristics and are disaggregated by study zone.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.2.5:** Interpersonal communication regarding Malaria | | | | | | | | | | |
| Percent of respondents reporting interpersonal communication regarding malaria by zone, [Country Survey Year] | | | | | | | | | | |
|
|  | Zone 1 | | Zone 2 | | Zone 3 | | Zone 4 | | All | |
| % who talked about malaria with their spouse/partner in the previous six months | % who spoke of malaria with a friend or family member in the previous six months | % who talked about malaria with their spouse/partner in the previous six months | % who spoke of malaria with a friend or family member in the previous six months | % who talked about malaria with their spouse/partner in the previous six months | % who spoke of malaria with a friend or family member in the previous six months | % who talked about malaria with their spouse/partner in the previous six months | % who spoke of malaria with a friend or family member in the previous six months | % who talked about malaria with their spouse/partner in the previous six months | % who spoke of malaria with a friend or family member in the previous six months |
| **Sex** |  |  |  |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |  |  |  |  |
| 45 and  above |  |  |  |  |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |  |  |  |  |
| Secondary  or higher |  |  |  |  |  |  |  |  |  |  |
| **Wealth** |  |  |  |  |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |  |  |  |  |
| **Total (%)** |  |  |  |  |  |  |  |  |  |  |

### Table 3.2.6: Perceptions regarding facility-based health workers

**Table 3.2.6** presents distribution of participants’ perceptions of facility-based health workers. This includes health workers in general, health workers providing case management, health workers providing seasonal malaria chemoprevention, and those providing care for malaria in pregnancy severity of malaria. Results are presented by participant sociodemographic characteristics and are disaggregated by study zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.2.6:** Perceptions regarding Facility-based Health Workers | | | | | |
| Percent distribution of perceptions of facility-based health workers [Country Survey Year] | | | | | |
| **Characteristic** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | All |
| *Positive general perceptions towards health workers* |  |  |  |  |  |
| *Positive perceptions towards health workers providing case*  *management* |  |  |  |  |  |
| *Positive perceptions towards health workers providing*  *seasonal malaria chemoprevention* |  |  |  |  |  |
| *Positive perceptions towards health workers providing care*  *for malaria in pregnancy* |  |  |  |  |  |
| *Percent of respondents with favorable perceptions*  *regarding facility-based health workers* |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Percent of respondents with favorable perceptions of facility-based health workers (%)** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### 

### Table 3.2.7: Perceptions regarding community health workers

**Table 3.2.7** presents distribution of participants’ perceptions of community-based health workers. This includes community health workers in general, community health workers providing case management, providing seasonal malaria chemoprevention, and those providing care for malaria in pregnancy severity of malaria. Results are presented by participant sociodemographic characteristics and are disaggregated by study zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.2.7:** Perceptions regarding Community Health Workers | | | | | |
| Percent distribution of perceptions of community health workers by zone [Country Survey Year] | | | | | |
| **Characteristic** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | All |
| *Positive general perceptions towards health workers* |  |  |  |  |  |
| *Positive perceptions towards health workers providing case*  *management* |  |  |  |  |  |
| *Positive perceptions towards health workers providing*  *seasonal malaria chemoprevention* |  |  |  |  |  |
| *Positive perceptions towards health workers providing care*  *for malaria in pregnancy* |  |  |  |  |  |
| *Percent of respondents with favorable perceptions*  *regarding facility-based health workers* |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Percent of respondents with favorable perceptions of community health workers (%)** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### 

### Table 3.2.8: Gender norms related to malaria

**Table 3.2.8** (next page)presents distribution of participants’ perceived gender norms related to malaria. One’s reported gender norms are based on their agreement or disagreement several statements. Results are presented by participant sociodemographic characteristics and are disaggregated by study zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.2.8:** Gender norms related to malaria | | | | | | |
| Percent distribution of perceived gender norms related to malaria, by zone, [Country Survey Year] | | | | | | |
|
| **Percent of respondents that agree/disagree with the following statements** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
|
| DISAGREE  *When there are not have enough nets, it is more*  *important that female children sleep under the*  *available nets rather than male children.* |  |  |  |  |  |  |
| DISAGREE  *When there are not have enough nets, it is more*  *important that male children sleep under the*  *available nets rather than female children.* |  |  |  |  |  |  |
| AGREE  *A pregnant woman should feel comfortable asking*  *her husband/spouse to go to the health facility for*  *a prenatal consultation.* |  |  |  |  |  |  |
| DISAGREE  *When there is not enough money, it is more*  *important that male children with fever get*  *medicine rather than female children.* |  |  |  |  |  |  |
| DISAGREE  *When there is not enough money, it is more*  *important that female children with fever get*  *medicine rather than male children.* |  |  |  |  |  |  |
| **Percent of respondents who perceive positive gender norms related to malaria (characteristic)** |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Percent of respondents with positive gender norms related to malaria (%)** |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

## 

## A.3.3 Malaria Case Management for Children Under Five Years Old

This subsection of the Annex provides all data tables related to malaria care seeking and treatment, particularly for children under 5 years old. The following tables include data related to care seeking and treatment behavior as well as several ideational factors including knowledge, attitudes, perceived response efficacy, perceived self-efficacy, gender norms and perceived community norms. The tables may have been duplicated in the main body of the report.

### Table 3.3.2: Knowledge of malaria care seeking and treatment

**Table 3.3.2** presents respondent knowledge regarding malaria care-seeking and treatment. The data is presented according to respondent sociodemographic characteristics in each zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.3.2** Knowledge of malaria care seeking and treatment | | | | | |
| Percentage of respondents with specific knowledge of malaria care-seeking and treatment, according to background characteristics, [Country Survey Year] | | | | | |
|
|
| **Characteristic** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
| Identified ACT as medicine that can be used to effectively treat malaria |  |  |  |  |  |
| Identified SAME DAY OR NEXT DAY as time period where one should seek advice or treatment after a child under five years old develops a fever |  |  |  |  |  |
| Identified BLOOD TEST as the best way to know if someone has malaria. |  |  |  |  |  |
| Identified HEALTH FACILITY\* as the best place to go in the community if one has malaria. |  |  |  |  |  |
| **Total percent of respondents that have comprehensive knowledge of malaria care-seeking and treatment** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.3.3: Attitudes towards malaria care-seeking and treatment

**Table 3.3.3** presents the distribution of favorable attitudes toward malaria care-seeking and treatment. Attitude favorability is calculated based on a participant’s agreement or disagreement to several statements related to care-seeking and treatment. The data is presented according to respondent sociodemographic characteristics in each zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.3.3:** Attitudes towards malaria care-seeking and treatment | | | | | |
| Percent of respondents with specific attitudes towards malaria care-seeking and treatment by zone, [Country Survey Year] | | | | | |
|
| **Percent of respondents that agree or disagree with the following statements** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| AGREE with the following statement:  *The health provider is always the best person*  *to talk to when you think your child may have*  *malaria.* |  |  |  |  |  |
| DISAGREE with the following statement:  *One does not need to continue taking all the*  *medicine doses against malaria if the patient is*  *already cured.* |  |  |  |  |  |
| DISAGREE with the following statement:  *A parent should ask for an injection from the*  *health provider or community health worker if*  *they think his/her child has malaria.* |  |  |  |  |  |
| DISAGREE with the following statement:  *I prefer that my child receive the medicine to*  *treat malaria by injection rather than swallow it.* |  |  |  |  |  |
| AGREE with the following statement:  *A person should only take malaria medicine if*  *a health provider says that his/her fever really*  *is caused by malaria.* |  |  |  |  |  |
| DISAGREE with the following statement:  *If a health provider says a person does not*  *have malaria, the patient should ask for a*  *malaria medication just in case s/he needs it.* |  |  |  |  |  |
| DISAGREE with the following statement:  *When my child has a fever, it is better to start by*  *giving him any malaria medicine I have at home.* |  |  |  |  |  |
| AGREE with the following statement:  *It is important to take all the antimalaria pills*  *prescribed to ensure a complete recovery.* |  |  |  |  |  |
| DISAGREE with the following statement:  *When my child has a fever, I do not go directly*  *to the health facility, I first go elsewhere to buy*  *him/her medicine.* |  |  |  |  |  |
|  |  |  |  |  |  |
| **Percent of respondents with favorable attitudes towards malaria care-seeking and treatment** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.3.4a: Perceived response efficacy of malaria testing

**Table 3.3.4a** presents the distribution of perceived response efficacy regarding malaria testing. Perceived response efficacy is calculated based on a participant’s agreement or disagreement to several statements related to testing. The data is presented according to respondent sociodemographic characteristics in each zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.3.4a:** Perceived response efficacy of malaria testing | | | | | | |
| Percent distribution of specific response-efficacy of malaria testing by zone, [Country Survey Year] | | | | | | |
| **Percent of respondents that agree or disagree with the following statements** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | |
| AGREE with the following statement:  *A blood test for malaria is the only way to*  *know if someone really has malaria or not.* |  |  |  |  |  | |
| DISAGREE with the following statement:  *A person should still take malaria medicine*  *even if the malaria test result says that the*  *fever is not due to malaria.* |  |  |  |  |  | |
| DISAGREE with the following statement:  *Parents can diagnose malaria by a person’s*  *symptoms just as well as a blood test for malaria.* |  |  |  |  |  | |
|  |  |  |  |  |  |  | |
| **Percent of respondents with a high perceived response-efficacy of malaria testing (%)** |  |  |  |  |  | |
| **Sex** |  |  |  |  |  | |
| Female |  |  |  |  |  | |
| Male |  |  |  |  |  | |
| **Age** |  |  |  |  |  | |
| 15-24 |  |  |  |  |  | |
| 25-34 |  |  |  |  |  | |
| 35-44 |  |  |  |  |  | |
| 45 and above |  |  |  |  |  | |
| **Residence** |  |  |  |  |  | |
| Urban |  |  |  |  |  | |
| Rural |  |  |  |  |  | |
| **Level of education** |  |  |  |  |  | |
| None |  |  |  |  |  | |
| Primary |  |  |  |  |  | |
| Secondary or higher |  |  |  |  |  | |
| **Wealth quintile** |  |  |  |  |  | |
| Lowest |  |  |  |  |  | |
| Second |  |  |  |  |  | |
| Middle |  |  |  |  |  | |
| Fourth |  |  |  |  |  | |
| Highest |  |  |  |  |  | |
| **Total (N)** |  |  |  |  |  | |

### Table 3.3.4b: Perceived response efficacy of malaria treatment.

**Table 3.3.4b** presents the distribution of perceived response efficacy regarding malaria treatment. Perceived response efficacy is calculated based on a participant’s agreement or disagreement to several statements related to treatment. The data is presented according to respondent sociodemographic characteristics in each zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.3.4b:** Perceived response-efficacy of malaria treatment | | | | | |
| Percent distribution of specific response-efficacy of malaria treatment by zone, [Country Survey Year] | | | | | |
|
| **Percent of respondents that AGREE or DISAGREE with the following statements:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| AGREE with the following statement:  *The malaria drugs obtained from the health*  *facility are effective in treating malaria.* |  |  |  |  |  |
| DISAGREE with the following statement:  *The malaria medicines that you buy in the*  *market are as good as the ones distributed at*  *the health facility.* |  |  |  |  |  |
|  |  |  |  |  |  |
| **Percent of respondents with a high perceived response-efficacy of malaria treatment (%)** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.3.5: Perceived self-efficacy for malaria testing and treatment

