



Community Knowledge, Attitudes, Practices and Behaviour (KAPB) Assessment on Malaria BCC Interventions in Three Malaria Endemic Provinces of Western Cambodia

21st March 2013

NAGA Hotel



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Background

Malaria Consortium received funding from the Global Fund Malaria SSF Grant to expand the work on containment of artemisinin resistant malaria in Cambodia.

One of MC's roles includes the provision of technical assistance in the development of behaviour change communication (BCC) strategy and plans, as well as supporting and evaluating activities of four sub-sub-recipients working in the area of BCC (BBC, AMDA, WMC, and FHI).

Results from this survey provide valuable information to MC's SSRs on the current KAPB towards anti-malarial interventions in the targeted areas

Aims and Objectives

Primary objectives

To assess the overall KAPB of MC's targeted malaria at risk villages by measuring the following KAPB indicators:

- Proportion of households with all/some/none members using an ITN the previous night;
- Proportion of respondents who would seek timely diagnosis and treatment of malaria (from a public health facility);
- Proportion of respondents who know the cause for malaria; the symptoms for malaria; and the treatment for malaria;
- Proportion of respondents who know key BCC key messages

Secondary objective

To compare the above four KAPB indicators between villages receiving 'intense' BCC interventions compared to villages receiving 'non-intense' BCC interventions.

BCC Interventions

BCC activities	Battambang				Kampong Speu				Pailin			
	AMDA	BBC	FHI	WMC	AMDA	BBC	FHI	WMC	AMDA	BBC	FHI	WMC
Media products for broadcast on radio and television		X		X		X				X		X
IEC Materials including, but not limited to, advertising through taxi stickers, flip charts, pamphlets, banners and billboards.				X	X						X	X
Community campaigns					X						X	
Mobile Broadcasting Units (MBUs)				X	X							X
Listener and Viewer Clubs (LVCs)				X	X							X
Village Malaria Workers (VMWs)											X	
Village Health Volunteers (VHVs)					X							
Mobile Malaria Workers (s)											X	
Health system strengthening (HSS) through health centre staff capacity					X							
Improvement of the utilisation of the public health system for malaria diagnosis					X							

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Methods

A stratified multi-stage cluster sampling approach was used.

A “cluster” in the context of this study was defined as a ‘village’.

