



Perceptions of Risk of Malaria in Pregnancy as it Influences Receiving of Intermittent Preventive Therapy: A household study among pregnant women in Nigeria

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BACKGROUND

Malaria during pregnancy is responsible for 11% of maternal deaths in Nigeria. To prevent this, the World Health Organisation recommends a package of interventions. These include the use of Insecticide-Treated Nets (ITNs) and Intermittent Preventive Treatments (IPT) for pregnant women. A key strategy of the Nigerian National Malaria Control Programme (in-line with Roll Back Malaria policy) is to create awareness for the prevention of malaria during pregnancy through an integrated approach of using ITNs and IPT.

METHODS

Stratified multi-stage cluster sampling was used to randomly select households in 21 states of Nigeria in January, 2008. A structured questionnaire was developed based on the following thematic areas: exposure to mass media campaigns on malaria, episode of malaria in the last two months and where treatment was sought, knowledge of cause and prevention of malaria, Ante-natal Care (ANC), use of IPT, ITN ownership and use. The questionnaire was administered to pregnant women and caregivers of children under 5. For the current analysis, we focused on pregnant women.

The detailed methodology for identifying households and respondents included the following steps:

- Interviewers approached households at the survey sites to form clusters by screening members of the households to identify eligible respondents (pregnant woman and caregivers of children under 5).
- From the starting point of the cluster areas, buildings within the clusters were numbered.
- Listings of the eligible respondents were done by capturing demographic characteristics such as age, sex, etc. using a designated form.
- Women of reproductive age (15 to 49 years) were identified and those currently pregnant enumerated.
- House to house canvassing continued until 6 pregnant women from different households were identified to form a cluster.
- Selected pregnant women (n=2,348) were interviewed about their net use and use of antimalarials for IPT. Multivariate logistic regression was used to explore possible relationships between the outcome variables (net and IPT use) and the independent variables such as socio-economic status, knowledge etc.

DESCRIPTION

A baseline household survey was conducted to:

1. Determine use of IPT and ITNs among pregnant women
2. Understand how the use of IPT may be influenced by pregnant women's attitudes, knowledge and perceptions concerning the danger of malaria during pregnancy.

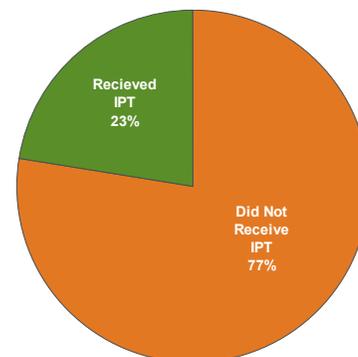
RESULTS

- Respondents who perceived malaria to be a risk during pregnancy were nearly twice as likely to receive IPT (OR=1.77, p<0.014).
- Sleeping under an ITN the night before the survey was associated with receiving IPT (OR=1.59, p=0.006), as was registering for ANC.
- Women who had registered for ANC were 6 times as likely to receive IPT as those who had not registered (OR=5.6, p<0.0001).

Table 1: Predictors of IPT Among Pregnant Woman

Variable	Odd ratio	Std. Err	p-value	Confidence level	
				Lower	Upper
Knowledge that malaria is harmful during pregnancy	1.767	0.231	0.014	1.124	2.779
Slept under ITN last night	1.592	0.170	0.006	1.141	2.221
Location: Rural	1.109	0.121	0.395	0.874	1.406
<i>Ref Zone: North central</i>					
Zone: North West	1.172	0.159	0.448	0.778	1.766
Zone: North East	2.022	0.704	0.000	1.365	2.996
Zone: South West	0.461	0.775	0.001	0.298	0.713
Zone: South East	0.870	0.140	0.498	0.581	1.302
Zone: South South	1.445	0.368	0.071	0.969	2.155
Education: Secondary school and Higher	1.248	0.135	0.100	0.959	1.625
Registered for ANC	5.600	0.142	0.000	4.214	7.348
Religion: Christian	0.857	0.179	0.388	0.603	1.217
Age at last birthday	0.998	0.011	0.869	0.603	1.217

Figure 1: Percentage of Pregnant Women That Received IPT



CONCLUSIONS

- There is a need to increase knowledge of the risk of malaria in pregnancy as this is likely to have significant impact on IPT acceptance.
- Efforts should be directed to encouraging the uptake of antenatal services as soon as a woman confirms her pregnancy status. This will avail her opportunity of receiving appropriate care for the benefit of both mother and child.
- Also there is a need to increase knowledge of malaria prevention to encourage use of promoted health products.



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