**Table 3.3.5** presents the distribution of perceived self-efficacy regarding malaria testing. Perceived self-efficacy is calculated based on a participant’s agreement or disagreement to several statements related to testing. The data is presented according to respondent sociodemographic characteristics in each zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.3.5:** Perceived self-efficacy for malaria testing and treatment | | | | | |
| Percent distribution of perceived self-efficacy for malaria testing and treatment by zone, [Country Survey Year] | | | | | |
|
| **Percent of respondents that believe they could:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| *Find the money to take your child to the health facility at the first sign of malaria.* |  |  |  |  |  |
| *Get permission from your husband or other family member to take your child to the health facility/health provider when your child has fever* |  |  |  |  |  |
| *Take your child to the health facility the same day or next day s/he develops a fever.* |  |  |  |  |  |
| *Request a blood test at the health facility when you think your child might have malaria.* |  |  |  |  |  |
| *Make sure your child takes the full dose of medicine that s/he is prescribed for malaria.* |  |  |  |  |  |
| *Find the money to pay for the medication the health provider recommends to treat malaria.* |  |  |  |  |  |
|  |  |  |  |  |  |
| **Percent of respondents with perceived self-efficacy for malaria testing and treatment (%)** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.3.6: Gender norms related to malaria treatment

**Table 3.3.6** presents the distribution of respondents who perceive equitable gender norms related to malaria treatment. Equitable gender norms are calculated based on a participant’s agreement or disagreement to several statements related to malaria and gender. The data is presented according to respondent sociodemographic characteristics in each zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.3.6:** Gender norms related to malaria treatment | | | | | |
| Percent distribution of perceived gender norms related to malaria, by zone, [Country Survey Year] | | | | | |
|
| **Percent of respondents that noted the following statements** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| DISAGREE with the following statement:  *When there is not enough money, it is more*  *important that male children with fever get*  *medicine rather than female children.* |  |  |  |  |  |
| DISAGREE with the following statement:  *When there is not enough money, it is more*  *important that female children with fever get*  *medicine rather than male children.* |  |  |  |  |  |
|  |  |  |  |  |  |
| **Percent of respondents who perceive equitable gender norms related to malaria treatment** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.3.7: Perceived community norms regarding malaria testing and treatment

**Table 3.3.7** presents the perceived community norms regarding malaria testing and treatment. Perceived community norms were assessed based on participants’ responses to a series of questions asking about the proportion of members in their community who promptly take their own children to a health provider and/or approve of them (the respondent) taking this action.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3.3.7:** Perceived community norms regarding malaria testing and treatment | | | |
| Percent distribution of perceived community norms regarding malaria testing and treatment by zone, [Country Year] | | | |
|
| **Characteristic** | Most people in the community take their children to a health provider on the same day or day after they develop a fever | Most children in the community taken to a health facility with fever get tested for malaria | Most people in the community approve of prompt care seeking for children with fever |
|
| **Zone** |  |  |  |
| Zone 1 |  |  |  |
| Zone 2 |  |  |  |
| Zone 3 |  |  |  |
| Zone 4 |  |  |  |
| **Sex** |  |  |  |
| Female |  |  |  |
| Male |  |  |  |
| **Age** |  |  |  |
| 15-24 |  |  |  |
| 25-34 |  |  |  |
| 35-44 |  |  |  |
| 45 and above |  |  |  |
| **Residence** |  |  |  |
| Urban |  |  |  |
| Rural |  |  |  |
| **Level of education** |  |  |  |
| None |  |  |  |
| Primary |  |  |  |
| Secondary or higher |  |  |  |
| **Wealth quintile** |  |  |  |
| Lowest |  |  |  |
| Second |  |  |  |
| Middle |  |  |  |
| Fourth |  |  |  |
| Highest |  |  |  |

### Table 3.3.8a: Perceptions of health facilities regarding malaria care-seeking and treatment

**Table 3.3.8a** describes respondents’ perceptions of health facilities, particularly considering malaria care-seeking and treatment. Favorable perceptions were assessed based on participants’ responses to a series of questions asking whether they agree or disagree with a statement. Results are presented by sociodemographic characteristic and study zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.3.8a: Perceptions towards health facilities regarding malaria care-seeking and treatment** | | | | | | |
| Percent distribution of perceptions of health facilities by zone, [Country Survey Year] | | | | | | |
| **Percent of respondents that perceive that:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
|
| AGREE with the following statement:  *Health facilities always have the medication to treat malaria.* |  |  |  |  |  |  |
| AGREE with the following statement:  *Health facilities in this community always have the blood test kit to tell if a person has malaria.* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Percent of respondents with favorable perceptions of health facilities regarding malaria care-seeking and treatment** |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

### Table 3.3.8b: Perceptions of community health workers regarding malaria care-seeking and treatment

**Table 3.3.8b** describes respondents’ perceptions of community health workers, particularly considering malaria care-seeking and treatment. Favorable perceptions were assessed based on participants’ responses to a series of questions asking whether they agree or disagree with a statement. Results are presented by sociodemographic characteristic and study zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.3.8b:** Perceptions of community-based health workers regarding malaria care-seeking and treatment | | | | | | |
| Percent distribution of perceptions of community health workers by zone, [Country Survey Year] | | | | | | |
| **Percent of respondents that:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
|
| AGREE with the following statement:  *Community health workers always have the*  *medication to treat malaria.* |  |  |  |  |  |  |
| AGREE with the following statement:  *Community health workers in this community*  *always have the blood test kit to tell if a person has*  *malaria.* |  |  |  |  |  |  |
| AGREE with the following statement:  *Community health workers in this community know*  *how to treat malaria in children.* |  |  |  |  |  |  |
| DISAGREE with the following statement:  *Community health workers in your community*  *make parents pay for the medication to treat*  *malaria in children less than five years old.* |  |  |  |  |  |  |
| DISAGREE with the following statement:  *Community health workers in your community*  *make parents of children less than five years old*  *pay for the blood test to see if the child has*  *malaria.* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Percent of respondents with favorable perceptions of CHWs:** |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

### Table 3.3.8c: Perceptions of facility health workers regarding malaria care-seeking and treatment

**Table 3.3.8c** describes respondents’ perceptions of facility health workers, particularly considering malaria care-seeking and treatment. Favorable perceptions were assessed based on participants’ responses to a series of questions asking whether they agree or disagree with a statement. Results are presented by sociodemographic characteristic and study zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.3.8c:** Perceptions towards facility-based health workers regarding malaria care-seeking and treatment | | | | | | |
| Percent distribution of perceptions of facility health workers by zone, [Country Survey Year] | | | | | | |
| **Percent of respondents that perceive that:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
|
| AGREE with the following statement:  *Health providers in health facilities in this community*  *treat their patients with respect.* |  |  |  |  |  |  |
| AGREE with the following statement:  *Health providers at the health facilities in this*  *community know about how to treat malaria in children.* |  |  |  |  |  |  |
| DISAGREE with the following statement:  *Health providers at the health facility in your*  *community make parents pay for the medication to treat*  *malaria in children less than five years old.* |  |  |  |  |  |  |
| DISAGREE with the following statement:  *Health facility providers in your community make*  *parents of children less than five years old pay for the*  *blood test to see if the child has malaria.* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Percent with favorable perceptions of health facility workers regarding care-seeking/treatment** |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

### Table 3.3.9: Decision-making for malaria care and treatment

**Table 3.3.9** (next page)presents the distribution of decision-making regarding malaria care and treatment. Results are presented by sociodemographic characteristic and study zone and are disaggregated by the type of decision being made.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.3.9:** Decision-making for malaria care and treatment | | | | | | | | | | | | |
| Percent distribution of decision-making for malaria care and treatment by zone, [Country Survey Year] | | | | | | | | | | | | |
| **Percent of respondents involved in decision making regarding malaria care-seeking and treatment** | Zone 1 | | | Zone 2 | | | Zone 3 | | | Zone 4 | | |
| Decision to go to the health facility when child has malaria | Decision to purchase medicine when child is sick with fever | Decision about what to do when respondent is sick | Decision to go to the health facility when child has malaria | Decision to purchase medicine when child is sick with fever | Decision about what to do when respondent is sick | Decision to go to the health facility when child has malaria | Decision to purchase medicine when child is sick with fever | Decision about what to do when respondent is sick | Decisions to go to the health facility when child has malaria | Decision to purchase medicine when child is sick with fever | Decision about what to do when respondent is sick |
| **Sex** |  |  |  |  |  |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |  |  |  |  |  |  |
| Secondary or  higher |  |  |  |  |  |  |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total (%)** |  |  |  |  |  |  |  |  |  |  |  |  |

### Table 3.3.10: Care-seeking and testing of children with fever in the past 2 weeks

**Table 3.3.10** presents the distribution of care-seeking and testing behavior for children under age 5 who presented with fever in the 2 weeks preceding the survey. This table also presents the percentage of children for whom advice or treatment was promptly sought, and those who had blood taken for testing. Data is presented according to child sociodemographic characteristic and study zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.3.10:** Care-seeking and testing of children with fever in the past 2 weeks | | | | | |
| Percentage of children under age 5 with fever in the 2 weeks preceding the survey; and among children under age 5 with fever, percentage for whom advice or treatment was sought, percentage for whom advice or treatment was sought the same or next day following the onset of fever, and percentage who had blood taken from a finger or heel for testing, according to background characteristics, [Country Survey Year] | | | | | |
|
|
|
| **Characteristic** | Children under age 5 | Children under age 5 with fever | | | |
|
|
|
| Percentage with fever in the 2 weeks preceding the survey | Percentage for whom advice or treatment was sought\* | Percentage for whom advice or treatment was soughtthe same or next day\* | Percentage for whom advice or treatment was sought from a health facility or community worker first\* | Percentage who had received a malaria test |
|
|
|
|
| **Age in months** |  |  |  |  |  |
| <12 |  |  |  |  |  |
| 12-23 |  |  |  |  |  |
| 24+ |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Zone** |  |  |  |  |  |
| Zone 1 |  |  |  |  |  |
| Zone 2 |  |  |  |  |  |
| Zone 3 |  |  |  |  |  |
| Zone 4 |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Care-seeking and testing of children with fever in the past 2 weeks (Total %)** |  |  |  |  |  |
| \* Includes advice or treatment from the following sources: [PUBLIC MEDICAL SECTOR, PRIVATE MEDICAL SECTOR, COMMUNITY HEALTH WORKER]. Excludes advice or treatment from a traditional practitioner, shop, market and itinerant drug seller. | | | | | |
|

### Table 3.3.11: Treatment of children with fever

**Table 3.3.11** presents the percentage of children under 5 who had confirmed cases of malaria in the 2 weeks preceding the survey. This table also describes the percentage of these children receiving ACT and promptly (same or next day) receiving ACT. Data is presented according to child sociodemographic characteristic and study zone.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3.3.11:** Treatment of children with fever | | | |
| Percentage of children under age 5 with confirmed malaria; and among children under age 5 with confirmed malaria, percentage receiving ACT and prompt ACT, according to sociodemographic characteristics, [Country Survey Year] | | | |
|
|
|
|  | Children under age 5 | Children under age 5 with fever | |
| Percent with confirmed malaria | Percent with confirmed malaria receiving ACT | Percent with confirmed malaria receiving ACT promptly |
| **Age in months** |  |  |  |
| <12 |  |  |  |
| 12-23 |  |  |  |
| 24+ |  |  |  |
| **Residence** |  |  |  |
| Urban |  |  |  |
| Rural |  |  |  |
| **Zone** |  |  |  |
| Zone 1 |  |  |  |
| Zone 2 |  |  |  |
| Zone 3 |  |  |  |
| Zone 4 |  |  |  |
| **Wealth quintile** |  |  |  |
| Lowest |  |  |  |
| Second |  |  |  |
| Middle |  |  |  |
| Fourth |  |  |  |
| Highest |  |  |  |
| **Treatment of children with confirmed malaria (Total %)** |  |  |  |

## 

## A.3.4 Malaria in Pregnancy

This subsection of the Annex provides all data tables related to media consumption and exposure to malaria messages. The following tables may have been duplicated or referenced in the main body of the report.

