RANAS SPIN-OFF of Eawag
We Understand Behaviour Change

Towards zero leprosy by 2030 in Bangladesh

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Two behaviours, one related to leprosy self-care and one to leprosy screening, were tackled within this pilot project: self-care of ulcers and reporting of suspected cases. Target group for both behaviours were current leprosy patients. Two behaviour change campaigns were developed. The main focus was laid on providing knowledge on how to do good ulcer care and how to report a suspected case, social norms and support, action and barrier planning, self-monitoring of behaviour performance and eliciting positive feelings. A poster was used in both campaigns as info material and reminder. The campaigns were piloted in two districts in Bangladesh and evaluated.

Context

Two hard to access and underdeveloped districts, Rangamati and Bandarban, in the south-eastern corner of Bangladesh were targeted with this project. In collaboration with the Leprosy Mission International Bangladesh (TLMI-B), Learning-360 Team, Ranas realized a pilot project to investigate how behaviour change interventions can contribute to leprosy related practices.

Objectives

The main goal of this study was to promote two leprosy related behaviours in two different sub-groups of leprosy affected persons: (1) ulcer care among patients under treatment for ulcers, (2) reporting of suspected cases among diagnosed leprosy patients. Specific objectives were:

1. To assess current practices and the behavioural factors determining these practices.
2. To systematically design, pilot and evaluate behaviour change activities that are feasible to be integrated into ongoing efforts of TLMI-B.

What motivated ulcer care and reporting of suspected leprosy cases?

We identified, measured and determined current practices of the two target behaviours and their behavioural factors (RANAS phases 1 to 3).

The following data was collected from four districts in August 2022:

- 23 qualitative in-depth interviews to provide context information and details for the quantitative questionnaire development
- 126 quantitative household interviews on ulcer care and 223 on reporting behaviour (baseline survey)
- behavioural factors influencing the two target behaviours were identified by a doer/non-doer statistical analysis

Baseline data collection interview. © TLMI-B

Ulcer care behaviour: Doers (those who always clean their ulcer) compared to non-doers (those who clean less frequently) feel more protected, comfortable and clean when cleaning their ulcer (attitude: feelings), it is more personally important for them, they feel a stronger approval from family members, and talk more frequently about ulcer care (norms). They also know better how to clean (ability), have a higher confidence to cope with barriers including plans of how to do so (self-regulation), and get reminded more often by family members (social context).

Reporting behaviour: Doers (those who report often or always when suspecting a case) compared to non-doers (those who report less frequently) feel more proud and respected when reporting a case (attitude: feelings), talk more often with family members, and have more sources of support (social context). They also know more ways how to report, have a higher confidence to

Partners: Lepra-Mission Schweiz, The Leprosy Mission International Bangladesh, INTERACTION, LEARNING 360
Supported by: Schweizerische Eidgenossenschaft, Confédération suisse, Confederazione Svizzera, Confederaziun svizra; Swiss Agency for Development and Cooperation SDC

cope with difficulties (ability), a clearer plan about what to do, they forget less often to report and are more committed (self-regulation).

How did we design the campaign?

Based on the behavioural factors identified by the analysis, behaviour change techniques (BCTs) were selected from the RANAS catalogue of BCTs.

Together with TLMI-B, two contextualized behaviour change campaigns were developed consisting of two household visits (RANAS phase 4):

- For each behaviour, a **poster** was developed containing pictures about how to perform the behaviour (factor: ability). The ulcer care poster had additional information on when (time of the day) to perform ulcer care and materials needed. During the household visit, the procedure was discussed in detail with the patient (factor: action planning) including how to cope with barriers (factor: barrier planning). The poster was hung in the patient's house as a reminder (factor: remembering).
- For ulcer care, a diary sheet served to **monitor behaviour** and related feelings (how healthy, how protected). For reporting, reported cases were directly noted on the poster in a dedicated space (factors: action control, feelings).
- **Family members** were included in the discussions where possible (factors: norm, remembering).

Household visit by a community resource person. © TLMI-B

Did the campaign achieve behaviour change?

TLMI-B implemented the RANAS campaign in the two selected districts in December 2022. An evaluation survey was carried out in February 2023 (RANAS phases 5 + 6).

Both campaigns were well received by the targeted patients. The information as well as the poster were found useful, the poster was still found in 96% of the ulcer care intervention households and 97% of the reporting intervention households. Also, the diary sheet (ulcer care intervention) received a positive evaluation. The record keeping of reported cases on the poster (reporting intervention) was liked to a medium extent.

For an **in-depth analysis**, we related the ratings the main campaign elements with the RANAS behavioural factors using correlations.

For **ulcer care behaviour**, feelings of liking, protected, comfortable, clean and disgust related to a more positive rating of the poster, the diary sheet and the information provided as well as to whether family members were included. Also, personal norm, perceived approval of family members and self-confidence in one's own ability related very positively.

For **reporting behaviour**, also feelings, norms and self-confidence in patient's own ability related positively to the rating of the poster, the record keeping and the information provided and to a lesser extent to whether family members were included in the discussion. Also, positive relations were found to the perceived benefit, forgetting and having plans how to cope with barriers.

Conclusions

While the RANAS campaign did not further increase already high levels of behaviour, positive feelings, related social norms, and people's abilities were strengthened. The campaigns will be adapted slightly. It is recommended to regularly pay visits to the most vulnerable households and to provide materials for ulcer care patients, as these were the two most frequent requested improvements.

Further information: Information on the RANAS model and practical approach; the Behaviour Change Techniques Catalogue and more fact sheets on the RANAS approach can be accessed on www.ranas.ch

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Please cite as: Tamas, A., Rahaman, K. S., Harter, M. & Boiragee, J. (2023). Intervention Fact Sheet: Towards zero leprosy by 2030 in Bangladesh. Zurich, Switzerland: Ranas Ltd.