

# BEHAVIOR PROFILE: INTERMITTENT PREVENTIVE TREATMENT OF MALARIA IN PREGNANCY (IPTp)

## HEALTH GOAL

1. Reduce malaria mortality by one-third from 2015 levels in PMI-supported countries, achieving a greater than 80 percent reduction from PMI's original 2000 baseline levels. 2. Reduce malaria morbidity in PMI-supported countries by 40 percent from 2015 levels.

## BEHAVIOR

Pregnant women complete a full course of IPTp

- ✔ Percentage of women age 15-49 with a live birth in the two years preceding the survey who during the pregnancy took 3 or more doses of SP/Fansidar, with at least one dose during an antenatal care visit
- ✔ Percentage of women age 15-49 with a live birth in the two years preceding the survey who during the pregnancy took 2 or more doses of SP/Fansidar, with at least one dose during an antenatal care visit



BEHAVIOR ANALYSIS		STRATEGY	
BEHAVIOR AND STEPS	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM STRATEGIES
<p>What steps are needed to practice this behavior?</p> <p><b>Behavior</b></p> <p>Pregnant women complete a full course of IPTp</p> <p><b>Steps</b></p> <ol style="list-style-type: none"> <li>1. Decide to seek ANC care early before the end of the first trimester</li> <li>2. Demand IPTp at each ANC visit, beginning in second trimester</li> <li>3. Adhere to provider instructions at each visit, including when to return for the next visit</li> </ol>	<p>What factors may prevent or support practice of this behavior?</p> <p><b>STRUCTURAL</b></p> <p><b>Accessibility:</b> Pregnant women cannot access SP because the SP or related commodities are unavailable.</p> <p><b>Service Provider Competencies:</b> Pregnant women do not receive SP at each visit because providers do not have the proper technical information to adhere to national MIP guidelines.</p> <p><b>SOCIAL</b></p> <p><b>Family and Community Support:</b> Pregnant women do not seek SP because it is not promoted or encouraged by community-based community health volunteers or agents.</p> <p><b>INTERNAL</b></p> <p><b>Attitudes and Beliefs:</b> Pregnant women refuse SP because they fear the side effects.</p> <p><b>Attitudes and Beliefs:</b> Pregnant women do not adhere to provider instructions because they do not understand the difference between drug-based prevention and treatment.</p> <p><b>Knowledge:</b> Pregnant women do not obtain SP or adhere to provider's instructions because they are unaware of the benefits of SP for themselves and their unborn children.</p>	<p>Who must support the practice of this behavior, and what actions must they take?</p> <p><b>INSTITUTIONAL</b></p> <p><b>Policymakers:</b> Incorporate IPTp into broader reproductive health programs in collaboration with MIP point of contact and reproductive health staff.</p> <p><b>Managers:</b> Conduct regular supportive supervisory visits with facility-based service providers to ensure proper administration of and counseling for IPTp.</p> <p><b>Managers:</b> Seek innovative ways to provide client-friendly services closer and more convenient to the client.</p> <p><b>Logistics Personnel:</b> Procure sufficient stock of SP or other IPTp commodity supplies.</p> <p><b>Providers:</b> Counsel about protective benefits, timing and dosing of IPTp to all pregnant women and their partners.</p> <p><b>Providers:</b> Administer SP appropriately during ANC visits.</p> <p><b>COMMUNITY</b></p> <p><b>Community Leaders:</b> Create or support structures that promote social accountability to encourage community-based service providers to promote the benefits of IPTp as part of ANC services.</p> <p><b>Community and Religious Leaders:</b> Engage men and male heads of households to support the decision of pregnant women to seek ANC especially in the absence of community-based service provider support.</p>	<p>What strategies will best focus our efforts based on this analysis?</p> <p>🚩 <i>Strategy requires Communication Support</i></p> <p><b>ENABLING ENVIRONMENT</b></p> <p><b>Partnerships and Networks:</b> Encourage delivery of ANC and IPTp in non-formal settings, such as through NGOs and by community health workers directly in the community to ensure that ANC is accessible to all women.</p> <p><b>Policies and Governance:</b> Integrate IPTp into reproductive health programs to ensure that all women accessing these services receive IPTp.</p> <p><b>Policies and Governance:</b> Create or leverage the power and influence of existing community leaders and members to advocate for accountability at health facilities.</p> <p><b>SYSTEMS, PRODUCTS AND SERVICES</b></p> <p><b>Supply Chain:</b> Strengthen commodities and supply chain for Fansidar/SP or IPTp protocol at all levels to ensure a adequate stock for the recommended minimum number of doses per expected pregnant woman.</p> <p><b>Quality Improvement:</b> Disseminate to providers clear IPTp guidelines and information to use in counseling women on benefits to ensure that all women are receiving recommended IPTp during ANC.</p> <p><b>Quality Improvement:</b> Expand and promote services offered during ANC to increase women's perceived value of IPTp.</p> <p><b>Quality Improvement:</b> Equip health workers with relevant, locally tailored behavior-centered job aids to provide better IPTp services to women. 🚩</p> <p><b>DEMAND AND USE</b></p> <p><b>Communication:</b> Use appropriate communication approaches to promote value of preventative services to mother and unborn child.</p> <p><b>Communication:</b> Exploit direct-to-consumer digital tools, such as mobile technologies, interactive voice response (IVR), etc. to reach women directly to convey benefits of and value for IPTp as part of routine ANC visits.</p>