

Assessing the Influence of Psychosocial Factors on Provider Malaria Case Management in Health Facilities in Benin

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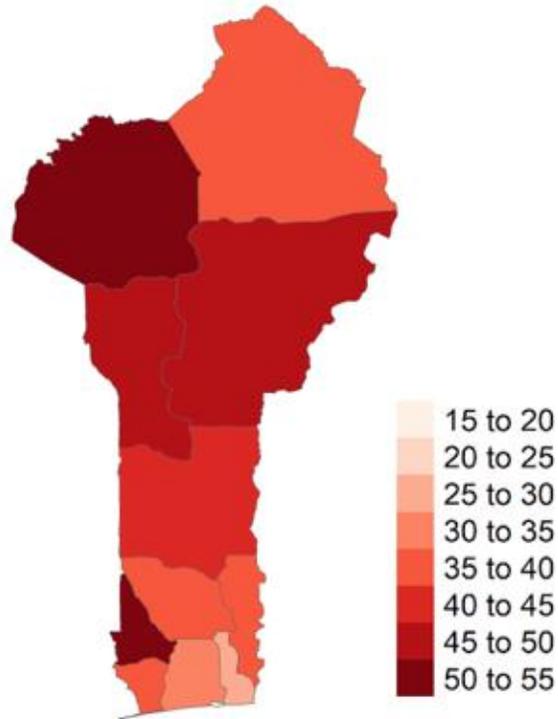


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Context & Methods

Malaria in Benin



- Risk of malaria spans the entire country
- Malaria is a leading cause of morbidity and mortality
 - 47% of outpatient consultations in the general population
 - ~50% of outpatient consultations
 - 39% of hospitalizations in children under five
- National prevalence of malaria among children aged 6 to 59 months has increased 39% between 2011-2012 and 2017-2018

Provider Behavior & Malaria Case Management

- Health care provider adherence to case management guidelines is critical for malaria control
- Provider behavior is complex and influenced by factors at the individual, interpersonal, facility, and system levels.
- Psychosocial factors have been found to influence behaviors across health areas and settings
- However, little research attention has been paid to the role of psychosocial factors on provider behavior, including their attitudes and perceived norms

Study Methods

- Cross-sectional health facility assessment in Benin
- Random sample of facilities within each of the 12 departments selected using probability proportional to the facilities' 2019 malaria incidence
 - 128 health facilities
 - 366 health workers involved in malaria case management
 - 1245 patients with fever
- Providers interviewed with structured questionnaire to assess socio-demographic and psychosocial factors affecting case management practices

Data Analysis: Multivariable Logistic Regression



Dependent variable: correct management of fever



Independent variables: client sociodemographic characteristics, provider psychosocial characteristics, and facility characteristics



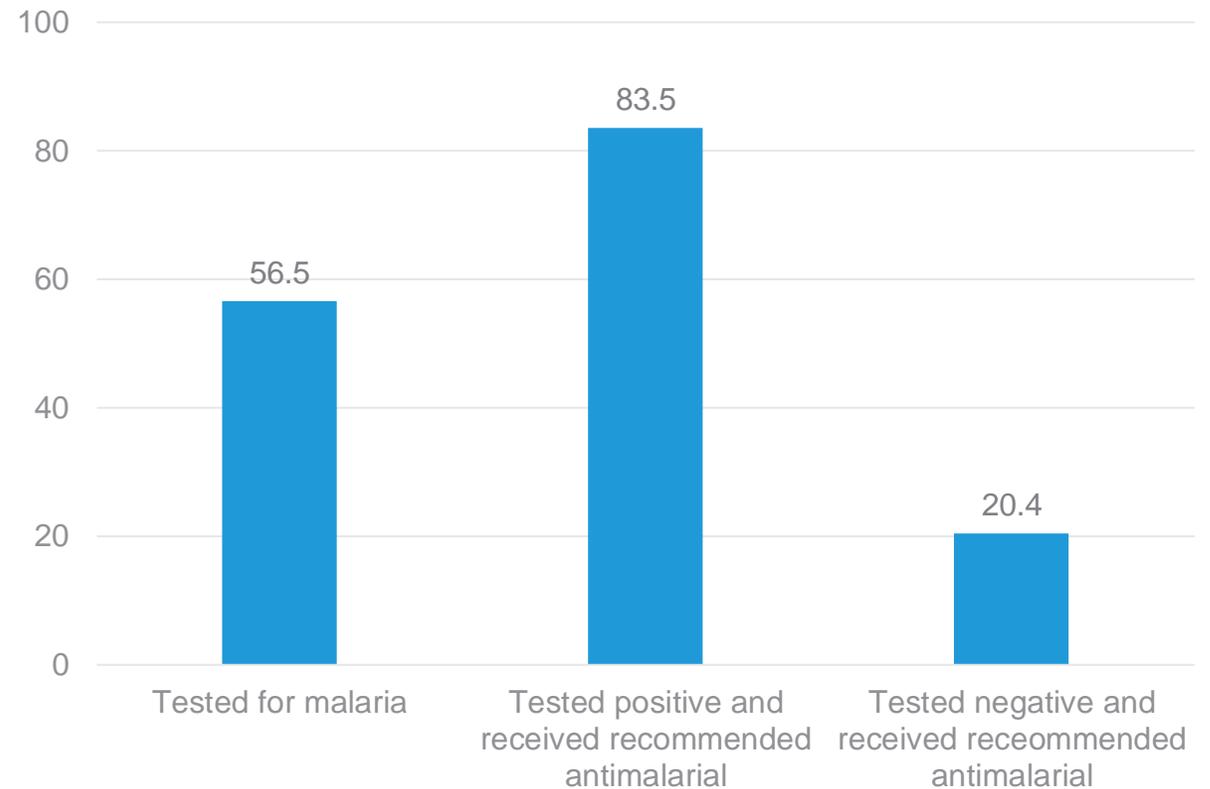
Logistic regression limited to facilities where diagnostic testing (RDT and microscopy) was available on survey date (88 facilities)



