

# Angola MBS Brief

## What Do the Data Mean?

### INTRODUCTION

With funding from the U.S. President's Malaria Initiative, the Breakthrough ACTION project, managed by the Johns Hopkins Center for Communication Programs, collaborated with the Angola National Malaria Control Program and other stakeholders to implement a Malaria Behavior Survey (MBS) on the psychosocial determinants of malaria-related behaviors from a representative sample of households. The behaviors examined included net use, net care, prompt and appropriate care-seeking, antenatal care, and receipt of IPTp. Data on respondents' media habits were also collected. The study, fielded in 3 provinces from February – April 2023, used a cross-sectional survey with structured questionnaires administered to a random sample of 3,476 women (15-49 years old) and 785 men (18-59 years old) of reproductive age from 3,148 households. The analysis utilized bivariate and multiple logistic regression to test the associations between determinants and behaviors.

The study had two main objectives: to provide a better understanding of the sociodemographic and ideational characteristics (as described by the [Ideation model of behavior change](#)) associated with malaria-related behavioral outcomes in Angola and to determine the appropriate focus of social and behavior change (SBC) programmatic activities.

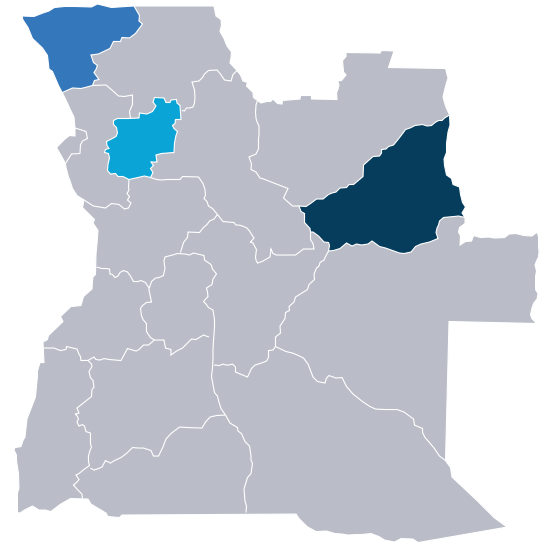
### WHAT DO THE DATA MEAN?

This MBS brief summarizes the proportion of the population practicing a variety of recommended malaria-related behaviors and the demographic and psychosocial factors associated with those behaviors. The brief also uses these results to present recommendations for SBC activities for each of the

primary malaria intervention areas. Statistically significant correlations from multiple-regression analysis, when available and appropriate, form the basis of the recommendations. Regression results are reported only when statistically significant. A complete report is available on the [MBS Website](#).

### Angola MBS Study Provinces

- Zaire
- Cuanza Norte
- Lunda Sul



Breakthrough ACTION collected information from:

 **3,148 households**

 **4,261 individuals**  
3,476 women | 785 men



# Malaria Case Management

## BEHAVIORS AT-A-GLANCE

Among caregivers of children under five years of age with fever within the two weeks prior to the survey:



**91%**

of caregivers sought some sort of care for their febrile child.



**78%**

of reported febrile children under five were brought to a health facility or community health worker first, and on the same day or the day after the fever began

Prompt and appropriate care-seeking varied by zone and residence:



**79%** Cuanza Norte

**87%** Lunda Sul

**73%** Zaire

**82%** urban

**71%** rural



## SBC RECOMMENDATIONS

**1 CHALLENGE:** Twenty-two percent of caregivers did not seek prompt and appropriate care for their febrile child under five, defined as seeking treatment the same day or next day following the onset of fever at a health facility or from a community health worker. To improve this, SBC activities should:

- **Address persistent knowledge gaps** on the meaning and importance of prompt and appropriate care-seeking, and initiation of treatment. Caregivers with full knowledge about seeking care for children with fever were **2.3 times more likely** to have sought prompt and appropriate care for their recently febrile child than those who did not have this knowledge. However, only **42%** of respondents had full knowledge of when and where to seek care for their febrile child, and improvement is needed.
- **Focus on specific populations with low knowledge.** The lowest levels of care seeking knowledge were found among specific groups of respondents. Residents of Cuanza Norte (**30%**), younger care givers aged 15-24 (**37%**), those who had not completed a primary school education (**35%**), and those in the lowest wealth quintile (**30%**) all offer opportunities for increasing care seeking knowledge.