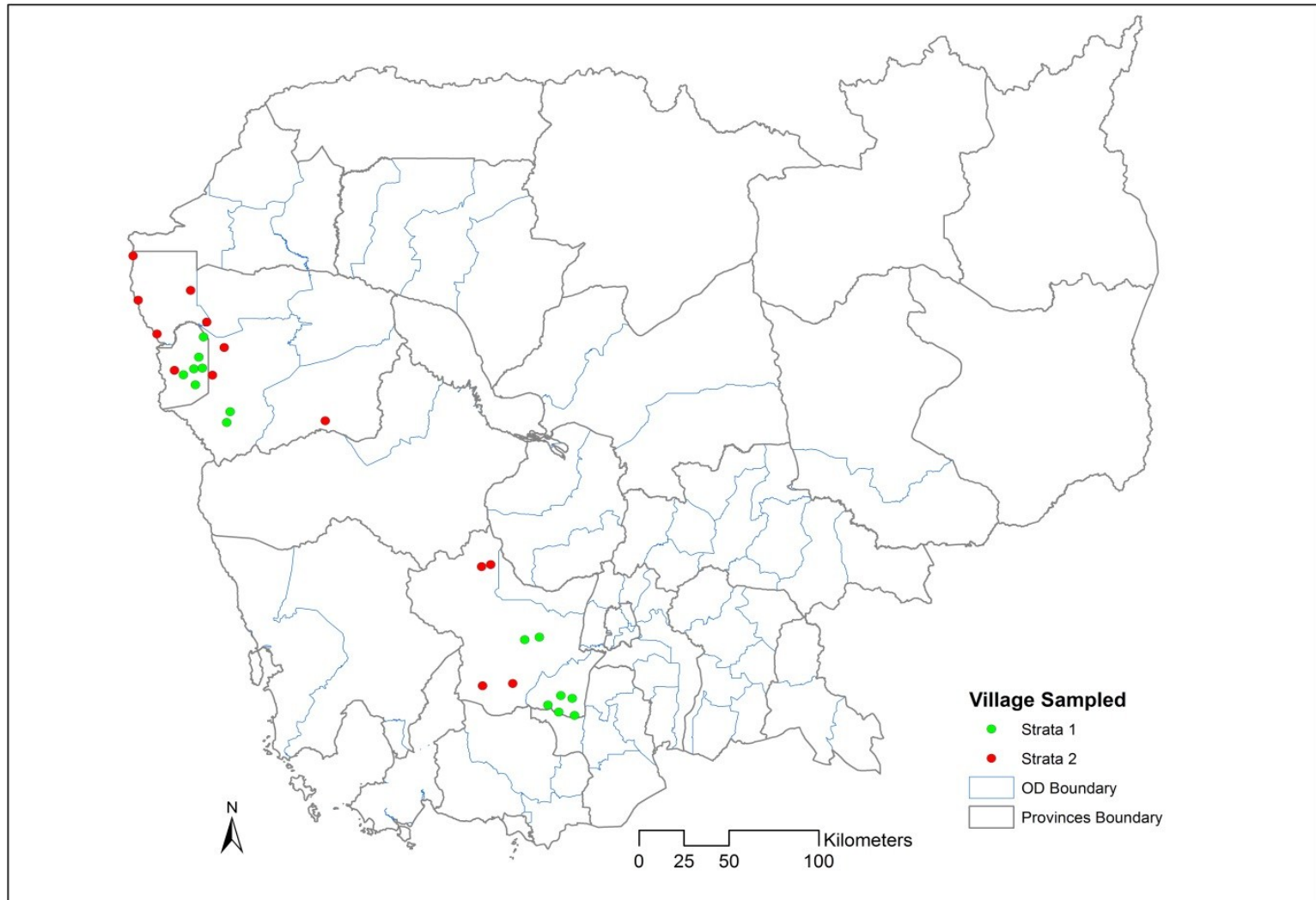
- ▶ **Strata 1:** ‘intense’ BCC interventions
- ▶ **Strata 2:** ‘non-intense’ BCC interventions (e.g. radio or TV)



1st stage: 15 ‘intense’ BCC intervention-villages and 15 ‘non-intense’ BCC intervention-villages were selected.

2nd stage: HH sampling was conducted using simple random sampling. A village list of households was used to randomly select 26 households in each cluster. N=774

Study site: three provinces



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Results- Knowledge of malaria transmission

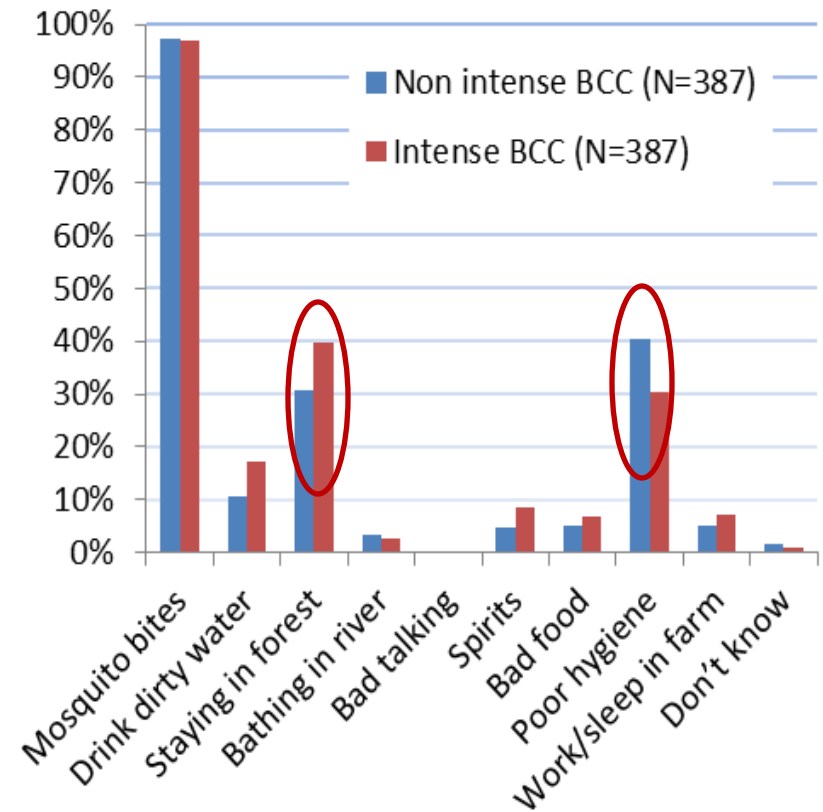
“Poor hygiene”

