

# Giving malaria the boot!

Ochieng, D Malaria Consortium  
 USAID'S Malaria Action Program for Districts (MAPD)

## KEY MESSAGES

- In addition to increasing knowledge and awareness of diseases, people need supportive social environments that encourage and remind them to take action to improve their health and to demand health products and services.
- By targeting the emotional drivers of behaviour, innovative strategies (such as using football matches as edutainment vehicles) can contribute to health-related behaviour change.
- If appropriately engaged, men can help increase households' and communities' uptake of key malaria preventive behaviours.

## Background

Uganda has one of the highest malaria infection rates in sub-Saharan Africa.<sup>[1-3]</sup> Preventive interventions are available nationwide, but unengaged men (households' core decision makers) remain key barriers to uptake.<sup>[4]</sup>

Based on self-determination theory, MAPD, with Uganda's National Malaria Control Program, sought to increase men's knowledge of and motivation to practise positive malaria preventive behaviours – e.g. using long lasting insecticidal nets (LLINs) and supporting women's uptake of intermittent preventive treatment in pregnancy (IPTp) – by using FIFA World Cup matches as edutainment vehicles.

## Results

- Overall, MAPD reached 197,000 people with targeted messaging (80 percent of whom were male)
- 21,453 were reached during World Cup matches
- 175,747 were reached through mobile cinemas and community dialogues.

## Programme intervention

### Intervention:

- employing emotional drivers and positioning malaria prevention as heads of households' responsibility, MAPD delivered pre-match social and behaviour change messaging via a multi-channel approach: experiential mobile cinemas, radio spots, announcements by football commentators, and community dialogues. These took place June-July 2018 in 25 of MAPD's 48 operational districts; the remaining 23 served as the control.

### Methods of analysis:

- collate baseline data from Uganda's District Health Information and Health Management Information (HMIS) system
- gather intervention data from the HMIS, activity reports, village activity registers, and exit interviews (n= 538)
- conduct statistical analyses to compare intervention and control data.