**2 CHALLENGE:** Only 56% of respondents held favorable perceptions of health facilities regarding malaria testing and treatment, with 60% and 74% of respondents perceiving that health facilities always

have the medication to treat malaria or malaria test kits, respectively. To improve this, SBC activities should:

- **Build perceptions that health facilities are prepared to manage malaria cases.** Caregivers with favorable perceptions of health facilities regarding always having malaria testing and treatment supplies were **1.79 times more likely** to seek prompt and appropriate care for their febrile child under five.
- **Manage supply chain and assure communities.** Programs can ensure that health facilities do not have stock outs of malaria test kits or malaria medication and, to complement an adequate and effective supply chain, assure communities that the local health facilities will be prepared to manage possible malaria cases.
- **Improve perceptions about the superiority of malaria medications obtained from health facilities.** While **84%** of respondents viewed the malaria medications available in health centers as effective, **51%** thought medications obtained in the market were just as effective.
- **Promote ACT as the most effective and recommended treatment for malaria.** Only about half of respondents (**55%**) identified ACT drugs as the appropriate treatment for acute cases of malaria, **12%** identified SP/Fansidar, and **15%** incorrectly stated paracetamol as the appropriate treatments.

# Insecticide-Treated Nets

## BEHAVIORS AT-A-GLANCE



### Net access and use

**67%**

of households had at least one ITN

**27%**

of households had at least one ITN for every two persons

The **ITN use:access ratio** indicates the ratio of people who slept under an insecticide-treated net (ITN) the previous night (use) to people who could have slept under an ITN, assuming each net in the household provides access for up to two people (access).

### ITN use:access ratio

<b>0.74</b> All zones	<b>0.69</b> Lunda Sul
<b>0.64</b> Cuanza Norte	<b>0.83</b> Zaire
<b>0.69</b> Urban areas	<b>0.80</b> Rural areas



### Consistent use of nets

**67%**

of respondents reportedly use a net every night of the week

**74%**

Cuanza Norte

**57%**

Lunda Sul

**67%**

Zaire



### Net care

**Of all ITNs found in households:**

**75%**

were found suspended and **tied up** over the sleeping space (*Recommended*)

**54%**

of the ITNs that had been washed were washed with **mild soap** or just water (*Recommended*)

**63%**

of the ITNs that had been washed were **dried in the sun** (*NOT recommended*)



## SBC RECOMMENDATIONS

Regression results for consistent ITN use control for number of ITNs in the household.

**1 CHALLENGE: About 33% of respondents do not consistently use an ITN, defined as sleeping under an ITN every night of the week. In addition, approximately 25% of people with access to an ITN in their household do not use them, especially in Cuanza Norte, Lunda Sul, and urban areas. To improve this, SBC activities should:**

- **Promote self-efficacy to use ITNs consistently.** A person's confidence that they can sleep under an ITN consistently throughout the year and ensure all their children can sleep under an ITN was significantly associated with ITN use. Respondents were **3.24 times more likely** to consistently use an ITN net if they

believed they could perform this behavior. To raise self-efficacy, SBC programs can use peer educators to model consistent ITN use. Seeing others like them successfully using ITNs and discussing the ease of ITN use can increase individuals' belief in their ability to use them.

- **Promote high ITN use rates as a social norm.** Respondents were **39% more likely** to sleep under an ITN if they believed that at least half of their community is also sleeping under an ITN, but only **45%** of respondents held this norm. Role models in the community can publicly speak about their consistent ITN use at home and support building the social norm around this behavior.

- **Increase knowledge that ITNs prevent malaria among those aged 35 years and older.** Knowing that ITNs are a method to prevent malaria is associated with a **57% increase in the odds** of using ITNs consistently. While levels of this knowledge were high overall (**85%**), it was lower among those older than 35 years and respondents 45 years or older were also **46% less likely** to use ITNs consistently than other age groups, indicating that SBC can focus on this sub-group to increase ITN use.
- **Promote positive attitudes toward ITN use.** Attitudes are made up of cognitive and emotional responses toward an idea or action and can be positive or negative. In Angola, respondents who had favorable attitudes towards ITN use were **33% more likely** to use ITNs consistently than those who did not have favorable attitudes. The MBS found that some negative perceptions towards ITNs persist, such as: feeling that ITNs are not easy to use, that free ITNs are less effective than more expensive ones, dislike the use of ITNs when the weather is too warm, that the smell of the insecticide is uncomfortable, and uncertainty if the insecticide poses a risk to one's health. SBC programs that employ dialogue with trusted information sources can debunk these concerns and increase the perception that ITN use is safe, convenient and leads to positive health impact.
- **Address gender norms to increase ITN use by women.** Female respondents were **36% less likely** to consistently use ITNs compared to male respondents and only about **65%** of women with at least one ITN in their household slept under an ITN consistently. Since men and women in the survey held similar beliefs, knowledge, and attitudes about ITNs, this difference may be driven by other social factors like gender norms about who is prioritized for ITN use. Working with community structures and leaders can be effective to understand and shift towards gender equity.