30.5% versus 40.4%
($p=0.03$).

“Staying in forest”

39.7 versus 30.7%
($p=0.16$).

These results suggest that intense BCC resulted in a reduction of wrong beliefs and an increase in awareness about malaria transmission.

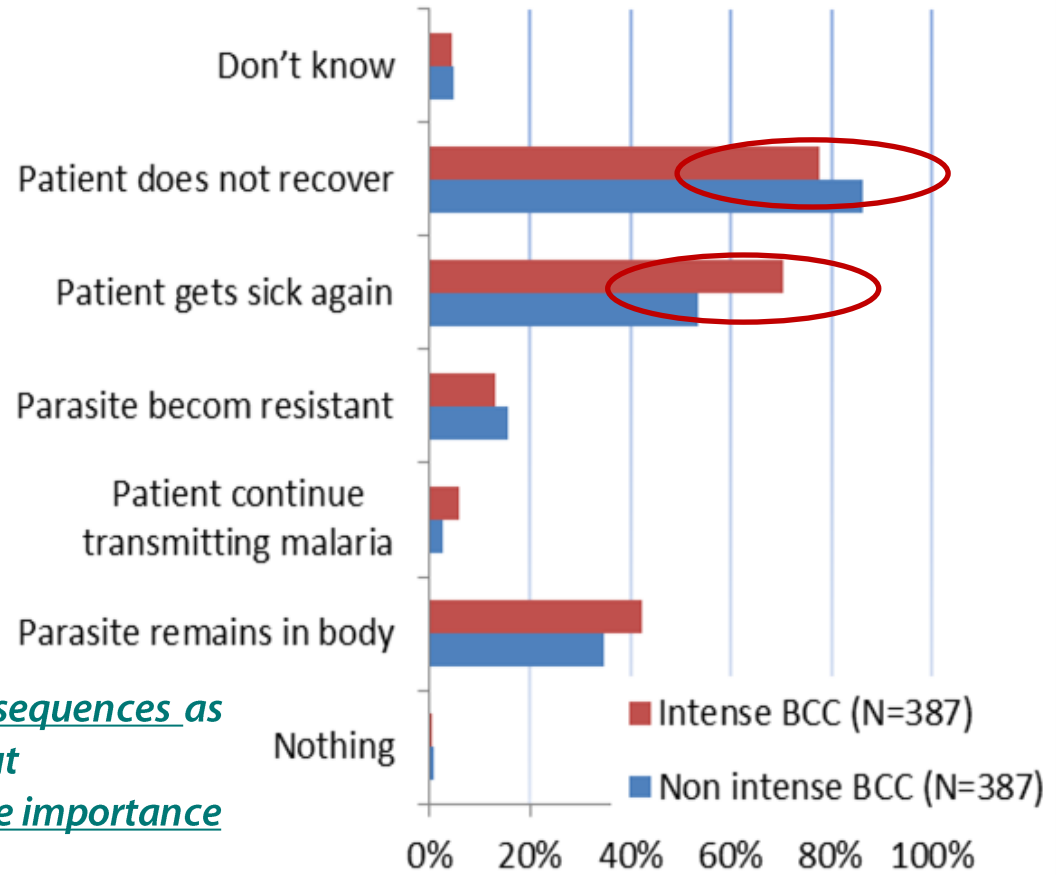


Results—Knowledge of prognosis in case of incomplete treatment

Non-intense BCC—more likely to think that patient would not recover in case of incomplete treatment (86.4 versus 77.7%, $p=0.04$).