### Table 3.4.2: Knowledge of Intermittent Presumptive Treatment in Pregnancy (IPTp)

**Table 3.4.2** presents the percent distribution of respondents who are aware and have specific knowledge of IPTp. Data are presented by study zone and disaggregated by participant sex, age group, and level of education as well as household residence type and wealth quintile. Participants reported knowledge related to the appropriate time to first seek pre-natal care, the number of recommended check-ups during one pregnancy, and the number of times during pregnancy a woman should receive medicine to keep her from getting malaria.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.4.2:** Knowledge of Intermittent Presumptive Treatment in Pregnancy (IPTp) | | | | | | | | | | |
| Percent distribution of respondents with specific knowledge of IPTp by zone, [Country Survey Year] | | | | | | | | | | |
| **Percent of respondents that correctly answer the following questions:** | | | | | | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|  |  |  |  |  |
| *How many times should a woman receive check-up*  *during one pregnancy?* | | | | | |  |  |  |  |  |
| *How many times during her pregnancy should a*  *woman receive medicine to keep her from getting*  *malaria?* | | | | | |  |  |  |  |  |
|  | | | | | |  |  |  |  |  |
| **Percent of respondents with comprehensive knowledge of IPTp** | | | | | |  |  |  |  |  |
| **Sex** | | | | | |  |  |  |  |  |
| Female | | | | | |  |  |  |  |  |
| Male | | | | | |  |  |  |  |  |
| **Age** | | | | | |  |  |  |  |  |
| 15-24 | | | | | |  |  |  |  |  |
| 25-34 | | | | | |  |  |  |  |  |
| 35-44 | | | | | |  |  |  |  |  |
| 45 and above | | | | | |  |  |  |  |  |
| **Residence** | | | | | |  |  |  |  |  |
| Urban | | | | | |  |  |  |  |  |
| Rural | | | | | |  |  |  |  |  |
| **Level of education** | | | | | |  |  |  |  |  |
| None | | | | | |  |  |  |  |  |
| Primary | | | | | |  |  |  |  |  |
| Secondary or higher | | | | | |  |  |  |  |  |
| **Wealth quintile** | | | | | |  |  |  |  |  |
| Lowest | | | | | |  |  |  |  |  |
| Second | | | | | |  |  |  |  |  |
| Middle | | | | | |  |  |  |  |  |
| Fourth | | | | | |  |  |  |  |  |
| Highest | | | | | |  |  |  |  |  |
| **Percent of respondents with comprehensive knowledge of IPTp** | | | | | |  |  |  |  |  |
| **Total (N)** | | | | | |  |  |  |  |  |

### Table 3.4.3: Attitudes towards IPTp

**Table 3.4.3** presents the distribution of favorable or unfavorable attitudes toward IPTp. Attitude favorability is calculated based on a participant’s agreement or disagreement to several statements related to IPTp care-seeking and treatment. The data is presented according to respondent and household sociodemographic characteristics in each zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.4.3:** Attitudes towards IPTp | | | | | |
| Percent of respondents with specific attitudes towards IPTp by zone, [Country Survey Year] | | | | | |
|
| **Percent of respondents that agree or disagree with the following statements:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| AGREE with the following statement:  *It is okay for pregnant women to take the medicine to prevent malaria*  *on empty stomach.* |  |  |  |  |  |
| DISAGREE with the following statement:  *Even if a woman thinks she may be pregnant, she should wait a few*  *months before she sees a health provider.* |  |  |  |  |  |
| DISAGREE with the following statement:  *A woman who has given birth before does not need to see a health*  *provider as soon as she thinks she might be pregnant*. |  |  |  |  |  |
| AGREE with the following statement:  *The medications given to pregnant women to prevent them from*  *getting malaria are safe for them and their babies.* |  |  |  |  |  |
| AGREE with the following statement:  *A pregnant woman must take several doses of the medicine to prevent*  *malaria during pregnancy* |  |  |  |  |  |
|  |  |  |  |  |  |
| **Percent of respondents with favorable attitudes towards IPTp** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Total percent of respondents with favorable attitudes towards IPTp (%)** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.4.4: Perceived severity of malaria in pregnancy

**Table 3.4.4** describes the percent of respondents who hold perceptions that malaria during pregnancy is severe. Perceived severity is calculated based on the respondents’ agreement or disagreement with certain statements. Data are presented by study zone and disaggregated by participant age, sex, and level of education, as well as household residence type and wealth.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.4.4:** Perceived severity of malaria in pregnancy | | | | | |
| Percent of respondents with specific perceived severity of malaria in pregnancy by zone, [Country Survey Year] | | | | | |
|
|  | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| **Percent of respondents who perceive that:** |  |  |  |  |  |
| AGREE with the following statement:  *When a pregnant woman gets malaria, the effect on her*  *and her unborn child is very serious.* |  |  |  |  |  |
| AGREE with the following statement:  *Pregnant women are more likely to die from malaria*  *compared to women who are not pregnant.* |  |  |  |  |  |
|  |  |  |  |  |  |
| **Percent of respondents with perceived severity of malaria in pregnancy** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Percent of respondents with perceived severity of malaria in pregnancy (%)** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.4.5: Perceived response efficacy of IPTp

**Table 3.4.5** presents the distribution of perceived response-efficacy regarding IPTp. Perceived response-efficacy is calculated based on a participant’s agreement or disagreement to several statements related to IPTp. The data is presented according to respondent sociodemographic characteristics in each zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Table 3.4.5: Perceived response efficacy of IPTp | | | | | |
| Percent distribution of specific response-efficacy of IPTp by zone, [Country Survey Year] | | | | | |
|
| **Percent of respondents who AGREE with the following statements:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| *Consulting health facility providers during pregnancy is a way to make sure the baby and mother are healthy* |  |  |  |  |  |
| *The medicine given to pregnant women to prevent malaria works well to keep the mother health.* |  |  |  |  |  |
| *Pregnant women should still take the medicine that is meant to keep them from getting malaria even if they sleep under nets every night.* |  |  |  |  |  |
|  |  |  |  |  |  |
| **Percent of respondents with perceived response-efficacy of IPTp** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Percent of respondents with perceived response-efficacy of IPTp** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.4.6a: Perceived self-efficacy for IPTp- women

**Table 3.4.6a** presents the distribution of perceived self-efficacy regarding IPTp, specifically among women. Perceived self-efficacy is calculated based on a participant’s agreement or disagreement to several statements related to IPTp care seeking and treatment. The data is presented according to respondent sociodemographic characteristics in each zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.4.6a:** Perceived self-efficacy for IPTp- women | | | | | |
| Percent of respondents with perceived self-efficacy for IPTp among women by zone, [Country Survey Year] | | | | | |
|
| **Percent of women that believe they can:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| Go for antenatal care as soon as I think I might be pregnant |  |  |  |  |  |
| Convince my spouse to accompany me spouse/partner to the health facility for antenatal care |  |  |  |  |  |
| Go to at least four antenatal care appointments at the health facility |  |  |  |  |  |
| Go for antenatal care even if my religious leader does not agree |  |  |  |  |  |
| Take the medicine to prevent malaria at least three times during pregnancy |  |  |  |  |  |
| Request the medicine that helps to prevent malaria when I go for antenatal care |  |  |  |  |  |
|  |  |  |  |  |  |
| **Percent of women with perceived self-efficacy for IPTp** |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Percent of women with perceived self-efficacy for IPTp** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.4.6b: Perceived self-efficacy for IPTp-men

**Table 3.4.6b** presents the distribution of perceived self-efficacy regarding IPTp, specifically among men. Perceived self-efficacy is calculated based on a participant’s agreement or disagreement to several statements related to IPTp. The data is presented according to respondent sociodemographic characteristics in each zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Table 3.4.6b: Perceived self-efficacy for IPTp- men | | | | | |
| Percent of respondents with perceived self-efficacy for IPTp among men by zone, [Country Survey Year] | | | | | |
|
| **Percent of women that believe they can:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| Support my spouse/partner to go for antenatal care as soon as she thinks she might be pregnant. |  |  |  |  |  |
| Accompany my spouse to the health facility for antenatal care. |  |  |  |  |  |
| Support my spouse/partner to go for at least four antenatal care appointments at the health facility during pregnancy. |  |  |  |  |  |
| Support my spouse/partner to go for antenatal care even if my religious leader does not agree. |  |  |  |  |  |
| Support my spouse/partner to take the medicine to prevent malaria at least three times during pregnancy. |  |  |  |  |  |
| Support my spouse/partner to request the medicine that helps to prevent malaria when she goes for antenatal care. |  |  |  |  |  |
|  |  |  |  |  |  |
| **Percent of men with perceived self-efficacy for IPTp** |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Percent of men with perceived self-efficacy for IPTp** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### 

### Table 3.4.7: Perceived community norms regarding IPTp

**Table 3.4.7** presents the perceived community norms regarding IPTp. Perceived community norms were assessed based on participants’ responses to a series of questions asking about the proportion of women in their community who 1) go to antenatal care at least four times when pregnant; and 2) take medicine to prevent malaria when they are pregnant. Participants also reported whether they believe others in the community approve of women taking these actions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3.4.7:** Perceived community norms regarding IPTp | | | |
| Percent of respondents with perceived community norms regarding IPTp by zone, [Country Survey Year] | | | |
|
| **Percent of respondents that perceive that:** | *Most women in their community go to antenatal care at least four times when they are pregnant* | *Most women in your community take medicine to prevent malaria when they are pregnant* | *Most people in your community approve of pregnant women taking the medicine to prevent malaria* |
|
| **Zone** |  |  |  |
| Zone 1 |  |  |  |
| Zone 2 |  |  |  |
| Zone 3 |  |  |  |
| Zone 4 |  |  |  |
| **Sex** |  |  |  |
| Female |  |  |  |
| Male |  |  |  |
| **Age** |  |  |  |
| 15-24 |  |  |  |
| 25-34 |  |  |  |
| 35-44 |  |  |  |
| 45 and above |  |  |  |
| **Residence** |  |  |  |
| Urban |  |  |  |
| Rural |  |  |  |
| **Level of education** |  |  |  |
| None |  |  |  |
| Primary |  |  |  |
| Secondary or higher |  |  |  |
| **Wealth quintile** |  |  |  |
| Lowest |  |  |  |
| Second |  |  |  |
| Middle |  |  |  |
| Fourth |  |  |  |
| Highest |  |  |  |
| **Percent of respondents with perceived community norms** |  |  |  |
| **Total (N)** |  |  |  |

