



**Executive Summary of the Knowledge,
Attitude, Behavior and Practice Study in
The Gambia
2016**



ACCESS SMC

Achieving catalytic expansion of seasonal malaria chemoprevention in the Sahel

RESPONDENTS.

Almost all respondents are women (99%) and married (95.1%), half (44.8%) of whom are between the ages of 25 and 34. In the surveyed areas, 99.8% of the population is Muslim, which explains the fact that 22.1 per cent are enrolled in Arabic schools and Koranic studies are the most followed with 21.3%. In terms of occupation, the target includes a significant number of housewives and retirees (54.2%) and workers (29.8%). The main source of income is agriculture (61.3%) and income is higher during the period of October to December.

GENERAL INFORMATION ON HEALTH.

Some women see access to care in their communities as a major challenge. The majority of health structures are concentrated in provincial headquarters and are rare in remote and landlocked villages. Mothers complain about the long distances they must travel to reach a health facility. Another barrier to access to care is the low availability of caregivers, resulting in long waiting times.

Women are satisfied with the level of hygiene in health centers and the way in which they are welcome by health personnel. However, they criticize the reduced numbers of medical staff and the reduced infrastructure, such as the small number of beds in the health centers. Women find professional health center staff to be qualified. They appreciate the way consultations are conducted. The moments of exchange with the provider of care are very well perceived.

Health education sessions organized by health personnel are also well perceived by this target, which considers this as a commendable effort.

Mothers resort primarily to health facilities in the event of illness because they have greater confidence in modern medicine for the care of diseases. Undeniably, they prefer modern treatments to traditional medicine, where the diagnoses do not seem sufficiently objective. Some women, however, still find themselves in traditional healers due to

affordable costs. The other reason stated for women to rely on traditional healers is the fact that modern structures do not offer adequate treatments for certain diseases.

GENERAL INFORMATION ON MALARIA.

Mothers and babysitters have substantial knowledge of malaria and are very familiar with the disease and its various aspects. The role of mosquitoes in the transmission of malaria is well known by the population both in the SMC intervention zone and in the neutral zone of Soma. However, unhealthy eating habits is also cited by more than four out of ten respondents and almost the same proportion cites spoiled food as a vector promoting disease.

It is also noted that some women consider the fact of not eating well, or having sex with a sick person as being able to transmit malaria. The two main means of protection against malaria cited by more than three quarters of the Gambian population are mosquito nets and environmental cleanliness.

SMC as a malaria prevention method remains little known by communities, as only slightly more than one in ten respondents cited this type of protection during the survey. The use of mosquito nets for children under 59 months of age in households is widespread at (94.5%) and relatively constant during the year irrespective to seasons, even if their use increases slightly during the rainy season at (96.8%).

Malaria symptoms are well known by communities and the most cited symptoms are fever at (88.2%) and vomiting at (60.6%). Mothers and caregivers even point out that these signs are not specific to malaria, as other diseases, such as pneumonia, are manifested in almost the same symptoms.

They consider that the population groups most vulnerable to the disease are young children with a (85.6%) and pregnant women at (33.5%). The use of health facilities within the first 24 hours after the manifestation of malaria symptoms is high at (78.8% of respondents), particularly in Central River (82.5%). Hospitals are almost as busy as health centers, both for malaria and in general.

Over half of those surveyed individuals at (52.1%) reported they visit hospitals for symptoms of malaria. As for traditional healers, there is virtually no attraction, with only 0.2% of respondents reporting attendance.

OWNERSHIP OF SMC.

SMC has a good level of knowledge in the areas it covered in 2015 where just over eight out of ten people have heard of it. This knowledge of SMC is, however, lower in Central River, where 21.8% of respondents have never heard of it, compared with to 14.2% in Upper River. Six out of ten people heard of SMC only when drug distribution started, while 40% knew it before the start of the campaign. Women know that SMC is for children under five (77%) and aims to protect them from malaria (94.7%).

The protection duration is hardly known as only 1.6% of respondents know that CPS protects the beneficiary children for 28 days. The majority of respondents (44%) say they ignore this aspect. It is also noted that more than 80% of respondents know that benefiting from SMC does not, however, exempt the child from using a net. Almost all SMC beneficiaries (90%) find that this prevention method effectively protects their children from malaria.

When taking the first dose, the mother is the person who accompanies the child (87.6%). Drug preparation technics differ from one mother to another without, however, using the methods taught by health personnel when administering the first dose. If a few women follow the guidelines of health workers, others prefer to simply dissolve the drug in water directly. The technique consisting in putting the tablet in a glass of water and observing a dissolution time of 30 minutes. The third dose of drugs is administered very little, with only 17.7% of the mothers reporting have given the third dose.

Most mothers and caregivers who benefited from the 2015 campaign said they intend to participate in the next campaign. The main sources motivating the adherence to SMC are the effectiveness of the treatment, proximity and confidence in health workers. Indeed, the legitimacy acquired and recognized by health workers and medical personnel gives them a preponderant place in the community and a certain authority.

The effectiveness of SMC on children's health means that almost all beneficiaries are ready to receive new drugs in the upcoming campaign. Even though they all report that the treatment is bitter and hard to crush. About 75% of SMC beneficiaries consider that the main disadvantage of drug administration lies in its bitterness.

The beneficiaries suggest that awareness raising takes place well before drug administration, at least 3 months upstream. Mothers also insist on greater involvement of fathers in SMC, particularly in communication activities. They argue that fathers are central actors in the well-being and health of children because they are in charge of financing the family's healthcare. The main expectations of the beneficiaries are to improve 1) the treatment in order to make its preparation easier (44.6%) and 2) the availability of community health workers (26.4%).

EVALUATION OF THE 2015 COMMUNICATION CAMPAIGN.

If mothers are familiar with SMC, it is largely due to the effectiveness of outreach activities. Community dialogue, home visits, social mobilizations organized by community health workers have allowed mothers to have a broader view of the SMC campaign. The health centers also provided a great forum to discuss SMC. During immunization campaigns or consultations at the pediatric unit, beneficiaries received information about SMC. Therefore, a significant portion of the communication was made before the beginning of the campaign.

The majority of people familiar with SMC heard about it during the campaign, and mostly through home visits (38.1%) which were the main communication channels during the campaign, followed by radio spots (26.4%). The two main aspects of the SMC message were well received by the respondents: "SMC targets children (54.2%)", "SMC prevents malaria with a (12.7%)".

In the Central River area, nearly three people out of ten (29.9%) found the messages to be "very clear", compared to 14.3% in Upper River. Overall, 75% of the people familiar with the SMC campaign believed the message helped them better understand what SMC consisted of.

For mothers, the preferred channel is undoubtedly health providers through educational sessions organized at the community level or health centers which they think are the ideal moments to receive information on health programs. They are often present at these meetings. Overall, in terms of interpersonal communication, women prefer to be informed by medical staff (nurses, 58% and doctors, 49.2%) and community health workers (42.1%). Nevertheless, the diversity of languages spoken in villages may not make communication fluid during large awareness sessions. Community leaders may also be important, such as village leaders, religious leaders, or theater groups. As far as media communication is concerned, radio (shows 69.8% and spots, 7.7%) is the channel preferred by the population. For those who were unaware of SMC prior to the study, three in four (76.7%) cited radio spots as the preferred source of communication. Town criers are also considered a good source of information.

For fathers, the causes, symptoms and consequences of malaria are well known. They have knowledge of the objectives of the campaign. They say that the prevalence of malaria has declined considerably with SMC. Their main source of information are radio broadcasts and home visits. However, they consider interpersonal communication the best way to convey the message.