Results

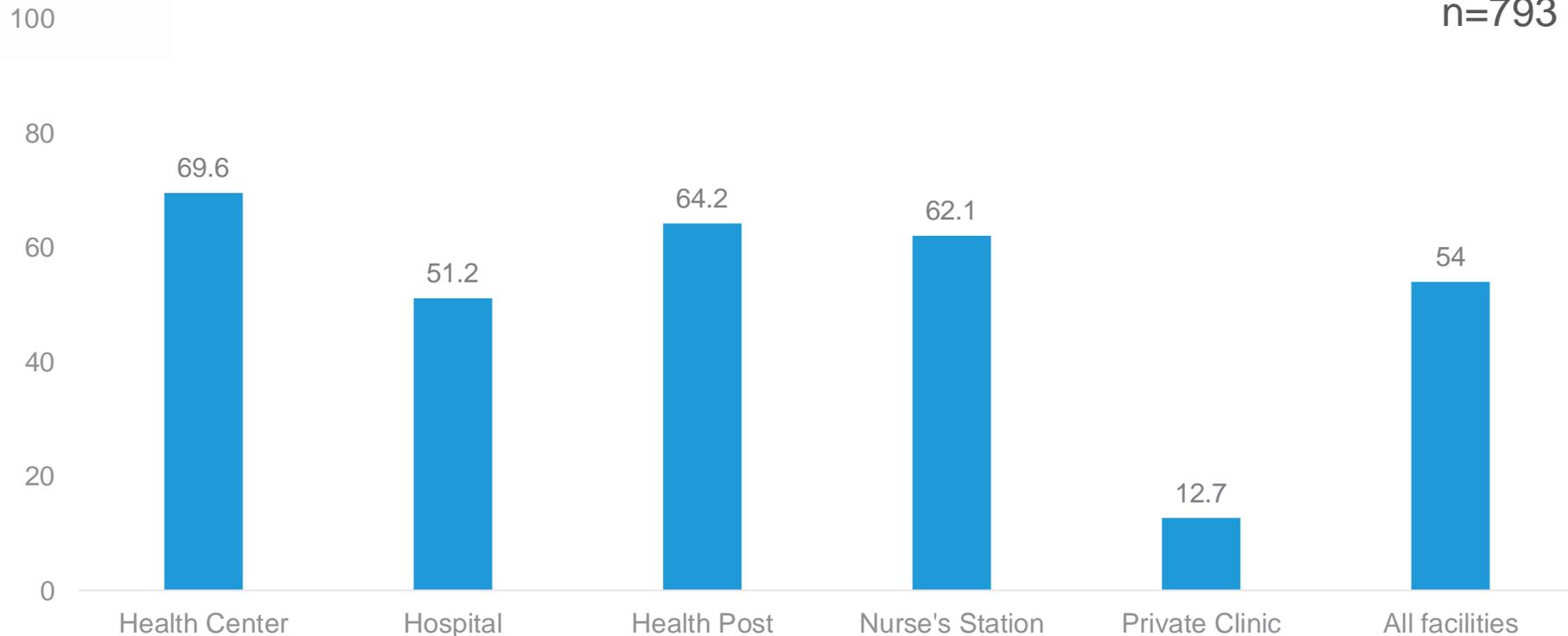
Provider Behavior: Adherence to Guidelines

- Of the suspected malaria cases, less than two-thirds were tested for malaria
- 84% of tested and positive cases were given correct treatment for malaria
- One fifth of cases that tested negative received an antimalarial
- Among untested suspected cases, 57% received an antimalarial



Provider Behavior: Adherence to Guidelines

Percent of clients correctly managed* in facilities with diagnostic test, by type of facility
n=793



****Correct management defined as testing positive and receiving recommended antimalarial or testing negative and not receiving antimalarial.***

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Logistic Regression: Correct Case Management

Predictors – Psychosocial & Other Variables	Odds Ratio	
Patient's age (RC=<5)		
5-14 years	1.66*	
15 years or older	1.04	
Percent of health workers regularly supervised	0.37*	
Percent of health workers trained in case management	8.31***	
Health workers mean case management knowledge score (RC=low)		
Medium	0.69	
High	2.33**	± p<.1
Perceived positive peer behavior (RC=low)		* p<.05
Medium	2.57*	** p<.01
High	1.37	*** p<.001
Provider's positive perceptions about their clients (RC=low)		RC Reference category
Medium	1.25	
High	1.61±	
Prevalence of positive cases in health facility (RC=low)		
Medium	2.53**	
High	3.05**	

Additional Results

- Facility type: Odds of adherence was especially low for patients treated in private clinics
- Attitudes: Provider attitudes towards case management not associated with the outcome

Recommendations

Recommendations

- Psychosocial factors of providers should be taken into account to improve malaria case management in Benin
- Improving provider adherence to case management guidelines could benefit from:
 - Strengthening technical knowledge of providers
 - Using a norms-based approach to address negative beliefs of providers about the professional behaviors of their colleagues
 - Promoting discussion among providers about case management guidelines
 - Empowering providers to strengthen the capacity of patients to adhere to treatment and positioning patient adherence as the norm

Recommendations

- Efforts to improve provider adherence to case management guidelines will also benefit from:
 - Paying special attention to private clinics
 - Better understanding and addressing the reasons for the negative association between provider supervision and adherence. Could it be that poorly performing facilities are the ones targeted for supervision?
 - Emphasizing the importance of adherence to guidelines irrespective of patient's age

Thank You

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