### 

### Table 3.4.8: Perceived gender norms regarding malaria in pregnancy

**Table 3.4.8** presents the distribution of equitable gender norms regarding ANC. Equitable gender norms were calculated based on a participant’s reported perceptions. Data is presented by study zone and is disaggregated by participant sex, age group, and level of education, as well as household residence type and wealth quintile.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.4.8:** Perceived gender norms regarding malaria in pregnancy | | | | | |
| Percent of respondents with equitable gender norms regarding ANC, by zone, [Country Survey Year] | | | | | |
|
| **Percent of respondents that perceive that:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| *A pregnant woman should feel comfortable asking her husband/spouse to go to the health facility for a prenatal consultation.* |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Percent of respondents with equitable gender norms regarding ANC** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.4.9a: Perceptions of health workers regarding malaria in pregnancy

**Table 3.4.9a** summarizes the percept of respondents who hold favorable perceptions of community health workers regarding malaria in pregnancy, based on respondents’ agreement with several statements. Data is presented by study zone and disaggregated by respondent sex, age, level of education as well as household residence type and wealth quintile.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.4.9a:** Perceptions of community-based health workers regarding malaria in pregnancy | | | | | |
| Percent of respondents with specific perceptions of community health workers, by zone, [Country Survey Year] | | | | | |
|
| **Percent of respondents that perceive that:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| In your community, providers at the health facility make pregnant women pay for SP/Fansidar/Maloxine, the medicine to prevent malaria. |  |  |  |  |  |
| Prenatal health providers in this community generally treat pregnant women with respect. |  |  |  |  |  |
| **Percent of respondents with favorable perceptions of community health workers** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Percent of respondents with favorable perceptions of community health workers** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.4.9b: Perceptions of facility-based health workers regarding malaria in pregnancy

**Table 3.4.9b (next page)** summarizes the percent of respondents who hold favorable perceptions of facility health workers regarding malaria in pregnancy, based on respondents’ agreement or disagreement with several statements. Data is presented by study zone and disaggregated by respondent sex, age, level of education as well as household residence type and wealth quintile.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.4.9b:** Perceptions of facility-based health workers regarding malaria in pregnancy | | | | | |
| Percent of respondents with specific perceptions of facility health workers, by zone, [Country Survey Year] | | | | | |
|
| **Percent of respondents that agree or disagree with the following:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| AGREE with the following statement:  *Health providers at the health facility in this community always offer the*  *medicine to prevent malaria to pregnant women.* |  |  |  |  |  |
| DISAGREE with the following statement:  *Health providers at the health facilities in this community always give*  *pregnant women the medicine the medication to prevent malaria only if she’s*  *eaten beforehand.* |  |  |  |  |  |
| DISAGREE with the following statement:  *If a woman goes to the health facility during the first two months of her*  *pregnancy, the health providers will send her away*. |  |  |  |  |  |
| DISAGREE with the following statement:  *If a pregnant woman goes to the health facility without her husband/partner,*  *the health providers will send her away* |  |  |  |  |  |
|  |  |  |  |  |  |
| **Percent of respondents with favorable perceptions of facility health workers** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Percent of respondents with favorable perceptions of facility health workers** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.4.10: Decision-making regarding antenatal care

**Table 3.4.10** summarizes the distribution of respondents involved in decision-making concerning antenatal care. Results are presented by zone and disaggregated by respondent sex, age, level of education, household residence type, and household wealth quintile.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.4.10:** Decision-making regarding antenatal care | | | | | |
| Percent distribution of respondents involved in decision-making regarding antenatal care by zone,  [Country Survey Year] | | | | | |
|
| **Percent of respondents involved in decision-making regarding antenatal care** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Percent of respondents involved in decision-making regarding antenatal care (%)** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.4.11: Interpersonal communication regarding antenatal care

**Table 3.4.11** describes interpersonal communication regarding antenatal care in each study zone. Specifically, this table summarizes the distribution of respondents who reported discussing ANC with their spouse/partner. Data are disaggregated by sex, age, residence type, level of education, and household wealth quintile.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.4.11:** Interpersonal communication regarding antenatal care | | | | | |
| Percent distribution of respondents who discussed attending antenatal care with their spouse/partner by zone, [Country Survey Year] | | | | | |
|
| **Percent of respondents discussing antenatal care attendance with their spouse or partner** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Percent of respondents who discussed antenatal care attendance with their spouse or partner (%)** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.4.12: Intention to use IPTp

**Table 3.4.12** describes women’s intention to use IPTp. This data only refers to women and the partners of women who reported that they intend to have children/more children. The table presents the distribution who intend to use IPTp in their next pregnancy. Data are presented by zone and disaggregated according to respondent sex, age group, residence type, level of education, and household wealth quintile.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.4.12:** Intention to use IPTp | | | | | |
| Among women who intend to have more children, percent distribution of respondents who intend to use IPTp in next pregnancy by zone, [Country Survey Year] | | | | | |
|
| **Percent of respondents who intend to use IPTp in next pregnancy** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Percent of respondents who intend to use IPTp in next pregnancy (%)** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.4.13: Antenatal care attendance

**Table 3.4.13** describes antenatal care attendance among women. All respondents for this table were women with a live birth in the past two years. Data presented includes the percentage of women who reported attending at least one ANC visit, attending at least four ANC visits, attending at least one ANC while accompanied by their spouse, and attending at least one ANC visit and receiving an ITN. Data are disaggregated by respondent age group, residence type, study zone, and household wealth quintile.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 3.4.13**: Antenatal care attendance | | | | |
| Antenatal care attendance among women with a live birth in the past two years, [Country Survey Year] | | | | |
|
|  | Attending at least one antenatal visit | Attending at least four antenatal visits | Attending at least one antenatal visit accompanied by their spouse | Attending at least one antenatal visit and receiving an ITN |
|
|
|
| **Age** |  |  |  |  |
| 15-24 |  |  |  |  |
| 25-34 |  |  |  |  |
| 35-44 |  |  |  |  |
| 45 and above |  |  |  |  |
| **Residence** |  |  |  |  |
| Urban |  |  |  |  |
| Rural |  |  |  |  |
| **Region** |  |  |  |  |
| Zone 1 |  |  |  |  |
| Zone 2 |  |  |  |  |
| Zone 3 |  |  |  |  |
| Zone 4 |  |  |  |  |
| **Wealth quintile** |  |  |  |  |
| Lowest |  |  |  |  |
| Second |  |  |  |  |
| Middle |  |  |  |  |
| Fourth |  |  |  |  |
| Highest |  |  |  |  |
| **Total %** |  |  |  |  |
| **Total (N)** |  |  |  |  |

### Table 3.4.14: Use of intermittent preventive treatment (IPTp) by women during pregnancy

**Table 3.4.14** summarizes IPTp use during pregnancy among women who have given birth in the 2 years preceding the survey. Only data of women are presented in this table. Data are disaggregated by participant age group, the number of ANC visits they attended during last pregnancy, household residence type, study zone, participant level of education, and household wealth quintile.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3.4.14** Use of intermittent preventive treatment (IPTp) by women during pregnancy | | | |
| Percentage of women age 15-49 with a live birth in the 2 years preceding the survey who, during the pregnancy that resulted in the last live birth, received one or more doses of SP/Fansidar, received two or more doses of SP/Fansidar, and received three or more doses of SP/Fansidar, according to background characteristics, [Country Survey Year] | | | |
|
|
|
|  | Percentage who received one or more doses of SP/Fansidar | Percentage who received two or more doses of SP/Fansidar | Percentage who received three or more doses of SP/Fansidar |
|
|
|
|
| **Age** |  |  |  |
| 15-24 |  |  |  |
| 25-34 |  |  |  |
| 35-44 |  |  |  |
| 45 and above |  |  |  |
| **Number of ANC visits** |  |  |  |
| 0-3 |  |  |  |
| 4+ |  |  |  |
| **Residence** |  |  |  |
| Urban |  |  |  |
| Rural |  |  |  |
| **Zone** |  |  |  |
| Zone 1 |  |  |  |
| Zone 2 |  |  |  |
| Zone 3 |  |  |  |
| Zone 4 |  |  |  |
| **Education** |  |  |  |
| No education |  |  |  |
| Primary |  |  |  |
| Secondary |  |  |  |
| More than secondary |  |  |  |
| **Wealth quintile** |  |  |  |
| Lowest |  |  |  |
| Second |  |  |  |
| Middle |  |  |  |
| Fourth |  |  |  |
| Highest |  |  |  |
| **Percent of women who received number of doses of IPTp** |  |  |  |

### Table 3.4.15: Source of IPTp

**Table 3.4.15** describes the common sources of IPTp among women who have given birth in the 2 years prior to the study. This table also specifies the percentage of women who received one or more doses of IPTp by sociodemographic characteristics. Data are disaggregated by participant age group, resident type, study zone, and household wealth quintile.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 3.4.15:** Source of IPTp | | | | |
| Source of IPTp among women with a live birth in the past two years, [Country Survey Year] | | | | |
|
|
|
|  | Percentage who received one or more doses of SP/Fansidar | Sources of SP/Fansidar doses among those who received at least one dose | | |
| Antenatal care | Non antenatal visit at facility | Pharmacy |
|
|
| **Age** |  |  |  |  |
| 15-24 |  |  |  |  |
| 25-34 |  |  |  |  |
| 35-44 |  |  |  |  |
| 45 and above |  |  |  |  |
| **Residence** |  |  |  |  |
| Urban |  |  |  |  |
| Rural |  |  |  |  |
| **Zone** |  |  |  |  |
| Zone 1 |  |  |  |  |
| Zone 2 |  |  |  |  |
| Zone 3 |  |  |  |  |
| Zone 4 |  |  |  |  |
| **Wealth quintile** |  |  |  |  |
| Lowest |  |  |  |  |
| Second |  |  |  |  |
| Middle |  |  |  |  |
| Fourth |  |  |  |  |
| Highest |  |  |  |  |
| **Percent of women who received IPTp, from different sources** |  |  |  |  |

## A.3.5 Insecticide-Treated Net Use

This subsection of the Annex provides all data tables related to ITN use. This includes data related to respondent knowledge of malaria prevention using ITNs; attitudes toward ITNs in general; attitudes toward ITN care; perceived response efficacy and perceived self-efficacy of ITNs; respondents’ perceived community norms and gender norms regarding ITNs; household possession, access, and use of ITNs; ITN characteristics; ITN care and repurposing behavior; and sleep patterns, including seasonality of outdoor sleeping. The following tables or and figures may have been duplicated or referenced in the main body of the report.

