

Malaria Knowledge, Attitudes, Practices and  
Behaviour survey  
2014

**Mwinyi I. Khamis**  
**Zanzibar Malaria Elimination Program**  
**Zanzibar- Tanzania**

# Presentation outline

Background information

Objective of the study

Rational of the study

Study areas

Ethical consideration

Findings

Discussion

Conclusion

Recommendations

# Background information

- Malaria transmission in Zanzibar has decreased dramatically over the past decade due to the implementation of multiple interventions.
- Malaria transmission in Zanzibar is highly seasonal and focal
- Based on the passively detected data, it appears that the hotspots do not have symptomatic cases all year round but rather show a large increase following rains

# Background information...

- ZAMEP decided to collect information regarding malaria KAPB in both hotspots and control communities to help in
  - Determining which interventions will be most effective in reducing transmission
  - SBCC activities and messaging approach

# Survey Objectives

- To assess knowledge of malaria disease at community level
- To determine community perceptions on current malaria key interventions
- To assess intervention access and use within the community i.e long lasting insecticide treated nets (LLIN) and Indoor Residual Spraying (IRS)
- To understand the community members access to information about malaria

# Study rationale

- Comprehensive KAPB study has not been undertaken in Zanzibar for several years
- To understand why malaria transmission is ongoing in some areas and not others in reflection KAP of the community
- Representative information across Zanzibar was needed to support Government efforts toward malaria elimination campaign

# Study areas

**The study took place in:**

- **All 30 hotspot villages (average cases per week)**

Hotspot villages were determined using the information collected at health facilities regarding the village of the malaria positive individuals attending facilities in 2013.

## Control sites

- **30 control villages (zero case for the whole of year - 2013**
  - control villages were randomly sampled from a list of no malaria villages in Unguja and Pemba.
  - The randomisation process ensures that results are representative for Zanzibar as a whole despite there not being equal numbers of villages from each district.



# Sample size

- A list of all households within the study villages was obtained through the official village leaders -Sheha's
- A random selection households proportional to villages size was selected (1,080 households from hotspot villages and 1,080 households from control villages).
- Sample size was determined using
  - G-Power software
  - a sample size was calculated using the assumptions for a linear multiple regression

# Study predictors

- Household structure
- Environmental differences
- Interventions exposure (nets, IRS)
- Risk behaviours (sleeping under net, outside in evenings)
- Malaria treatment seeking
- Malaria knowledge
- Attitudes towards malaria
- Access to messages (BCC)

# Ethical consideration

- The study was conducted in conformity with the local culture and customs
- Ethical approval from Zanzibar Medical Ethical Committee (ZAMEC) obtained
- The interviewee persons were consented before interviewed
- Before undertaking the study, each village leader from the study villages was invited to a meeting with the field supervisor and be informed with study objectives

# Summary of study findings

- The study targeted to enrol 2,160 respondents
- A total of 2,153 people were interviewed for the household survey. Of these, 73% (n=1564) were female.
- The general study coverage was 99.7 %

# Age and gender of household respondents

<b>Age</b>	<b>Female (N, %)</b>	<b>Male (N, %)</b>	<b>Total</b>
<b>16 to 30 years</b>	616 82.0	135 17.9	751 100.0
<b>30 to 45 years</b>	547 74.1	191 25.9	738 100.0
<b>45 to 60 years</b>	279 63.6	160 36.5	439 100.0
<b>60 to 90 years</b>	122 54.2	103 45.8	225 100.0
<b>Total</b>	1,564 72.6	589 27.4	2,153 100.0

# Results on Core Indicators

## 1. Proportion of people who practice the behavior

Proportion of population that slept under an ITN the previous night	60% - no major difference b/n urban-rural 82% of those living in households with sufficient numbers of nets slept under a net the previous night
Proportion of households sprayed with IRS within the last 12 months	43% ( IRS in Zanzibar is no longer universal and is targeted at known hotspot areas)
Proportion of women who received 2** doses of IPTp during ANC visits during their last pregnancy	Not applicable in Z' bar
Proportion of children under five years old with fever in the last two weeks for whom advice or treatment was sought	91% (85% of the fevers that were tested for malaria were not malaria)

# Results on Core Indicators...

## 2. Proportion of people who recall hearing or seeing any malaria message within the last 6 months

Proportion of people who recall hearing or seeing any malaria message within the last 6 months

44%

Proportion of people who recall hearing or seeing specific malaria messages (MALIZA MALARIA)

51%

Proportion of people who recall hearing or seeing a message through communication channel 'X'

Radio 63%, TV 12%, Health Workers 10%

# Results on Core Indicators...

<b>Proportion of people who name mosquitoes as the cause of malaria</b>	<b>79% varied by location (70% in rural areas compared to 93% in urban areas)</b>
<b>Proportion of people who know the main symptom of malaria</b>	66.6%
<b>Proportion of people who know the treatment for malaria</b>	73%
<b>Proportion of people who perceive they are at risk from malaria</b>	24% Although conversely, 81% (n=1740) felt that during the rainy season that they worried every day
<b>Proportion of people who feel that consequences of malaria are serious</b>	73%



# Discussion

- Some of the answers received in this survey seem contradictory, community indicated that they did not feel that bed nets were a foolproof barrier to getting malaria although many acknowledged they were the best way to prevent getting malaria.
- It is promising that the majority of the respondents felt the health provider was the best person to talk to if they thought their child had malaria
- It appeared availability of nets was a factor in net usage.

# Acknowledgements

- PMI for financial support
- JHUCCP for technical support
- ZAMRUKI for technical support
- Researchers
- District authorities
- Community

WEBBALE NYOO!!!