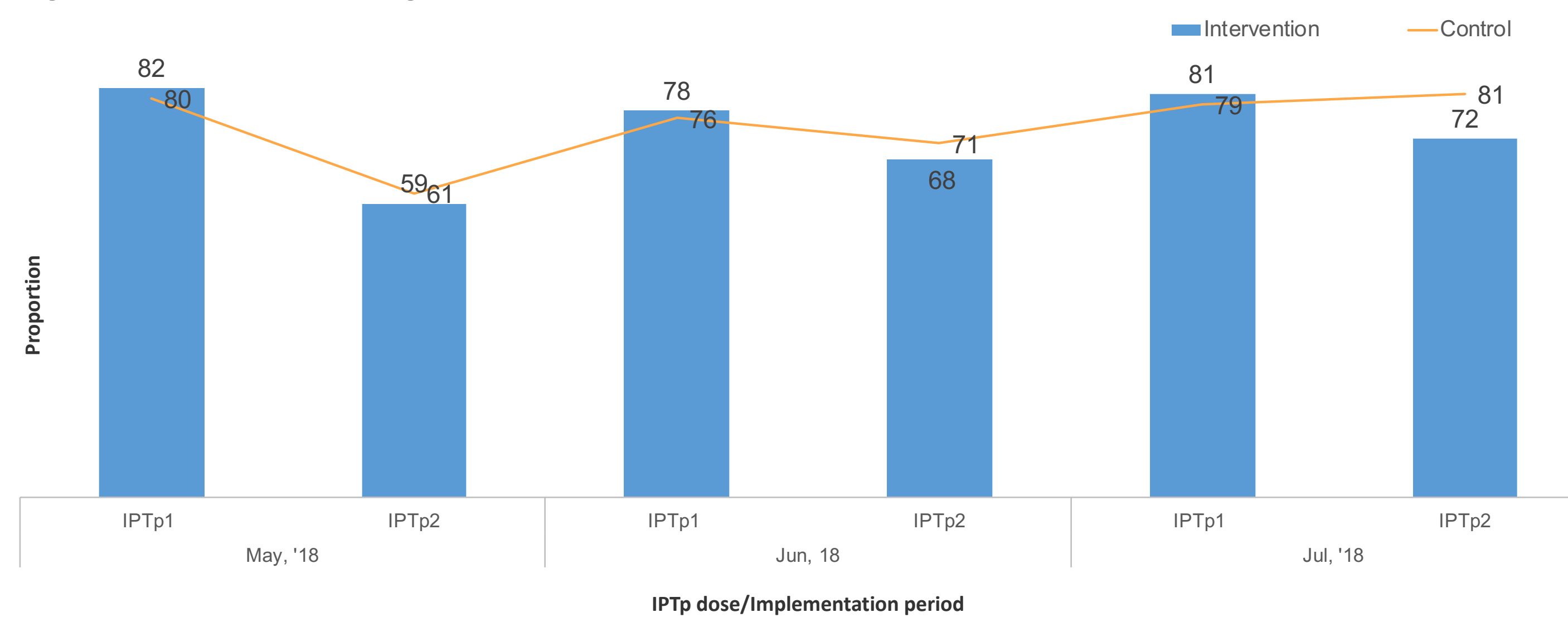
Table 1: Reach during World Cup matches

Region	Male	Female	Total
Hoima	3,649	1,576	5,225
Kampala	4,137	684	4,821
Masaka	1,911	371	2,282
Rwenzori	3,304	1,107	4,411
West Nile	4,284	430	4,714
<b>Total</b>	<b>17,285</b>	<b>4,168</b>	<b>21,453</b>