### Table 3.5.2: Knowledge of malaria prevention using mosquito nets

**Table 3.5.2** presents distribution of participants’ knowledge of malaria prevention using ITNs. Results are presented by participant characteristics and are disaggregated by study zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.5.2:** Knowledge of malaria prevention using ITNs | | | | | | |
| Percentage of respondents that know ITNs are a method of malaria prevention, according to background characteristics, [Country Survey Year] | | | | | | |
|  | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Total percent of respondents that know ITNs are a method of malaria prevention (%)** |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

### Table 3.5.3a: Favorable attitudes towards ITNs

**Table 3.5.3a** presents distribution of respondents’ attitudes toward mosquito nets. This table specifies favorable attitudes toward ITNs based on agreement or disagreement with specific statements. Results are presented by participant characteristics and disaggregated by study zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.5.3a:** Favorable attitudes towards ITNs | | | | | | |
| Percent of respondents with specific attitudes towards mosquito nets by zone, [Country Survey Year] | | | | | | |
| **Percent of respondents with favorable attitudes to nets based on the following statements:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
|
| AGREE  *It is easier to get a good night’s*  *sleep when I sleep under a mosquito net.* |  |  |  |  |  |  |
| DISAGREE  *It is not easy to sleep under a net*  *because every night you have to*  *unfold it and cover the sleeping space.* |  |  |  |  |  |  |
| DISAGREE  *I do not like sleeping under a*  *mosquito net when the weather is too*  *warm.* |  |  |  |  |  |  |
| DISAGREE  *Sleeping under a net is an*  *inconvenience for a couple that wants*  *to make children.* |  |  |  |  |  |  |
| DISAGREE  *The smell of the insecticide makes it*  *uncomfortable for me to sleep under a*  *mosquito net.* |  |  |  |  |  |  |
| AGREE  *Mosquito nets are generally easy to*  *use for sleeping.* |  |  |  |  |  |  |
| AGREE  *Insecticide-treated nets does not pose*  *a risk to one’s health.* |  |  |  |  |  |  |
| AGREE  *Mosquito nets are very useful.* |  |  |  |  |  |  |
| DISAGREE  *More expensive mosquito nets are*  *more effective than cheaper or free*  *mosquito nets.* |  |  |  |  |  |  |
| AGREE  *There are actions I can take to help*  *my mosquito net last long.* |  |  |  |  |  |  |
| AGREE  *I can protect my family against malaria*  *by taking care of my mosquito net.* |  |  |  |  |  |  |
| AGREE  *Other people in this community fix*  *holes in their mosquito nets.* |  |  |  |  |  |  |
| **Percent of respondents with favorable attitudes towards ITNs (characteristic)** |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Percent of respondents with favorable attitudes towards ITNs (%)** |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

### Table 3.5.3b: Favorable attitudes towards ITN care

**Table 3.5.3b** presents distribution of participants’ attitudes toward ITN care based on agreement or disagreement with specific statements. Results are presented by participant characteristics and disaggregated by study zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.5.3b:** Favorable attitudes towards ITN care | | | | | | |
| Percent of respondents with specific attitudes towards mosquito nets by zone, [Country Survey Year] | | | | | | |
| **Percent of respondents with favorable attitudes to ITN care based on the following statements:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
|
| AGREE  *It is easier to get a good night’s sleep when I sleep under a mosquito net.* |  |  |  |  |  |  |
| DISAGREE  *It is not easy to sleep under a net because every night you have to unfold it and cover the sleeping space.* |  |  |  |  |  |  |
| DISAGREE  *I do not like sleeping under a mosquito net when the weather is too warm.* |  |  |  |  |  |  |
| DISAGREE  *Sleeping under a net is an inconvenience for a couple that wants to make children.* |  |  |  |  |  |  |
| DISAGREE  *The smell of the insecticide makes it uncomfortable for me to sleep under a mosquito net.* |  |  |  |  |  |  |
| AGREE  *Mosquito nets are generally easy to use for sleeping.* |  |  |  |  |  |  |
| AGREE  *Insecticide-treated nets does not pose a risk to one’s health.* |  |  |  |  |  |  |
| AGREE  *Mosquito nets are very useful.* |  |  |  |  |  |  |
| DISAGREE  *More expensive mosquito nets are more effective than cheaper or free mosquito nets.* |  |  |  |  |  |  |
| AGREE  *There are actions I can take to help my mosquito net last long.* |  |  |  |  |  |  |
| AGREE  *I can protect my family against malaria by taking care of my mosquito net.* |  |  |  |  |  |  |
| AGREE  *Other people in this community fix holes in their mosquito nets.* |  |  |  |  |  |  |
| **Percent of respondents with favorable attitudes towards ITNs (characteristic)** |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Percent of respondents with favorable attitudes towards ITN care (%)** |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

### Table 3.5.4: Perceived response efficacy of ITNs

**Table 3.5.4** summarizes respondents’ perceived response efficacy of ITNs based on their agreement or disagreement with certain statements. Results are presented by participant characteristics and are disaggregated by study zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.5.4:** Perceived response efficacy of ITNs | | | | | | |
| Percent of respondents with specific perceived response efficacy by zone, [Country Survey Year] | | | | | | |
| **Percent of respondents with perceived response efficacy based on the following statements:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
|
| DISAGREE  *Mosquito nets only prevent mosquito bites when*  *used on a bed.* |  |  |  |  |  |  |
| DISAGREE  *My chances of getting malaria are the same whether*  *or not I sleep under a mosquito net.* |  |  |  |  |  |  |
| AGREE  *Sleeping under a mosquito net every night is the best*  *way to avoid getting malaria.* |  |  |  |  |  |  |
| **Percent of respondents with perceived response efficacy of ITNs (characteristic)** |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Percent of respondents with perceived response efficacy of ITNs (%)** |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

### Table 3.5.5: Perceived self-efficacy to use ITNs

**Table 3.5.5** describes respondents’ perceived self-efficacy to use ITNs based on their response to a series of questions asking whether they feel they could or could not take certain actions. Results are presented by participant characteristics and are disaggregated by study zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.5.5:** Perceived self-efficacy to use ITNs | | | | | | |
| Percent distribution of respondents with specific self-efficacy to use ITNs by zone, [Country Survey Year] | | | | | | |
| **Percent of respondents that could do the following :** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
|
| *Sleep under a mosquito net for the entire night when*  *there are lots of mosquitoes.* |  |  |  |  |  |  |
| *Sleep under a mosquito net for the entire night when*  *there are few mosquitoes.* |  |  |  |  |  |  |
| *Sleep under a mosquito net every night of the year.* |  |  |  |  |  |  |
| *Get all of your children to sleep under a mosquito net*  *every night of the year.* |  |  |  |  |  |  |
| **Percent of respondents with perceived self-efficacy to use ITNs (characteristic)** |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Percent of respondents with perceived self-efficacy to use ITNs (%)** |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

### Table 3.5.6a: Perceived community norms regarding ITNs

**Table 3.5.6a** (next page)describes respondents’ perceived community norms regarding ITNs. Perceived community norms were assessed based on participants’ responses to a series of questions asking about the proportion of members in their community who use nets and/or approve of them (the respondent) using nets every night. Results are presented by participant characteristics and are disaggregated by study zone.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.5.6a:** Perceived community norms regarding ITNs | | | | | | | | | | |
| Percent of respondents with perceived norms regarding ITN use by zone, [Country Survey Year] | | | | | | | | | | |
|  | Zone 1 | | Zone 2 | | Zone 3 | | Zone 4 | | All | |
| at least half of the community members who have nets use them nightly | at least half of the community members approve of using a net every night | at least half of the community members who have nets use them nightly | at least half of the community members approve of using a net every night | at least half of the community members who have nets use them nightly | at least half of the community members approve of using a net every night | at least half of the community members who have nets use them nightly | at least half of the community members approve of using a net every night | at least half of the community members who have nets use them nightly | at least half of the community members approve of using a net every night |
| **Sex** |  |  |  |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |  |  |  |  |
| **Percent of respondents who perceive that ITN use is a community norm (%)** |  |  |  |  |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |  |  |  |  |

### Table 3.5.6b: Perceived gender norms regarding ITNs

**Table 3.5.6b** (next page)presents participants’ perceived gender norms related to ITN use. One’s reported gender norms are based on their agreement or disagreement several statements. Results are presented by participant characteristics and are disaggregated by study zone.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.5.6b:** Perceived gender norms regarding ITNs | | | | | | | | | | |
| Percent of respondents with perceived equitable gender norms regarding ITN use by zone, [Country Survey Year] | | | | | | | | | | |
| Characteristic | Zone 1 | | Zone 2 | | Zone 3 | | Zone 4 | | All | |
| **Percent of respondents who disagree with the following statements:**  ***When there are not***  ***enough nets…*** | It is more important that female children sleep under the available nets rather than male children. | It is more important that male children sleep under the available nets rather than female children | It is more important that female children sleep under the available nets rather than male children. | It is more important that male children sleep under the available nets rather than female children | It is more important that female children sleep under the available nets rather than male children. | It is more important that male children sleep under the available nets rather than female children | It is more important that female children sleep under the available nets rather than male children. | It is more important that male children sleep under the available nets rather than female children | It is more important that female children sleep under the available nets rather than male children. | It is more important that male children sleep under the available nets rather than female children |
| **Sex** |  |  |  |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |  |  |  |  |
| **Percent of respondents who perceive equitable gender norms regarding ITN (%)** |  |  |  |  |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |  |  |  |  |

### Table 3.5.7: Household possession of mosquito nets

**Table 3.5.7** summarizes household possession of mosquito nets (treated or untreated). The data table specifies the percentage of households with at least one ITN in the household, and at least one ITN for every two persons who stayed in the household the previous night. Results are presented by residence, zone, and household wealth quintile.

|  |  |  |
| --- | --- | --- |
| **Table 3.5.7:** Household possession of mosquito nets | | |
| Percentage of households with at least one mosquito net (treated or untreated) and insecticide-treated net (ITN); **and** percentage of households with at least one net and ITN per two persons who stayed in the household last night, according to household characteristics, [Country Survey Year] | | |
|
|
|  | Percentage of households with at least one ITN\* | Percentage of households with at least one ITN\* for every two persons who stayed in the household last night |
|
|
|
|
| **Residence** |  |  |
| Urban |  |  |
| Rural |  |  |
| **Zone** |  |  |
| Zone 1 |  |  |
| Zone 2 |  |  |
| Zone 3 |  |  |
| Zone 4 |  |  |
| **Wealth quintile** |  |  |
| Lowest |  |  |
| Second |  |  |
| Middle |  |  |
| Fourth |  |  |
| Highest |  |  |
| **Total percent of households with insecticide treated nets (%)** |  |  |
| \* An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. | | |
|

### Table 3.5.8: Access to an ITN

**Table 3.5.8** describes the percentage of de facto population in each zone with access to an ITN in the household. This percentage is interpreted as an indicator of access. Results are presented according to household characteristics and are disaggregated by study zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.5.8:** Access to an ITN | | | | | | |
| Percentage of the de facto population with access to an ITN in the household, according to household characteristics, [Country Survey Year] | | | | | | |
| **Percentage of the de facto population with access to an ITN\*** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
|
|
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Total percentage of the de facto population with access to an ITN\* (%)** |  |  |  |  |  |  |
| \* Percentage of de facto household population who could sleep under an ITN if each ITN in the household were used by up to two people. | | | | | | |

