

MIFUMI MALARIA PROJECT

The Mifumi Malaria Project, in Mifumi village outside Tororo, Uganda is a collaboration between Mifumi Project – Makerere University, Faculty of Medicine /COBES Programme – U.S. National Library of Medicine/National Institutes of Health - Walter Reed .

The research project is dedicated to uncovering the difference ICT interventions can make in empowering of health professionals, grassroot communities and ultimately improving the health in Mifumi . Community involvement is the mainstay of the project so that cultural concepts, relevant local knowledge and health practices are incorporated in the development of the Health Educational tools to ensure acceptability ,sustainability and efficacy of health messages, which ultimately results in behavioural change and a reduction in malaria disease burden.

The baseline survey is critical in determining whether an information intervention in electronic and hard copy formats can make a difference in the morbidity and mortality of malaria in this community.

OBJECTIVES:

- 1.To determine the disease burden in Mifumi Village
- 2.To determine the knowledge about Malaria disease causation .
- 3.To determine the Treatment seeking behaviours
- 4.To determine the attitudes and perceptions of the local community with regard to malaria.
- 4.To determine the common Malaria prevention practices in the community.
- 5.To determine the common sources of health information and the efficacy of these messages in causing behavioural change.

Below is the statistical analysis of the Malaria baseline survey:-

1.1 BACKGROUND CHARACTERISTICS

This section looks at the background characteristics of the respondents.

1.1.1 Sex:

Table 1 reveals that in the sample, 30.30 percent of the respondents were males and the remaining 69.70 percent were females. This reveals that the sex ratio of males : females is 1:2 within the sample.

Table 1: Distribution by sex

Sex	Frequency	Percentage
Male	30	30.30
Female	69	69.70
Total	99	100.00

1.1.2 Age:

Table 2: Distribution by sex

Age	frequency	percentage
15-20	9	9.18
21-25	16	16.33
26-30	13	13.27
31-35	16	16.33
36-40	11	11.22
40+	33	33.67
Total	98	100.00

In the table above, the largest percentage of the respondents, 33.67 percent is above 40 years and the least percentage, 9.18 percent is between 15 – 20 years. The remaining 57.15 percent is evenly distributed between 21 – 40 years.

1.1.3 Education:

Table 3 shows the distribution of respondents by the education level attained. The biggest percentage, 68.36 percent attained some education whereas the 31.63 percent had not attained any education. Of those who had attained some education, 56.12 percent had attained primary education while 12.24 percent had attained secondary education.

Table 3: Distribution by level of education

EDUCATION	Frequency	Percent
None	31	31.63
Primary	55	56.12
Secondary	12	12.24
Total	98	100.00

1.1.4 Religion:

Table 4: Distribution by religion

RELIGION	Frequency	Percent
Catholic	87	87.88
Protestant	7	7.07
Pentecostal	2	2.02
Other	3	3.03
Total	99	100.00

Table 4 above shows that a very big percentage, 87.88 percent of the respondents were Catholics while 7.07 percent were Protestants and 2.02 percent were Pentecostals. The other religions, made up the remaining 3.03 percent.

1.1.5 Average income:

Table 5: Distribution by family average income

Income	Frequency	Percent
0 – 5000	44	57.14
5001 – 10000	10	12.99
Above 10000	23	29.87
Total	77	100.00

Table 5 above reveals that the biggest percentage, 57.14 percent of the respondents averagely earn below sh. 5,000 while 12.99 percent earn between sh. 5,001 – sh. 10,000 and only 29.87 percent of the respondents earn more than sh. 10,000.

1.2 DISEASE BURDEN

1.2.1 Commonest disease in Mifumi:

Table 6 below shows that 86.32 percent of the respondents think that malaria is the diseases residents of Mifumi suffer from most while 5.26 percent think that the disease is HIV/AIDS. Only 6.32 percent think that it is cough and 2.11 percent think it is diarrhoea.

Table 6: Commonest disease

Disease	Frequency	Percent
AIDS	5	5.26
Cough	6	6.32
Diarrhoea	2	2.11
Malaria	82	86.32
Total	95	100.00

1.2.2 Diseases within households:

Table 7 below shows that the disease suffered from most within the respondents' household is malaria, followed by cold/flu, diarrhoea and cough.

Table 7: Diseases within households

Disease	Frequency
Diarrhoea	27
Cold	31
Malaria	74
Abdominal pain	1
Arthritis	1
Chest pain	1
Cough	21
Headache	1
Joint pains	1
Measles	1
Stomach ache	2
Tonsillitis	1
Ulcers	1
Vomiting	1
Weakness	1

1.3 KNOWLEDGE ABOUT MALARIA DISEASE CAUSATION

1.3.1 Malaria disease causation:

Table 8 below reveals that 63.16 percent of the respondents think that malaria is caused by mosquitoes, 17.89 percent admit that they don't know while the remaining 18.95 percent give causes like bad food, dirty water, moon shift, poor environment and coldness.