Table 2: Pre-match reach, by location

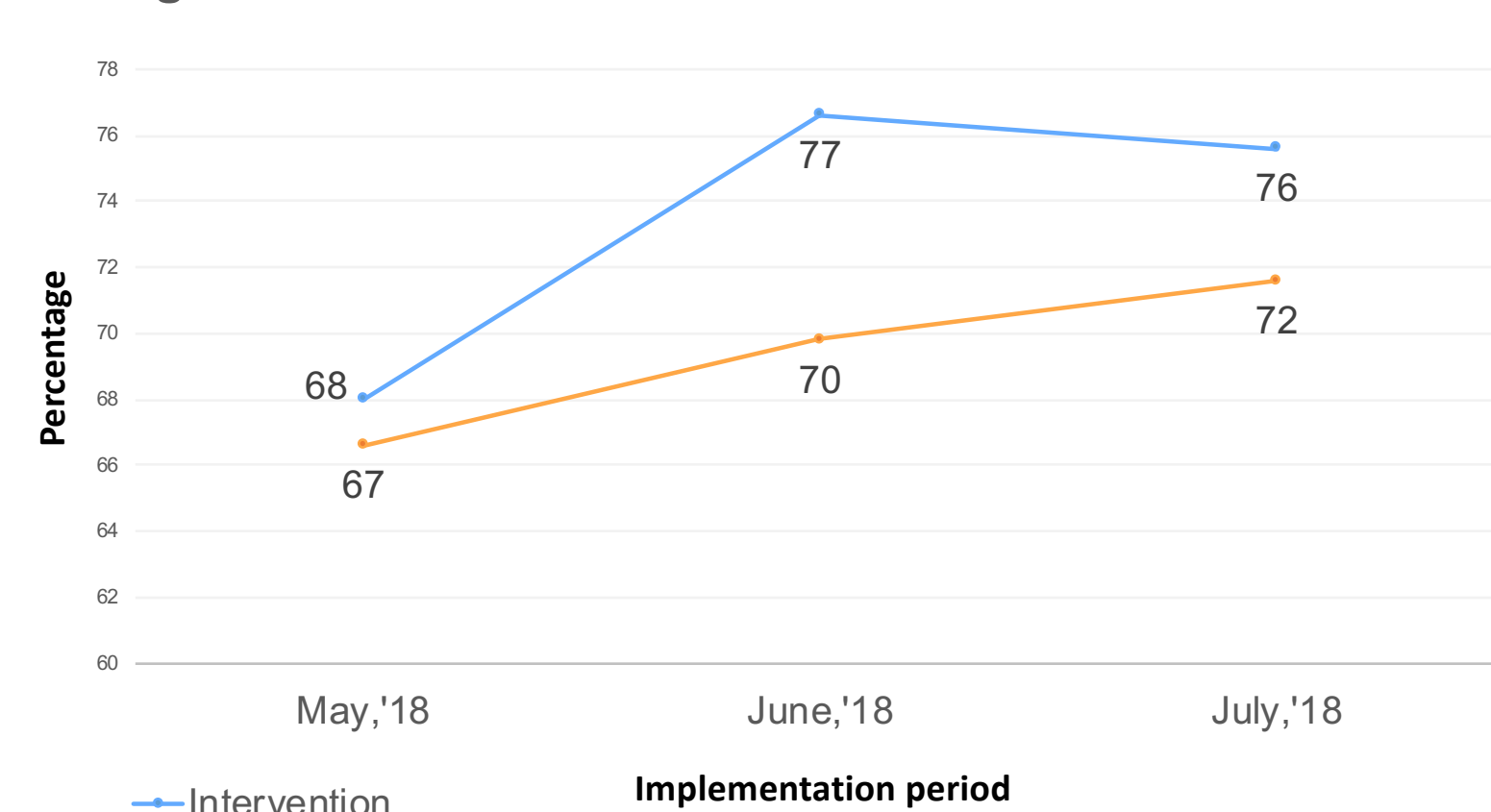
Region	Mobile cinemas	Schools	Places of worship	Health facilities	Markets	Drive	Total
Hoima	21320	7561	5242		1300		35423
Kampala	37740	10942	587	318	3013		52600
Masaka	9118	8521	23232		1211		42082
Rwenzori	2804	7442	775	335	1559		12915
West Nile	17401	3838	8496		822	2170	32727
<b>Total</b>	<b>88383</b>	<b>38304</b>	<b>38332</b>	<b>653</b>	<b>7905</b>	<b>2170</b>	<b>175747</b>

