Qualitative Research to Complement the Malaria Behavior Survey

What is the Malaria Behavior Survey?

The Malaria Behavior Survey (MBS) is used to understand the sociodemographic and ideational factors associated with the most important malaria prevention and treatment behaviors. Understanding the factors that drive the adoption and maintenance of key behaviors helps countries and program planners determine the appropriate focus of social and behavior change (SBC) activities aimed at reducing the burden of malaria.

The MBS is used to inform data-driven malaria SBC strategies and programming and the results are intended for use by all stakeholders engaged in malaria SBC in a given country. Results can also be used to justify funding requests in Global Fund Concept Notes, and to inform Malaria Operational Plans for countries that receive funding from the U.S. President's Malaria Initiative. While primarily a formative assessment tool, if implemented every three to five years, the MBS can be used in baseline and endline assessments and to capture trends over time.

The ideal time to plan for and implement the MBS may include: the periodic national strategy revision by the National Malaria Control Program; a reorientation or shift in national goals; stagnation or lack of progress in uptake of malaria behaviors; the design phase of a new large-scale project; and/or any other transition point where behavioral data are needed to guide programmatic decision-making, whether at the formative, implementation, or evaluative program stage. For more information about MBS implementation, visit www.malariabehaviorsurvey.org

Complementary Qualitative Assessments

When planning for an MBS, determine whether existing qualitative research can be used to better understand forthcoming MBS results. If no such data exists, consider conducting complementary qualitative assessments. Focus group discussions, in-depth interviews, key informant interviews, participant observation or non-participant observation, projective discussion techniques, and most significant change observations are examples of qualitative data collection tools that provide a broader perspective and deeper understanding of the determinants of behavior. While it is recommended that qualitative assessments be conducted after an MBS implementation to better understand questions that emerge from the survey results, qualitative inquiry can also be conducted before or during MBS implementation to help identify local issues and ideas for subsequent MBS data analysis.

The MBS is designed to quantify drivers of behavior at a population level, it is not meant to explain *why* specific sociodemographic or ideational factors move different groups to act as they do or *how* people arrive at decisions to act in a certain way. If the MBS provides the "what," qualitative assessments can be used to determine the "why" and "how." Furthermore, the MBS primarily quantifies the behaviors of household caregivers who, while important, do not represent the totality of important groups in a country. Qualitative research will broaden understanding of other important segments of the population, which might include health care workers, workers frequently exposed to malaria without

methods of prevention, as well as transient, migratory, and marginalized people. The combination of qualitative instruments with a quantitative diagnostic tool (like the MBS) to determine key drivers of behavior broadens our understanding and provides insight into the "how" and the "why," which allows program planners to design interventions for the right audiences using means of persuasion that are relevant to their lives.

Qualitative Research Questions to Consider

To complement and provide more depth to the MBS results, qualitative assessments can explore questions such as:

- Are there important segments of the population, such as transient, migratory, and marginalized groups, whose behaviors are not captured in MBS data?
- Would data about cultural beliefs related to the causes, prevention, diagnosis, and treatment of malaria help describe nuances of behavioral determinants not captured in MBS data?
- Would data about availability of services and commodities help explain behaviors that rely on access?
- Would data about the attitudes and behaviors of health care providers or the quality of their interactions with clients provide important contextual information about demand for their services?

Illustration: Perceived Self-Efficacy in Côte d'Ivoire

Program planners often assess self-efficacy, a measure of respondents' self-confidence in their ability to perform a specific behavior, to understand why people are adopting or maintaining certain behaviors. The 2018 Côte d'Ivoire MBS data found respondents reporting high levels of self-efficacy around the use of insecticide-treated nets (ITNs) were six times more likely to use ITNs every night than those who felt less confident.

While the Côte d'Ivoire finding is important, several questions remain. Which household members make decisions about using ITNs, and what personal, social, or environmental influences affect their decision making? Program planners still need to know *who* the most important decision makers are, and *how* to influence their behavior. Focus group discussions might reveal that women are considered responsible for hanging ITNs, but that a male partner's support is also very important. Subsequent in-depth interviews might find that positive spousal communication about using ITNs increased married women's confidence in their ability to consistently use ITNs in their household. Using these contextual details, program planners might:

- Design a future safe motherhood campaign focused on emphasizing, modeling, and initiating positive discussions about ITN use between partners.
- Develop and deploy regular audience monitoring (using omnibus surveys, and/or media listening groups) to determine whether or not campaign messages are reaching couples, and whether exposure to these messages increases spousal communication about use of ITNs and people's confidence in their ability to use ITNs.