### Table 3.5.9: Use of mosquito nets by persons in the household

**Table 3.5.9** describes the percentage of de facto population in each zone who slept under an ITN in the household the night before the survey. Results are presented according to participant characteristics and are disaggregated by study zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.4.9:** Use of ITNs by persons in the household | | | | | | |
| Percentage of the de facto household population who slept the night before the survey under an ITN the night before the survey, according to background characteristics, [Country Survey Year] | | | | | | |
| **Percentage who slept under an ITN last night** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
|
|
|
|
|
|
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Number of ITNs in household** |  |  |  |  |  |  |
| <1 net per 2  people |  |  |  |  |  |  |
| ≥1 net per 2  people |  |  |  |  |  |  |
| **Total percent of persons in the household who used an ITN the previous night (%)** |  |  |  |  |  |  |

### Table 3.5.10: ITN Use Access Ratio

**Table 3.5.10** presents the ITN Use Access Ratio in each zone, according to household characteristics. Results are disaggregated by study zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.5.10:** ITN Use Access Ratio | | | | | | |
| ITN use access ratio, according to background characteristics, [Country Survey Year] | | | | | | |
| **ITN use access ratio1** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |
| 1 Percentage of de facto household population who could sleep under an ITN if each ITN in the household were used by up to two people. | | | | | | |

### Table 3.5.11: Use of existing ITNs

**Table 3.5.11** illustrates the percentage of ITNs that were used the previous night, and those that were used every night in the week prior to the survey, according to household characteristics. Results are disaggregated by study zone.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.5.11:** Use of existing ITNs | | | | | | | | | | |
| Percentage of ITNs used the previous night and every night, by background characteristics, [Country Survey Year] | | | | | | | | | | |
|
|  | Zone 1 | | Zone 2 | | Zone 3 | | Zone 4 | | Total | |
|  | % of ITNs used the previous night | % of ITNs used every night of the previous week | % of ITNs used the previous night | % of ITNs used every night of the previous week | % of ITNs used the previous night | % of ITNs used every night of the previous week | % of ITNs used the previous night | % of ITNs used every night of the previous week | % of ITNs used the previous night | % of ITNs used every night of the previous week |
|
| **Residence** |  |  |  |  |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |  |  |  |  |

### Table 3.5.12: ITN characteristics

**Table 3.5.12** presents the percentage of ITNs which specific characteristics, according to net characteristics. Results are disaggregated by study zone.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.5.12:** ITN Characteristics | | | | | | | |
| Percentage of nets with specific characteristics, by zone [Country Survey Year] | | | | | | | |
|  | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
| **% of nets that are ITN\*** |  |  |  |  |  |  |
| **% of ITNs obtained for free** |  |  |  |  |  |  |
| **Source of ITN** |  |  |  |  |  |  |
| Distribution campaign |  |  |  |  |  |  |
| Prenatal consultation (PNC) |  |  |  |  |  |  |
| Immunization |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |
| **% of ITNs ≥ 3 years old** |  |  |  |  |  |  |
| **Color of ITN** |  |  |  |  |  |  |
| White |  |  |  |  |  |  |
| Blue |  |  |  |  |  |  |
| Green |  |  |  |  |  |  |
| Other color |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |
| \* An insecticide-treated net (ITN) is a factory-treated net that does not require any further treatment. | | | | | | | |

### Table 3.5.13: ITN care and repurposing

**Table 3.5.13** describes ITN care and repurposing practices, according to care and repurposing characteristics. Results are disaggregated by study zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.5.13:** ITN Care and Repurposing | | | | | |
| Care and Repurposing of ITNs, by zone [Country Survey Year] | | | | | |
|
|
|  | Zone 1 | Zone 2 | Zone 3 | Zone 4 | All |
| **% ITNs ever washed** |  |  |  |  |  |
| **Product used to wash ITN** |  |  |  |  |  |
| Soap |  |  |  |  |  |
| Powder soap/liquid soap |  |  |  |  |  |
| Nothing |  |  |  |  |  |
| Other |  |  |  |  |  |
| **Where ITN was dried** |  |  |  |  |  |
| Out in the Shade |  |  |  |  |  |
| Out in the sun |  |  |  |  |  |
| Other |  |  |  |  |  |
| **Location of ITN** |  |  |  |  |  |
| Suspended at sleeping place |  |  |  |  |  |
| Suspended, folded, and tied |  |  |  |  |  |
| Not suspended but not stowed |  |  |  |  |  |
| Unpacked but stowed |  |  |  |  |  |
| Still stowed under packaging |  |  |  |  |  |
| **% of respondents who practice net care behavior** |  |  |  |  |  |
| **% of respondents who repurpose nets** |  |  |  |  |  |

### Table 3.5.14: Sleep pattern and outdoor sleeping the previous night

**Table 3.5.14** presents the sleep patterns and outdoor sleeping behavior of respondents, according to respondent and household background characteristics.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3.5.14** Sleep pattern and outdoor sleeping the previous night | | | |
| Respondent's sleep pattern and outdoor sleeping, according to background characteristics, [Country Survey Year] | | | |
|
|
|  | Time respondents went to sleep | Time respondents woke up | Proportion of respondents who slept outdoors the previous night |
|
|
|
|
| **Sex** |  |  |  |
| Female |  |  |  |
| Male |  |  |  |
| **Age** |  |  |  |
| 15-24 |  |  |  |
| 25-34 |  |  |  |
| 35-44 |  |  |  |
| 45 and above |  |  |  |
| **Residence** |  |  |  |
| Urban |  |  |  |
| Rural |  |  |  |
| **Zone** |  |  |  |
| Zone 1 |  |  |  |
| Zone 2 |  |  |  |
| Zone 3 |  |  |  |
| Zone 4 |  |  |  |
| **Wealth quintile** |  |  |  |
| Lowest |  |  |  |
| Second |  |  |  |
| Middle |  |  |  |
| Fourth |  |  |  |
| Highest |  |  |  |

### Table 3.5.15: Seasonality in outdoor sleeping

**Table 3.5.15** presents the proportion of respondents who reported outdoor sleeping any month throughout the year. Results are presented by month and are disaggregated by study zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.5.15:** Seasonality in outdoor sleeping | | | | | |
| Proportion of respondents who report outdoor sleeping in various months, according to month, [Country Survey Year] | | | | | |
| **Month** | Percentage of respondents who sleep outside during different months of the year. | | | | |
| Zone 1 | Zone 2 | Zone 3 | Zone 4 | All |
| January |  |  |  |  |  |
| February |  |  |  |  |  |
| March |  |  |  |  |  |
| April |  |  |  |  |  |
| May |  |  |  |  |  |
| June |  |  |  |  |  |
| July |  |  |  |  |  |
| August |  |  |  |  |  |
| September |  |  |  |  |  |
| October |  |  |  |  |  |
| November |  |  |  |  |  |
| December |  |  |  |  |  |

## 

## A.3.6 SMC for Children Under Five Years Old

This subsection of the Annex provides all data tables related to seasonal malaria chemoprevention for children under five years old. The following tables include data related to SMC seeking and receipt behavior as well as several ideational factors including knowledge, attitudes, perceived response efficacy, perceived self-efficacy, perceived norms, decision-making, and perceptions of health workers regarding SMC. The tables may have been duplicated in the main body of the report.

### Table 3.6.2: Knowledge of SMC program

**Table 3.6.2** presents respondent knowledge regarding SMC programs. The data is presented according to respondent sociodemographic characteristics in each zone.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 3.6.2:** Knowledge of SMC program | | | | |
| Percent of respondents with knowledge of the SMC program by zone, [Country Survey Year] | | | | |
|
| **Percent of respondents who:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 |
|
| *Have heard of the medicine given to children under 5 years old to prevent*  *malaria during the rainy season* |  |  |  |  |
| *Know the number of months the children should take the medication during*  *the rainy season that prevents malaria.* |  |  |  |  |
| *Knows how many days a month in the rainy season the medication should*  *be given to prevent malaria.* |  |  |  |  |
|  |  |  |  |  |
| **Percent of respondents with comprehensive SMC knowledge** |  |  |  |  |
| **Sex** |  |  |  |  |
| Female |  |  |  |  |
| Male |  |  |  |  |
| **Age** |  |  |  |  |
| 15-24 |  |  |  |  |
| 25-34 |  |  |  |  |
| 35-44 |  |  |  |  |
| 45 and above |  |  |  |  |
| **Residence** |  |  |  |  |
| Urban |  |  |  |  |
| Rural |  |  |  |  |
| **Level of education** |  |  |  |  |
| None |  |  |  |  |
| Primary |  |  |  |  |
| Secondary or higher |  |  |  |  |
| **Wealth quintile** |  |  |  |  |
| Lowest |  |  |  |  |
| Second |  |  |  |  |
| Middle |  |  |  |  |
| Fourth |  |  |  |  |
| Highest |  |  |  |  |
| **SMC zone** |  |  |  |  |
| No |  |  |  |  |
| Yes |  |  |  |  |
| **Total (N)** |  |  |  |  |

### Table 3.6.3 Favorable attitudes towards SMC

**Table 3.6.3** presents the distribution of favorable attitudes toward SMC. Attitude favorability is calculated based on a participant’s agreement or disagreement to several statements related to SMC. The data is presented according to respondent characteristics in each zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.6.3:** Favorable attitudes towards SMC | | | | | |
| Percent of respondents with specific measures of attitudes towards SMC by zone, [Country Survey Year] | | | | | |
|
| **Percent of respondents that agree with the following statements** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| AGREE with the following statement:  *Door-to-door distribution of the medicine to prevent malaria in children during the rainy season is more convenient for me than distribution at the health facility.* |  |  |  |  |  |
| AGREE with the following statement:  *Leaders in my community support the distribution of the medication that prevents malaria in children during the rainy season.* |  |  |  |  |  |
| AGREE with the following statement:  *Religious leaders in my community support the distribution of the medication to prevent malaria in children during the rainy season.* |  |  |  |  |  |
| DISAGREE with the following statement:  *The community health workers who distribute the medication that prevents malaria in children in my community force parents to accept the medication.* |  |  |  |  |  |
| DISAGREE with the following statement:  *I do not trust the people who distribute or administer the drug to prevent*  *malaria in children.* |  |  |  |  |  |
| DISAGREE with the following statement:  *Healthy children do not need to take the medication to prevent malaria*  *in children during the rainy season.* |  |  |  |  |  |
| DISAGREE with the following statement:  *The medication given to prevent malaria during the rainy season can*  *harm children.* |  |  |  |  |  |
| AGREE with the following statement:  *One does not pay for the medications that prevent malaria in children*  *during the rainy season.* |  |  |  |  |  |
|  |  |  |  |  |  |
| **Percent of respondents with favorable attitudes towards SMC** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **SMC zone** |  |  |  |  |  |
| No |  |  |  |  |  |
| Yes |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.6.4 Perceived response efficacy of SMC

**Table 3.6.4** presents the distribution of perceived response efficacy regarding SMC. Perceived response efficacy is calculated based on a participant’s agreement or disagreement to several statements related to SMC. The data is presented by respondent characteristics in each zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.6.4** Perceived response efficacy of SMC | | | | | |
| Percent distribution of respondents who perceive response efficacy of SMC by zone, [Country Survey Year] | | | | | |
|
| **Percent of respondents that note the following statements** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total |
|
| AGREE with the following statement:  *The medication given to children to prevent malaria during the rainy*  *season is effective in preventing malaria.* |  |  |  |  |  |
| AGREE with the following statement:  *If all the children in my community take the medication to prevent*  *malaria, there will be fewer cases of malaria.* |  |  |  |  |  |
| DISAGREE with the following statement:  *A child has the same chance of getting malaria whether or not s/he takes*  *the medication given to prevent malaria during the rainy season.* |  |  |  |  |  |
|  |  |  |  |  |  |
| **Percent of respondents with perceived response efficacy of SMC** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **SMC zone** |  |  |  |  |  |
| No |  |  |  |  |  |
| Yes |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.6.5 Perceived self-efficacy regarding SMC