Figure 1 : Proportion of pregnant women who received the first dose of IPTp



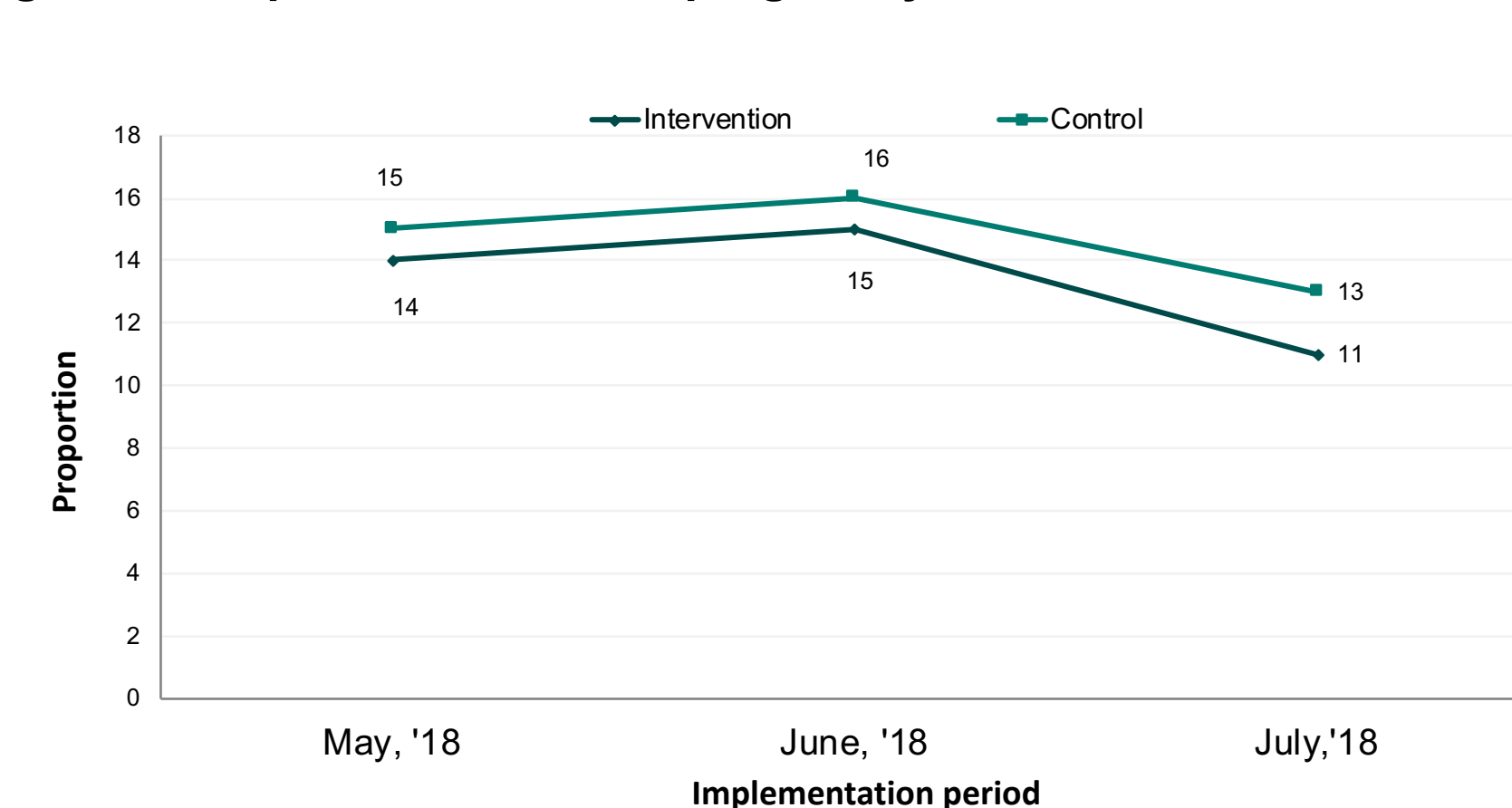
The proportion of pregnant women who received two or more doses of IPTp was relatively high for the implementation sites compared to the control sites.