Intense-BCC—more prone to think that patient would get sick again (70.3 versus 53.5%, $p<0.001$).

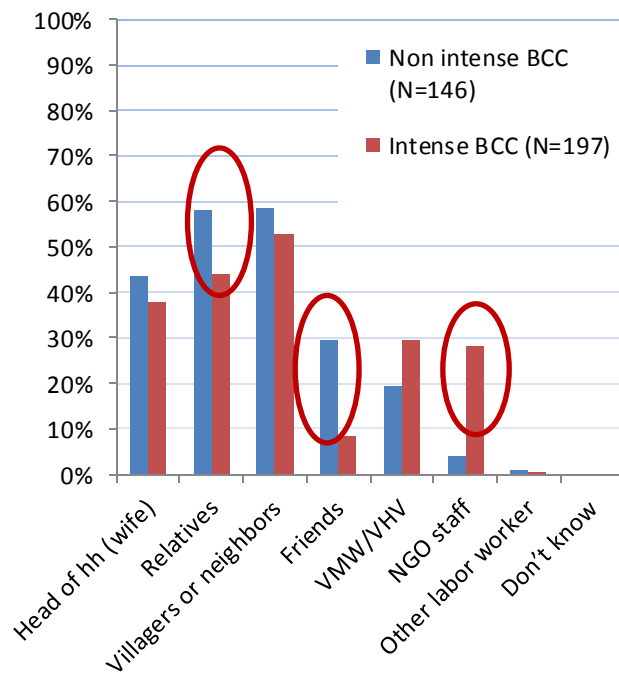
BCC messages emphasized on personal consequences as opposed to public health importance but significantly increased awareness on the importance of completing antimalarial treatment.



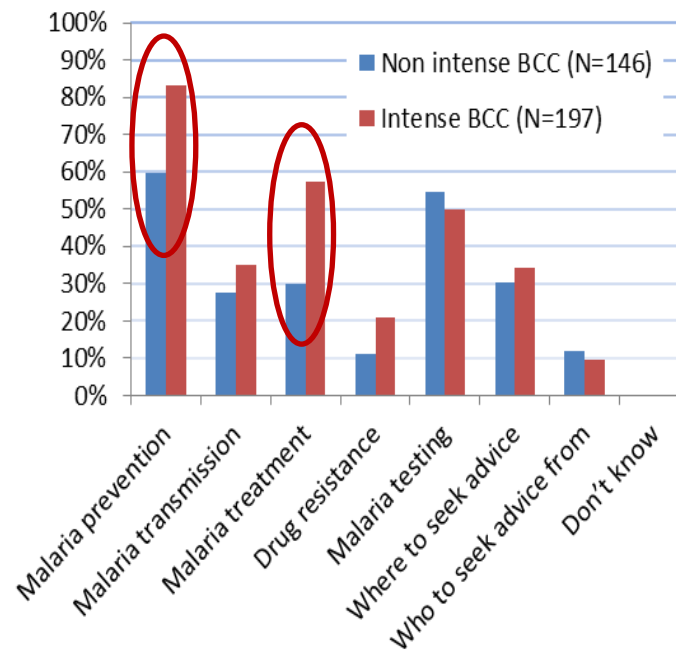
Interpersonal Communication

Interpersonal communication was assessed by asking respondents if they ever discussed about malaria, with whom and about what.