Table 8: Causes of malaria

CAUSE	Frequency	Percent
Air borne	1	1.05

Bad food	2	2.11
Cold	1	1.05
Coldness	3	3.16
Don't know	17	17.89
Drinking dirty water	2	2.11
Flies	1	1.05
Moon shift	1	1.05
Mosquitoes	60	63.16
Poor environment	1	1.05
Rain	2	2.11
Rainy season	1	1.05
Stagnant water	1	1.05
Un boiled water	2	2.11
Total	95	100.00

1.4 COMMON PREVENTION PRACTICES

1.4.1 Malaria prevention:

Table 9: Malaria prevention:

	Frequency	Percent
No	4	4.44
Yes	86	95.56
Total	90	100.00

Table 9 above reveals that 95.56 percent of the respondents think that malaria can be prevented while only 4.44 percent think that malaria can not be prevented. The respondents that think malaria can not be prevented give reasons such as not

hearing/knowing any means of preventing malaria while those that think that malaria can be prevented give ways such as using mosquito nets and medical treatment.

1.4.2 Prevention Practices

Table 10 below shows that 43.55 percent of the respondents use treated mosquito nets, 22.58 percent cut the bushes growing around the house, 18.55 percent close the windows and doors early, 9.68 percent get rid of the stagnant water in the yard and only 0.81 percent spray with doom.

Table 10: Prevention practices

Practice	Frequency	Percentage
Cut bushes	28	22.58
Treated mosquito nets	54	43.55
Mosquito coils	3	2.42
Get rid of stagnant water	12	9.68
Spray with doom	1	0.81
Wear covering clothes	3	2.42
Close windows and doors early	23	18.55

1.4.3 Importance of prevention:

Table 11 below reveals that 58.67 percent of the respondents are of the view that malaria prevention is important, 40.00 percent think it is very important while only 1.33 percent think that malaria prevention is not important.

Table 11: Importance of malaria prevention

Importance	frequency	percent
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Very important	30	40.00
Important	44	58.67
Not important	1	1.33
Total	75	100.00

1.4.5 DDT knowledge:

Table 12 below shows that the biggest percentage of the respondents, 85.71 percent have not heard anything about DDT while the remaining 14.29 percent have heard something about DDT. Of the 14.29 percent who have heard about DDT, the majority don't know anything more about DDT.

Table 12: Heard about DDT

	Frequency	Percentage
No	78	85.71
Yes	13	14.29
Total	91	100.00

1.5 TREATMENT SEEKING BEHAVIOURS

1.5.1 Places for treatment:

Table 13 below shows that the largest percentage of the respondents, 56.84 percent go to the clinic for treatment, 17.89 percent go to the drug shop and only 3.16 percent visit the herbalist. The remaining 22.11 percent visit other places such as the health centres.

Table 13: Treatment places

Place	Frequency	Percentage
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Drug shop	17	17.89
Herbalist	3	3.16
Clinic	54	56.84
Other	21	22.11
Total	95	100.00

1.5.2 Shared medication

Table 14: Have ever shared medication

	Frequency	Percent
No	87	90.63
Yes	9	9.38
Total	96	100.00

Table 14 reveals that only 9.38 percent of the respondents have ever shared their medication with other people while 90.63 percent have not shared their medication with anyone else. Those who have shared their medication have shared it mainly with family members such as their children, spouses and grand children.

1.5.3 When to stop medication:

Table 15 below shows that 63.33 percent of the respondents stop taking their medication when it is finished, 24.44 percent stop when they feel better while 12.22 percent stop the medication when they don't have enough money to buy more medication.

Table 15: When to stop medication

	Frequency	Percent
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Feel better	22	24.44
Finish medication	57	63.33
Don't have money	11	12.22
Total	90	100.00

1.6 COMMON SOURCES OF HEALTH INFORMATION

1.6.1 Information sources:

Table 16 reveals that 27.33 percent of the respondents obtain information from the health centre, 22.98 percent obtain information from the health workers, 20.50 percent obtain information from the radio and 15.53 percent obtain information from friends.

Table 16: Sources of information

Source	Frequency	Percent
Family	6	3.73
Friends	25	15.53
Health worker	37	22.98
Health centre	44	27.33
Doctor	4	2.48
Nurse sister	5	3.11
Drug shop	3	1.86
Radio	33	20.50
Television	3	1.86
Newspaper	1	0.62

1.6.2 Behaviour change:

In Table 17 below, 93.02 percent of the respondents have changed their behaviour based on the information they get while 6.98 percent have not changed behaviour. The behaviour change includes practices such as using mosquito nets, visiting the hospital, taking all the medication as prescribed.

Table 17: Have changed behaviour

	Frequency	Percent
No	6	6.98
Yes	80	93.02
Total	86	100.00