Figure 3: Proportion of pregnant women receiving free LLINs at during ANC visits



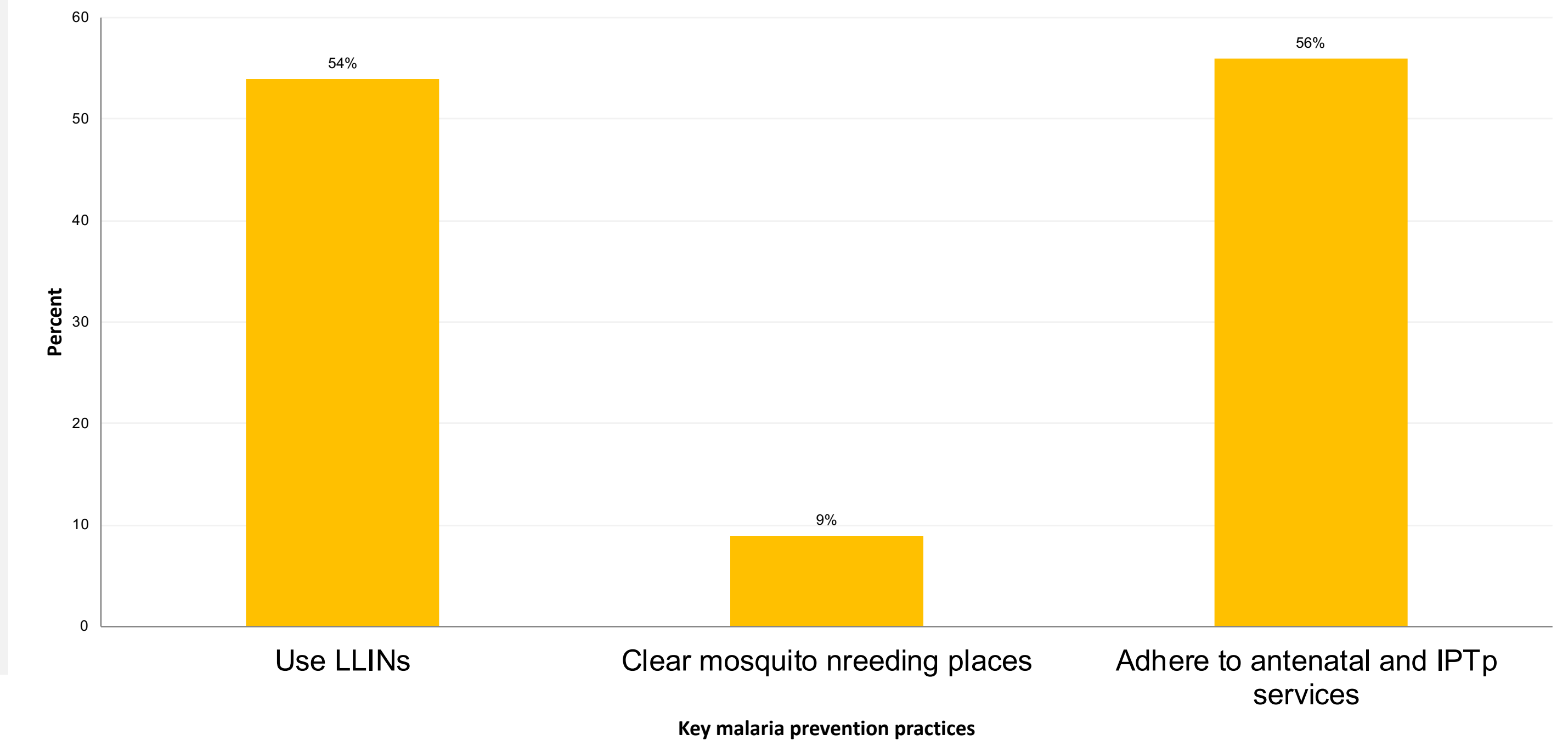
The proportion of pregnant women that received free LLINs at ANC visits was 4 percent higher in the intervention sites than in the control sites.

Figure 4: Proportion malaria in pregnancy



Over the course of the intervention, the number of malaria in pregnancy cases in the intervention sites reduced by 3 percent and was 2 percent lower than the number of cases seen in the control sites.