People category to discuss about malaria



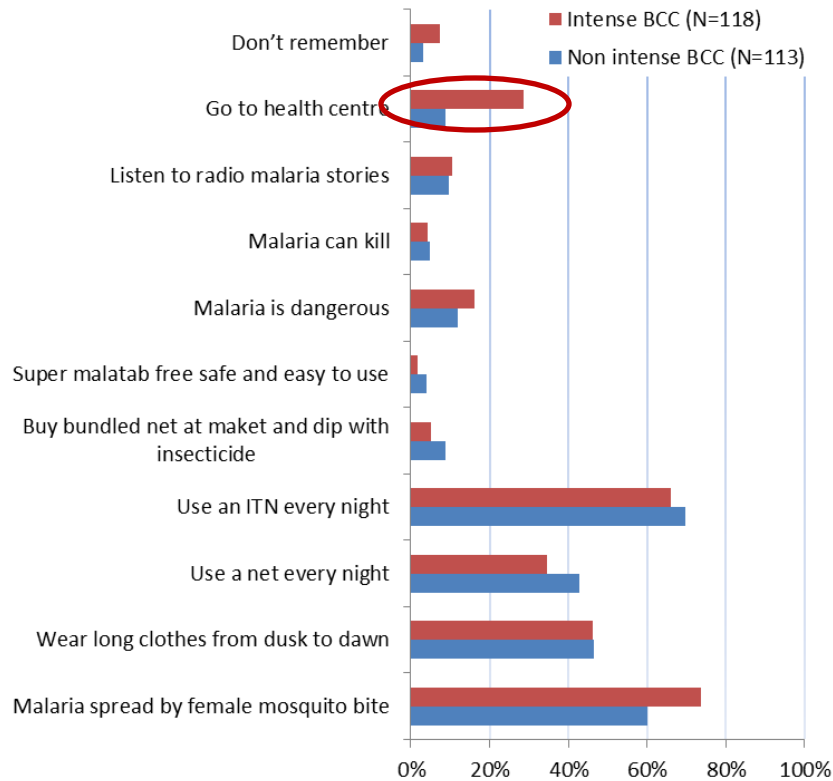
Topics discussed



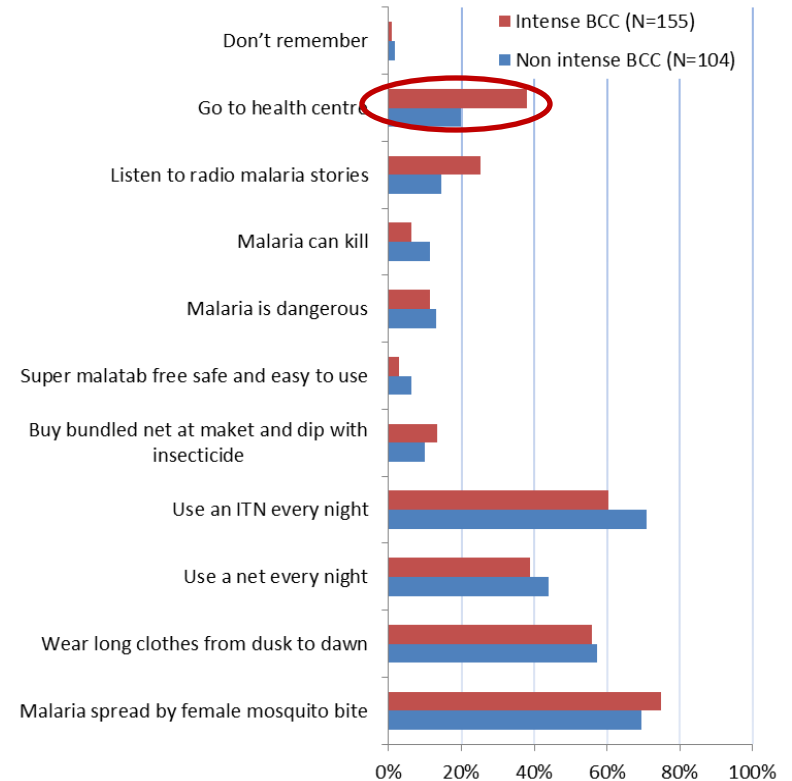
Key messages remembered-Media

"Go to health centre"