**Table 3.6.5** presents the distribution of perceived self-efficacy regarding SMC. Perceived self-efficacy is calculated based on a participant’s belief that they could or could not do an action related to SMC. The data is presented according to respondent characteristics in each zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.6.5** Perceived self-efficacy regarding SMC | | | | | | |
| Percent distribution of respondents with perceived self-efficacy of SMC by zone, [Country Survey Year] | | | | | | |
| **Percent of respondents that could:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
|
| *Make sure your children under 5 years old take the medication that prevents malaria during the rainy season.* |  |  |  |  |  |  |
| *Find the money to take your child to a health facility when you have missed the door-to-door distribution of the medication that prevents malaria in children.* |  |  |  |  |  |  |
| *Obtain your husband or another family member’s permission to give the medication that prevents malaria to your children.* |  |  |  |  |  |  |
| *Make sure your child takes all he doses of the medication given to prevent malaria on the second and third days.* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Percent of respondents with perceived self-efficacy regarding SMC** |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **SMC zone** |  |  |  |  |  |  |
| No |  |  |  |  |  |  |
| Yes |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

### Table 3.6.6: Perceived Norms regarding SMC

**Table 3.6.6** presents the perceived community norms regarding SMC. Perceived community norms were assessed based on participants’ responses to a series of questions asking about the proportion of members in their community who take their own children to a health provider to receive SMC and/or approve of them (the respondent) taking this action.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3.6.6:** Perceived community norms regarding SMC | | | |
| Percent distribution of perceived norms regarding SMC by zone, [Country Survey Year] | | | |
| Percent of respondents that perceive that: | Most children in the community take the medication to prevent malaria during the rainy season. | Most people in the community would take their children to the health facility to receive the medication that prevents malaria if they miss a household visit. | Most people in the community approve of the medication that prevents malaria. |
|
| **Zone** |  |  |  |
| Zone 1 |  |  |  |
| Zone 2 |  |  |  |
| Zone 3 |  |  |  |
| Zone 4 |  |  |  |
| **Sex** |  |  |  |
| Female |  |  |  |
| Male |  |  |  |
| **Age** |  |  |  |
| 15-24 |  |  |  |
| 25-34 |  |  |  |
| 35-44 |  |  |  |
| 45 and above |  |  |  |
| **Residence** |  |  |  |
| Urban |  |  |  |
| Rural |  |  |  |
| **Level of education** |  |  |  |
| None |  |  |  |
| Primary |  |  |  |
| Secondary or higher |  |  |  |
| **Wealth quintile** |  |  |  |
| Lowest |  |  |  |
| Second |  |  |  |
| Middle |  |  |  |
| Fourth |  |  |  |
| Highest |  |  |  |
| **SMC zone** |  |  |  |
| No |  |  |  |
| Yes |  |  |  |
| **Total (%)** |  |  |  |

### Table 3.6.7: Perceptions of health workers regarding SMC

**Table 3.6.7** describes respondents’ perceptions of community health workers and facilities, particularly considering SMC. Favorable perceptions were assessed based on participants’ responses to a series of questions asking whether they agree or disagree with a statement. Results are presented by participant characteristic and study zone.

|  |  |  |
| --- | --- | --- |
| **Table 3.6.7:** Perceptions of community health workers and health facilities regarding SMC | | |
| Percent distribution of perceptions of community health workers and health facilities by zone, [Country Survey Year] | | |
| **Percent of respondents that perceive that:** | Community health workers in your community come several times during the rainy season to give the medication that prevents malaria in children less than five years old. | In your community, health facilities always have the medication that prevents malaria in children during the rainy season. |
|
| **Zone** |  |  |
| Zone 1 |  |  |
| Zone 2 |  |  |
| Zone 3 |  |  |
| Zone 4 |  |  |
| **Sex** |  |  |
| Female |  |  |
| Male |  |  |
| **Age** |  |  |
| 15-24 |  |  |
| 25-34 |  |  |
| 35-44 |  |  |
| 45 and above |  |  |
| **Residence** |  |  |
| Urban |  |  |
| Rural |  |  |
| **Level of education** |  |  |
| None |  |  |
| Primary |  |  |
| Secondary or higher |  |  |
| **Wealth quintile** |  |  |
| Lowest |  |  |
| Second |  |  |
| Middle |  |  |
| Fourth |  |  |
| Highest |  |  |
| **SMC zone** |  |  |
| No |  |  |
| Yes |  |  |
| **Total (%)** |  |  |

### Table 3.6.8: Decision-making regarding SMC

**Table 3.6.8** presents the distribution of who is involved in decision-making regarding SMC. Results are presented by sociodemographic characteristic and study zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.6.8:** Decision-making regarding SMC | | | | | | |
| Percent distribution of respondents involved in decision-making regarding SMC by zone, [Country Survey Year] | | | | | | |
| **Percent of respondents involved in decision-making regarding SMC** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
|
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **SMC zone** |  |  |  |  |  |  |
| No |  |  |  |  |  |  |
| Yes |  |  |  |  |  |  |
| **Percent of respondents involved in decision-making regarding SMC (%)** |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

### Table 3.6.9: Presence of SMC program in communities

**Table 3.6.9** describes the proportion of respondents who reported that an SMC program is present in their community. Data are presented by study zone and disaggregated by respondent age group, household residence type, respondent level of education, household wealth quintile, and whether the household is in an SMC zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.6.9:** Presence of SMC Programs | | | | | |
| Percent distribution of respondents noting presence of SMC program in communities by zone, [Country Survey Year] | | | | | |
|
| Percent of women respondents noting presence of SMC program in their communities | Zone 1 | Zone 2 | Zone 3 | Zone 4 | All |
|
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **SMC zone** |  |  |  |  |  |
| No |  |  |  |  |  |
| Yes |  |  |  |  |  |
| **Percent of women noting presence of the SMC program in their communities** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.6.10: Receipt of SMC in households during the most recent rainy season

**Table 3.6.10** presents the percent distribution of women who reported that their household was visited by an SMC health worker during the most recent SMC cycle. Data are presented by study zone, and are disaggregated by household residence type, household wealth quintile, whether the household is within an SMC zone, and whether there are children under five years old present in the household.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Table 3.6.10: Receipt of SMC in households during the most recent rainy season | | | | | |
| Percent distribution of women that reported a visit from the SMC health worker to their household [Country Survey Year] | | | | | |
| Percent of respondents reporting SMC health worker visits to their households | Zone 1 | Zone 2 | Zone 3 | Zone 4 | All |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **SMC zone** |  |  |  |  |  |
| No |  |  |  |  |  |
| Yes |  |  |  |  |  |
| **Child under five present in the household** |  |  |  |  |  |
| No |  |  |  |  |  |
| Yes |  |  |  |  |  |
| **Percent of women reporting SMC health worker visits to their households** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.6.11: Proportion of children 3-59 months who received the first dose of the most recent cycle of SMC

**Table 3.6.11** presents the percent distribution of coverage of SMC doses among children 3-59 months during the most recent SMC cycle. Data are presented for each dose, and is disaggregated by study zone, residence type, household wealth quintile, and whether the household is in an SMC zone.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3.6.11:** Percent of children 3-59 months who received SMC during the most recent SMC distribution cycle | | | |
| Percent distribution of coverage of first dose of SMC by zone, [Country Survey Year] | | | |
|
| **Percent of children 3-59 months who received the following doses during the most recent cycle of SMC** | First | Second | Third |
|
|  |  |  |  |
| **Zone** |  |  |  |
| Zone 1 |  |  |  |
| Zone 2 |  |  |  |
| Zone 3 |  |  |  |
| Zone 4 |  |  |  |
| **Residence** |  |  |  |
| Urban |  |  |  |
| Rural |  |  |  |
| **Wealth quintile** |  |  |  |
| Lowest |  |  |  |
| Second |  |  |  |
| Middle |  |  |  |
| Fourth |  |  |  |
| Highest |  |  |  |
| **SMC zone** |  |  |  |
| No |  |  |  |
| Yes |  |  |  |
| **Percent of children 3-59 months who received SMC during the most recent SMC distribution cycle** |  |  |  |
| **Total (N)** |  |  |  |

## A.3.7 Indoor Residual Spraying

This subsection of the Annex provides all data tables related to indoor residual spraying. The section includes data related to respondent knowledge and awareness of IRS; attitudes toward IRS; perceived response efficacy and perceived self-efficacy of IRS; respondents’ willingness to accept IRS in their community; and IRS coverage. The following tables or and figures may have been duplicated or referenced in the main body of the report.

### Table 3.7.2: Knowledge of Indoor Residual Spraying

**Table 3.7.2** presents the distribution of awareness of IRS programs by study zone. Data is disaggregated by respondent sex, age group, level of education, household residence type, household wealth quintile, and whether or not the respondent lives in an IRS zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.7.2:** Knowledge of the IRS program | | | | | |
| Percent of respondents with awareness of the IRS program by zone, [Country Survey Year] | | | | | |
|  | Zone 1 | Zone 2 | Zone 3 | Zone 4 | All |
|
| **Percent of respondents who know about the IRS Program:** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **IRS zone** |  |  |  |  |  |
| No |  |  |  |  |  |
| Yes |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.7.3: Attitudes towards Indoor Residual Spraying

**Table 3.7.3 (next page)** presents the distribution of favorable attitudes toward IRS. Attitude favorability is calculated based on a participant’s agreement or disagreement to several statements related to IRS. The data is presented according to respondent characteristics in each zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.7.3:** Positive attitudes towards IRS | | | | | |
| Percent of respondents with positive attitudes towards IRS by zone, [Country Survey Year] | | | | | |
|
| **Percent of respondents that agree with the following statements:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | All |
|
| DISAGREE with the following statement:  *Many people develop skin problems (rashes, itching) after the walls*  *inside their houses are sprayed with insecticide.* |  |  |  |  |  |
| AGREE with the following statement:  *After spraying the interior walls of a household with insecticide, a*  *person can touch the walls safely once the spray has dried.* |  |  |  |  |  |
| DISAGREE with the following statement:  *People have problems with bugs/bed bugs after the walls are sprayed.* |  |  |  |  |  |
| AGREE with the following statement:  *The benefits of having my house sprayed is worth the effort needed to*  *move my belongings out so it can be sprayed.* |  |  |  |  |  |
| DISAGREE with the following statement:  *It’s bothers me to leave my possessions outside of my house while my*  *walls are being sprayed.* |  |  |  |  |  |
| AGREE with the following statement:  *Spraying the inside walls of a house to kill mosquitoes does not cause*  *any health problems for the people living in the house.* |  |  |  |  |  |
| **Percent of respondents with positive attitudes towards IRS** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **IRS zone** |  |  |  |  |  |
| No |  |  |  |  |  |
| Yes |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.7.4: Perceived response efficacy of Indoor Residual Spraying