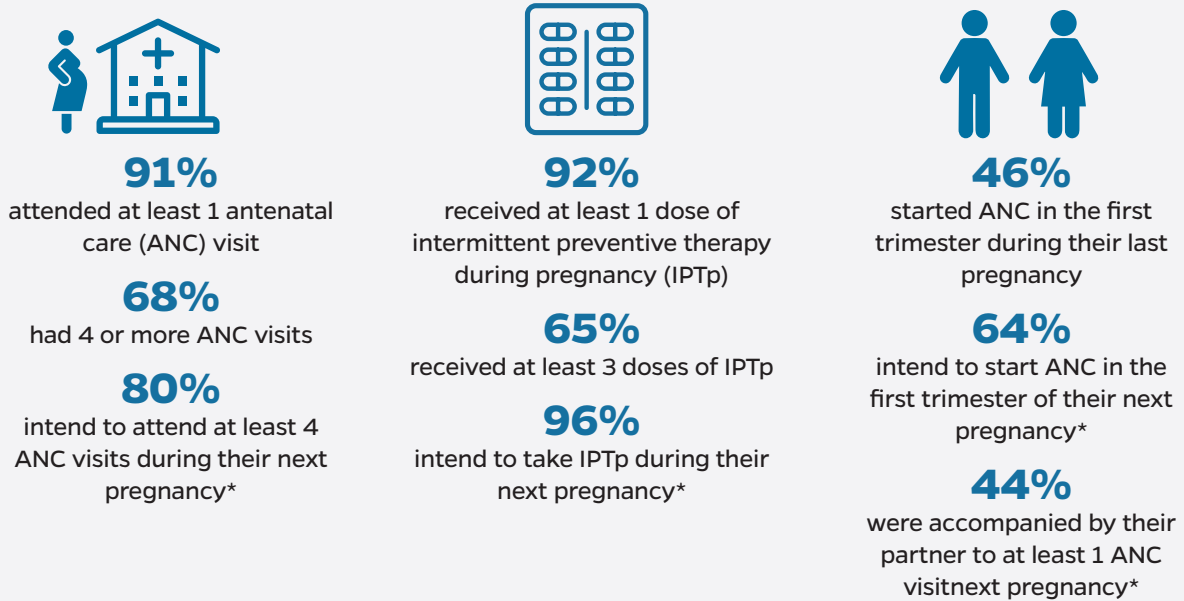
**2 CHALLENGE: After washing an ITN, about 35% were dried in the sun and at the time of the survey, about 25% of ITNs were not tied up over the sleeping space when not in use to prevent damage. To retain ITN longevity, ITN care practices can be improved. SBC programs can:**

- **Maintain favorable attitudes towards ITN care.** Respondents who held favorable attitudes towards ITN care were **74% more likely** to report tying up an ITN when not in use to care for it. Favorable attitudes were high across the survey sample, although lower in **Lunda Sul** and among respondents **aged 45 and older**, which can be a focus for SBC programs. Additionally, the descriptive social norm about net care can be improved, as only about **64%** of respondents perceived that other people in the community take care of their ITNs. ITN care attitude SBC programs should inform that caring for ITNs is effective and that it takes only simple tweaks to current routines to foster positive attitudes.
- **Increase the perception of malaria severity.** Respondents who perceived malaria as severe were **39% more likely** to report tying up an ITN when not in use in order to care for it. However, only about **38%** of respondents perceived malaria as a severe illness.
- **Continue to promote net care through health facility staff, television, and radio and clearly communicate that ITNs should be tied up over the sleeping space when not in use and the recommended method of washing and drying.** Respondents who reported exposure to a malaria message in the previous six months had **1.32 times higher odds** to tie up a ITN than those who did not report such exposure. The most common sources of malaria messages among respondents were health facilities, television, and radio.

# Antenatal Care (ANC) and Intermittent Preventive Treatment During Pregnancy (IPTp)

## BEHAVIORS AT-A-GLANCE

Of the 1,432 women surveyed who reported a pregnancy during the previous two years:



\*These indicators were measured among the 1,507 women who intended to have a future pregnancy



## SBC RECOMMENDATIONS

**1 CHALLENGE:** Nearly 32% of women did not attend ANC sufficient times to obtain at least three doses of IPTp and only 46% started ANC early during their most recent pregnancy. However, future intentions to start ANC early (64%) and to attend at least four ANC visits (80%) can be leveraged to improve malaria in pregnancy related behaviors. SBC programs can:

- **Improve knowledge about ANC and IPTp to prevent malaria in pregnancy.** Only 20% of respondents had comprehensive knowledge of the recommended timing of ANC, number of visits, and number of IPTp doses. Comprehensive knowledge was associated with **2.4 times increased odds** of intention to make at least four ANC visits and **1.9-fold increased odds** to intend to start ANC early in a future pregnancy.
- **Strengthen self-efficacy for attending ANC and for IPTp.** Women with perceived self-efficacy to attend ANC and to request IPTp or take it if offered to her, were **46% more likely** to intend to attend ANC four times in a future pregnancy and **33% more likely** to intend to start ANC early in a future pregnancy. To raise self-efficacy, SBC programs can use opinion leaders or peer educators to model early and frequent ANC attendance.
- **Identify the most effective approaches to reach women of lower socioeconomic status or living in remote, rural areas.** Women in lower wealth quintiles were roughly **two times less likely** to intend to attend at least four ANC visits in their upcoming pregnancy compared to wealthier respondents. Those living further from a health facility were **31% less likely** to intend to start ANC early in their next pregnancy. Consider interpersonal communication and community mobilization to reach them.
- **Encourage ANC attendance among first time mothers.** Women who had not yet had a pregnancy had **76% lower odds** of intention to make at least four ANC visits compared to those who had at least one child. Fostering

interest in ANC attendance among women who have not yet become pregnant or are pregnant for the first time could improve overall ANC attendance.

## **2 CHALLENGE: Perceptions about health providers and limited access to health facilities may pose barriers for pregnant women to attend ANC early and at least four times.**

- **Build rapport between ANC providers and community members.** Only about **60%** of respondents had positive perceptions of facility-based workers regarding ANC and was notably lower in Cuanza Norte (**54%**). It is important to improve these perceptions because

positive perceptions of healthcare providers at ANC were associated with **79% and 37% higher odds** to intend to seek at least four ANC visits and seek ANC within the first trimester, respectively, in a future pregnancy. Some of these perceptions stemmed from beliefs that pregnant women will be sent away from ANC if she attends in her first trimester or without her partner, or that she will not be offered IPTp if she has not eaten.

- **Consider expanding ANC services to lower-level health units (i.e., health posts) to increase access.** Respondents who lived in proximity to a health facility had **1.31 higher odds** of early ANC intention than women who did not (about **37%** of respondents).

# Media Habits and Channels

## BEHAVIORS AT-A-GLANCE



Of all respondents

**28%**

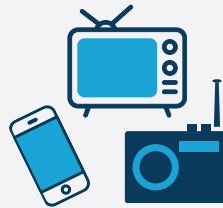
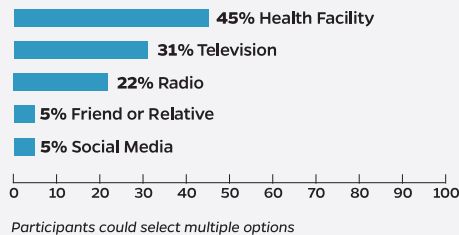
had heard a malaria message in the 6 months before the survey

**31%** Cuanza Norte **24%** Lunda Sul

**29%** Zaire

**17%** could recall a specific campaign slogan

**Source of malaria messages, among those who had heard them in the past 6 months**



**35%**

own a mobile phone

**51%**

watch TV at least once a week

**35%**

listen to the radio at least once a week



Men are more likely to listen to the radio and own a mobile phone than women



**Early evening and late evenings**

(4 pm to 12 am) are the best times to reach both **men** and **women** through TV

**Early mornings (8am) and afternoons to late evenings**

(3 pm to 12 am) are the best times to reach **men** through radio

**Early mornings to afternoons**

(8 am to 3pm) are the best times to reach **women** through radio



## MEDIA RECOMMENDATIONS

- **Use a multi-channel approach to reach more of the population with malaria messages and the malaria campaign slogan.** Only about a third of respondents own mobile phones or listen to the radio weekly, and half watch TV weekly, suggesting that one media channel will not reach more than half of the population and that the overall reach of mass media is limited. A strategy combining mass media with other SBC approaches, such as interpersonal interactions, community mobilization, peer groups, caravans, and events may be more effective for malaria SBC activities, including the broader dissemination of the Zero Malaria Starts with Me campaign.
- **Further leverage health facilities and health providers to support malaria SBC because they are a primary source of information about malaria.** Equip and build skills of health providers to carry out effective interpersonal

communication during their encounters with community members and to promote malaria prevention and care behaviors at every opportunity. Supply the health facility with visual materials for promoting malaria prevention and care behaviors, as well.

- **Consider an increased role for community health workers (ADECOS) in SBC strategies** to increase ITN use and care, early ANC access, demand for IPTp, and prompt care-seeking for fever, leveraging their presence in the community.
- **Allocate resources to schedule TV broadcasts in the evenings from 4pm to 12am to reach both men and women.** Also, align radio broadcast content most suited for women in the morning hours and content in the afternoon and evening hours for men.