Messages remembered from radio



Messages remembered from television



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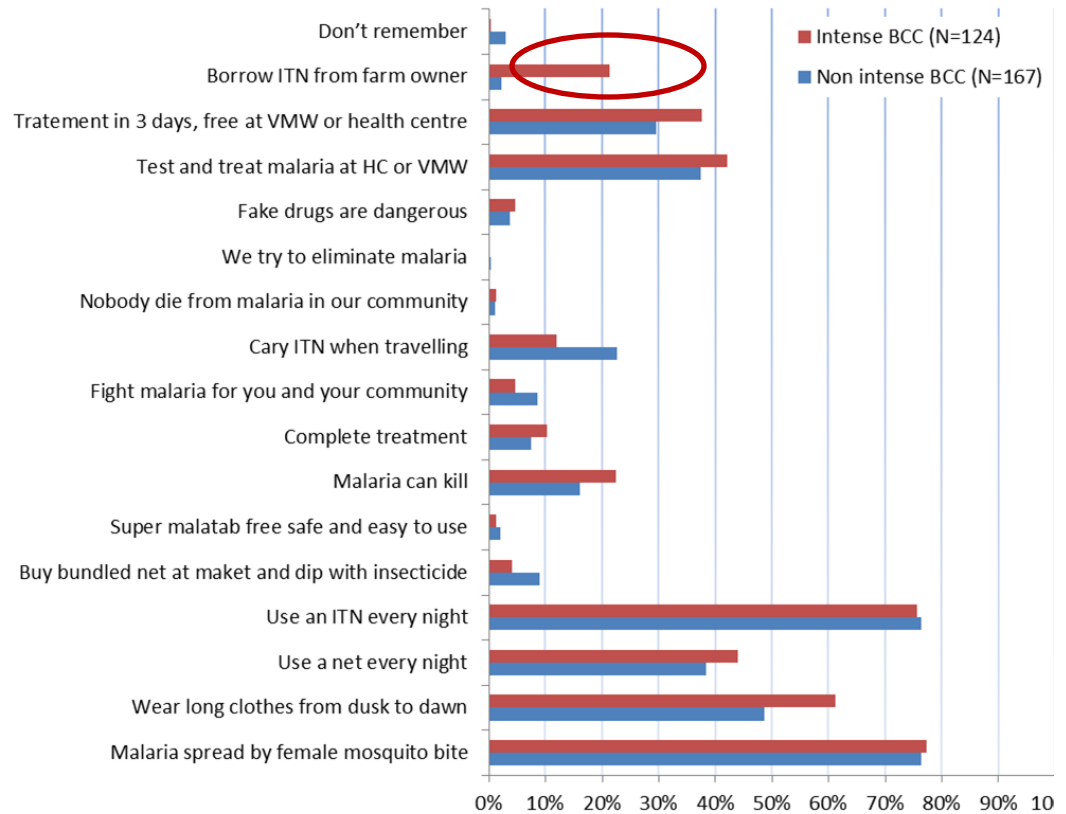
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Key messages remembered-VMW

- “Malaria is spread by female mosquito” (76.5%)
- “Use an IN every night” (76.3%)
- “Wear long clothes from dusk to dawn” (49.6%)

“Borrow ITN from farm owner”
 21.3 versus 2.1% ($p < 0.001$).