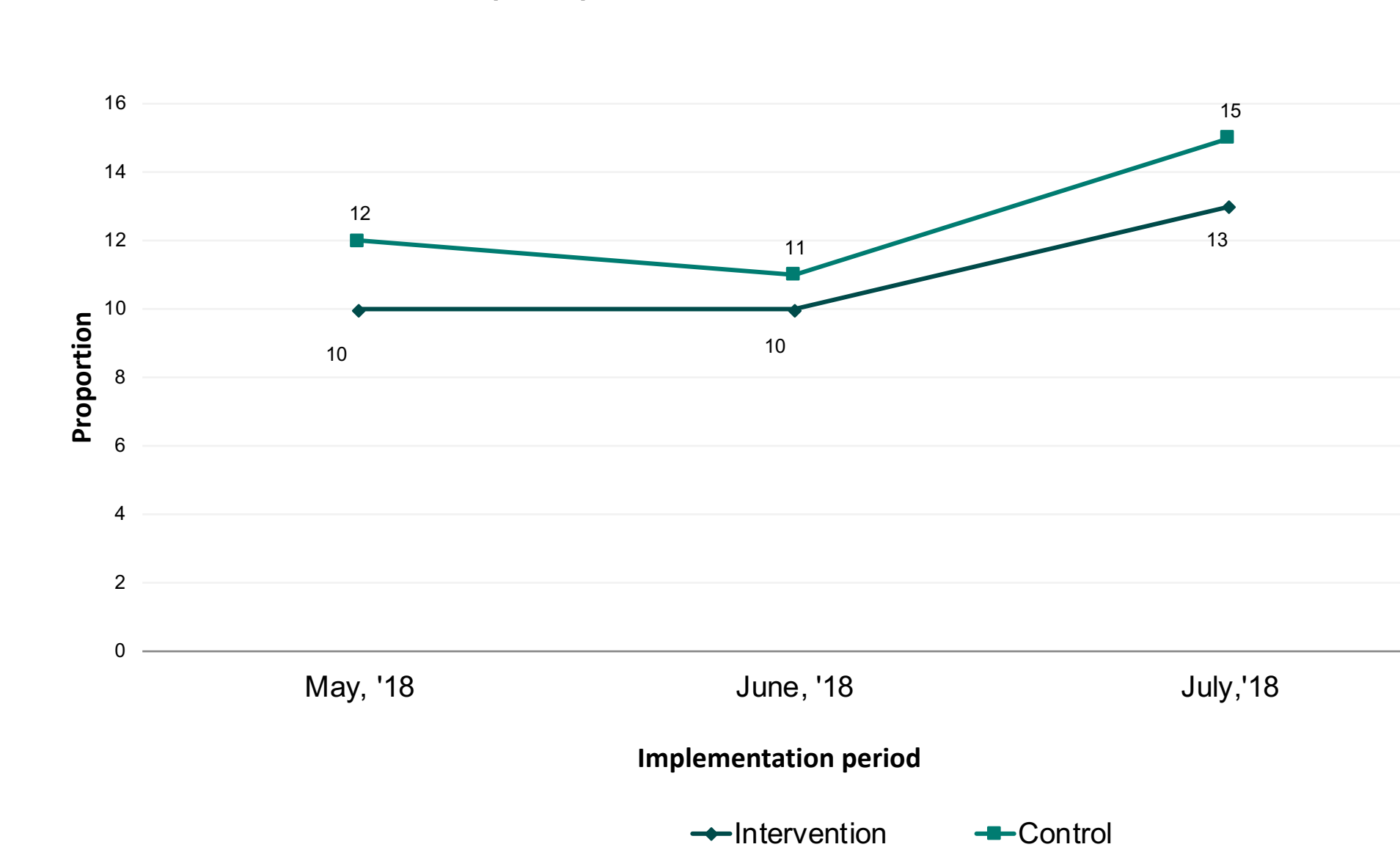
Figure 2: Reported intent to practice key malaria prevention behavior (n=538)



Interviews revealed that intention to practise key malaria prevention behaviours had increased over the campaign period:

- intent to use LLINs consistently and correctly had increased from 26 percent to 54 percent
- intent to remove mosquito breeding sites (e.g. stagnant water puddles) had increased from 5 percent to 9 percent.

Figure 5: Proportion of negative cases treated with artemisinin-combination therapies (ACT)



The proportion of negative cases treated with ACTs grew slightly over the course of the intervention. This could be due to poor diagnosis by health workers and/or patients self-medicating when experiencing a recurring fever.

## Conclusion

The project successfully used an edutainment intervention to engage men in a key public health issue and, in so doing, contributed to an increase in households' uptake of preventive malaria interventions. Thus, it highlights the value of adopting innovative strategies and addressing gender norms when designing malaria-related social and behavior change interventions. Given this, MAPD is planning a nine-month-long second phase of the intervention, framed around the Premier League.

### References

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### Acknowledgements

USAID, UKAID, District Local Governments in the MAPD districts, Uganda Ministry of Health, National Malaria Control Program, Malaria Consortium, All MAPD implementation Partners