**Table 3.7.4** presents the distribution of perceived response-efficacy of IRS. Perceived response-efficacy is calculated based on a participant’s agreement or disagreement to several statements related to IRS. The data is presented according to respondent sociodemographic characteristics in each zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.7.4:** Perceived response efficacy of IRS | | | | | |
| Percent distribution of respondents with perceived response efficacy of IRS by zone, [Country Survey Year] | | | | | |
|
| **Percent of respondents that AGREE with the following statements:** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | All |
|
| *Spraying the inside walls of a house is an effective way*  *to prevent malaria* |  |  |  |  |  |
| *People who live in houses that have been sprayed are*  *less likely to get malaria* |  |  |  |  |  |
|  |  |  |  |  |  |
| **Percent of respondents who perceive IRS efficacy** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **IRS zone** |  |  |  |  |  |
| No |  |  |  |  |  |
| Yes |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.7.5: Perceived self-efficacy regarding Indoor Residual Spraying

**Table 3.7.5** presents the distribution of perceived self-efficacy regarding IRS. Perceived self-efficacy is calculated based on a participant’s report that they could or could not do several actions related to IRS. The data is presented according to respondent sociodemographic characteristics in each zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.7.5:** Perceived self-efficacy regarding IRS | | | | | |
| Percent of respondents with perceived self-efficacy of IRS by zone [Country Survey Year] | | | | | |
|
| **Percent of respondents that CAN do the following** | Zone 1 | Zone 2 | Zone 3 | Zone 4 | All |
| *Move all my furniture out of my house to prepare*  *the house for spraying* |  |  |  |  |  |
| *Sleep in my house on the night it is sprayed* |  |  |  |  |  |
|  |  |  |  |  |  |
| **Percent of respondents perceived self-efficacy regarding IRS** |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **IRS zone** |  |  |  |  |  |
| No |  |  |  |  |  |
| Yes |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.7.6: Willingness to accept Indoor Residual Spraying

**Table 3.7.6** summarizes individuals’ willingness to accept IRS in their home. Data are presented in each zone and disaggregated by prior IRS knowledge, respondent sex, residence type, age group, level of education, household wealth quintile, and whether their household is within an IRS zone.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.7.6:** Willingness to accept IRS | | | | | |
| Percent distribution of individuals willing to accept IRS by zone [Country Survey Year] | | | | | |
|  | Zone 1 | Zone 2 | Zone 3 | Zone 4 | All |
| Willingness to accept IRS |  |  |  |  |  |
| **Prior knowledge of the IRS program** |  |  |  |  |  |
| Yes |  |  |  |  |  |
| No |  |  |  |  |  |
| **Sex** |  |  |  |  |  |
| Female |  |  |  |  |  |
| Male |  |  |  |  |  |
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| 15-24 |  |  |  |  |  |
| 25-34 |  |  |  |  |  |
| 35-44 |  |  |  |  |  |
| 45 and above |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |
| None |  |  |  |  |  |
| Primary |  |  |  |  |  |
| Secondary or higher |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **IRS zone** |  |  |  |  |  |
| No |  |  |  |  |  |
| Yes |  |  |  |  |  |
| **Percent of respondents willing to accept IRS** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

### Table 3.7.7: Indoor Residual Spraying coverage

**Table 3.7.7** summarizes household IRS coverage in each study zone. Data are disaggregated by household residence type and household wealth quintile.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 3.7.7:** IRS coverage | | | | | |
| Percent of households with IRS coverage by zone, [Country Survey Year] | | | | | |
|
|  | Zone 1 | Zone 2 | Zone 3 | Zone 4 | All |
|
| **Residence** |  |  |  |  |  |
| Urban |  |  |  |  |  |
| Rural |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |
| Lowest |  |  |  |  |  |
| Second |  |  |  |  |  |
| Middle |  |  |  |  |  |
| Fourth |  |  |  |  |  |
| Highest |  |  |  |  |  |
| **Total percent of households receiving IRS (%)** |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |

## A.3.8 Media Consumption and Message Exposure

This subsection of the Annex provides all data tables related to media consumption and exposure to malaria messages. The following tables may have been duplicated or referenced in the main body of the report.

### Table 3.8.1: Radio listenership at least once a week

**Table 3.8.1** (next page) describes the distribution of radio listenership. It includes data from all respondents as well as respondents in households that own a radio. The data presented in this table is disaggregated by zone.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.8.1:** Radio Listenership at Least Once a Week | | | | | | | | | | |
| Percent distribution of radio listenership at least once a week among all respondents and respondents in households with a radio by zone, [Country, Year] | | | | | | | | | | |
|  | Zone 1 | | Zone 2 | | Zone 3 | | Zone 4 | | Total | Number |
| All respondents | Respondents in households with a radio | All respondents | Respondents in households with a radio | All respondents | Respondents in households with a radio | All respondents | Respondents in households with a radio |  |  |
| **Sex** |  |  |  |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |  |  |  |  |
| 45 and  above |  |  |  |  |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |  |  |  |  |
| Secondary  or higher |  |  |  |  |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |  |  |  |  |
| **Total radio listenership at least once a week (%)** |  |  |  |  |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |  |  |  |  |

### Table 3.8.2: Preferred time to listen to radio

**Table 3.8.2** summarizes respondents’ preferred time to listen to the radio. It includes data by study zone, respondent sex, respondent age, respondent level of education, and household wealth quintile. The data presented in this table is disaggregated by certain times at which one can listen to the radio.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.8.2:** Preferred time to listen to radio | | | | | | |
| Preferred time to listen to radio [Country Survey Year] | | | | | | |
|
|  | Early in the morning | End of morning | Afternoon | Early in the evening | End of evening | Night |
| **Zone** |  |  |  |  |  |  |
| Zone 1 |  |  |  |  |  |  |
| Zone 2 |  |  |  |  |  |  |
| Zone 3 |  |  |  |  |  |  |
| Zone 4 |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Education** |  |  |  |  |  |  |
| No education |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary |  |  |  |  |  |  |
| More than  secondary |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Percent of respondents who prefer to listen to radio at certain times (%)** |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

### Table 3.8.3: Television viewership at least once a week

**Table 3.8.3** (next page) describes the distribution of television listenership. It includes data from all respondents as well as respondents in households that own a radio. The data presented in this table is disaggregated by zone.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Table 3.8.3:** Television Viewership at Least Once a Week | | | | | | | | | | |
| Percent distribution of television viewership at least once a week among all respondents and respondents in households with a television by zone, [Country, Survey Year] | | | | | | | | | | |
|  | Zone 1 | | Zone 2 | | Zone 3 | | Zone 4 | | Total | Number |
| All respondents | Respondents in households with television | All respondents | Respondents in households with television | All respondents | Respondents in households with television | All respondents | Respondents in households with television |  |  |
| **Sex** |  |  |  |  |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |  |  |  |  |
| 45 and  above |  |  |  |  |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |  |  |  |  |
| None |  |  |  |  |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |  |  |  |  |
| Secondary  or higher |  |  |  |  |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |  |  |  |  |
| **Total radio listenership at least once a week (%)** |  |  |  |  |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |  |  |  |  |

### Table 3.8.4: Preferred time to watch television

**Table 3.8.4** summarizes respondents’ preferred time to watch television. It includes data by study zone, respondent sex, respondent age, respondent level of education, and household wealth quintile. The data presented in this table is disaggregated by certain times at which one can watch television.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.8.4:** Preferred time to watch television | | | | | | |
| Preferred time to watch television [Country Survey Year] | | | | | | |
|
|  | Early in the morning | End of morning | Afternoon | Early in the evening | End of evening | Night |
| **Zone** |  |  |  |  |  |  |
| Zone 1 |  |  |  |  |  |  |
| Zone 2 |  |  |  |  |  |  |
| Zone 3 |  |  |  |  |  |  |
| Zone 4 |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Education** |  |  |  |  |  |  |
| No education |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary |  |  |  |  |  |  |
| More than  secondary |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Percent of respondents who prefer to watch television at certain times (%)** |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

### Table 3.8.5: Mobile phone or tablet ownership

**Table 3.8.5** describes the distribution of ownership of mobile phones or tablets by respondent sociodemographic characteristics, including participant sex, age group, residence, level of education, and household wealth quintile. The presented data is disaggregated by zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.8.5:** Mobile Phone or Tablet Ownership | | | | | | |
| Percent distribution of mobile phone or tablet ownership among all respondents by zone, [Country, Survey Year] | | | | | | |
|  | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and  above |  |  |  |  |  |  |
| **Level of education** |  |  |  |  |  |  |
| None |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary  or higher |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Total mobile phone or tablet ownership (%)** |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |

### Table 3.8.6: Exposure to malaria messages

**Table 3.8.6** describes the percentage of respondents who have been exposed to malaria messages, specifically through an assessment of [insert brief description of relevant indicator in country e.g., recall of message; recognition of logo; completion of campaign slogan]. This data presents exposure rates by participant sociodemographic characteristics, including participant sex, age group, residence, level of education, and household wealth quintile. It is disaggregated by study zone.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Table 3.8.6:** Exposure to malaria messages\* | | | | | | |
| Percentage of respondents exposed to specific malaria messages\* by background characteristics, [Country Survey Year] | | | | | | |
|
|  | Zone 1 | Zone 2 | Zone 3 | Zone 4 | Total | Number |
| **Sex** |  |  |  |  |  |  |
| Female |  |  |  |  |  |  |
| Male |  |  |  |  |  |  |
| **Residence** |  |  |  |  |  |  |
| Urban |  |  |  |  |  |  |
| Rural |  |  |  |  |  |  |
| **Age** |  |  |  |  |  |  |
| 15-24 |  |  |  |  |  |  |
| 25-34 |  |  |  |  |  |  |
| 35-44 |  |  |  |  |  |  |
| 45 and above |  |  |  |  |  |  |
| **Education** |  |  |  |  |  |  |
| No education |  |  |  |  |  |  |
| Primary |  |  |  |  |  |  |
| Secondary |  |  |  |  |  |  |
| More than  secondary |  |  |  |  |  |  |
| **Wealth quintile** |  |  |  |  |  |  |
| Lowest |  |  |  |  |  |  |
| Second |  |  |  |  |  |  |
| Middle |  |  |  |  |  |  |
| Fourth |  |  |  |  |  |  |
| Highest |  |  |  |  |  |  |
| **Percentage of respondents exposed to specific malaria messages (%)** |  |  |  |  |  |  |
| **Total (N)** |  |  |  |  |  |  |
| \* Definition of “exposure differs by context/country based on preference. Countries will use the indicator in the analysis plan most relevant to them (recall of messages, slogan completion or recognition of logo). **DELETE WHEN INDICATOR DEFINED AND DESCRIBED IN TABLE SUMMARY.** | | | | | | |

# Annex B: Data Charts, Graphs, and Figures

This Annex presents and describes all data charts, graphs, and figures pertaining to the MBS that were not included in the main body of the report.

Specific figures can be located by utilizing the Table of Contents at the beginning of this report, or by following the links below:

[insert links to charts, graphs, data figures]

1. Harrell, F. *Regression Modeling Strategies*: *with Applications to Linear Models, Logistic and Ordinal Regression,* *and Survival Analysis.* SPRINGER, 2016. [↑](#footnote-ref-1)