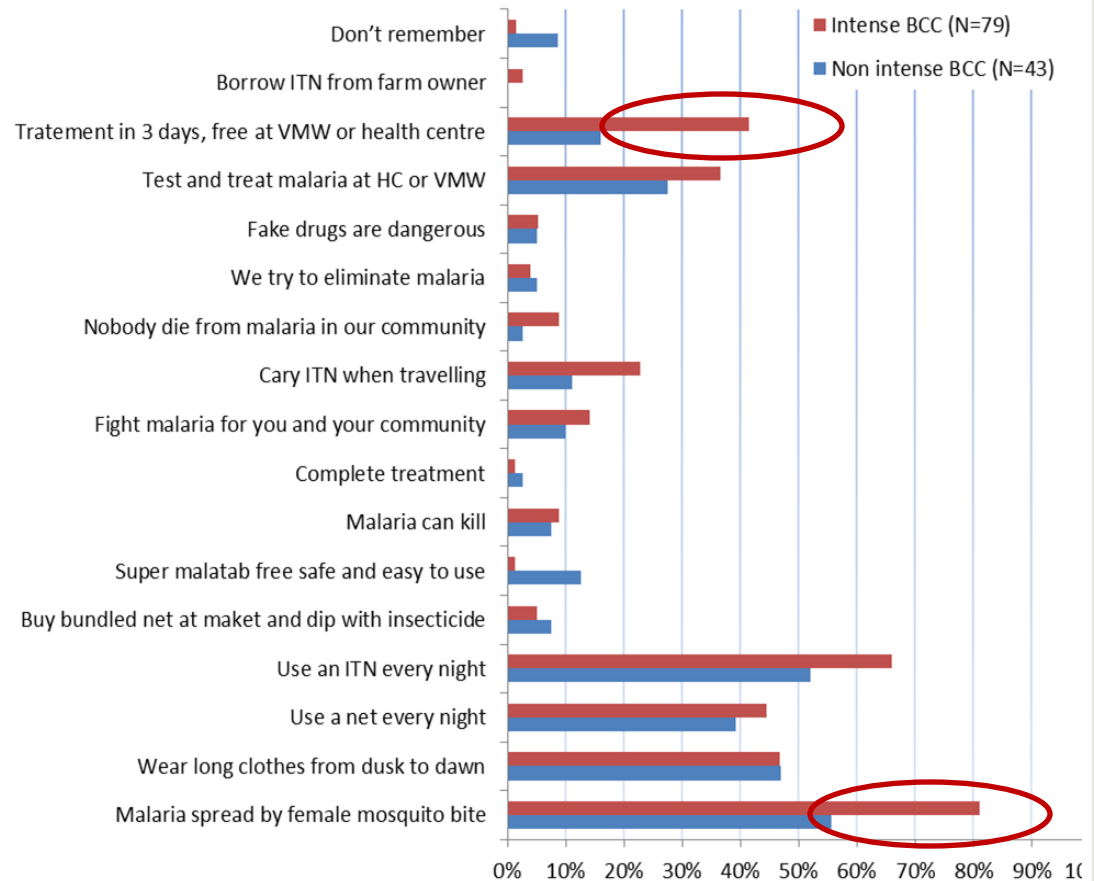


Key messages remembered-VHV

- “Malaria is spread by female mosquito bite” with 58.4%,
- “Use an ITN every night” with 53.6% and
- “Wear long clothes from dusk to dawn” with 46.9%.

“Malaria is spread by female mosquito” (81.1 versus 55.5%, $p < 0.01$)

“Treatment is 3 days, free of charge at VMW house or health centre” (41.4 versus 16.0%, $p < 0.01$)



Conclusion and Recommendations

Malaria awareness

Reinforce knowledge of local risk factors for malaria (ie staying in the forest, staying at night in farm);

Malaria prevention

Promote the use of prevention methods for travellers or people working in forest or farms such as LLIN or personal protection

Case management

As malaria transmission is going down, it will be increasingly important to detect all cases through the promotion of malaria testing for all fever cases

Promote malaria services at community level to compete with private sector, with a strong emphasis on diagnosis services

Promote awareness and use of VMWs in targeted villages

BCC strategy

BCC should not rely on 1 source and diversify source and message content; research show that there is a linear correlation between number of sources of info and number of messages remembered.

Further work is therefore needed to identify the optimal combination of BCC interventions in the move toward *malaria elimination*



a decade in communicable disease control and child health

Thank you



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