

**TELEVISION INFLUENCE AND PREVALENCE OF MALARIA AMONG PREGNANT
WOMEN: A CASE STUDY OF RUSSIA HOSPITAL
KISUMU COUNTY IN
KENYA**

**BY
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DECLARATION

I declare that the content of this Dissertation is my original work and has never received any academic credit at this institution or any other. Where the works of others have been cited acknowledgement has been made.

MUNOKA TRIZAH LAWREEN

Signature 

Date 4th FEBRUARY, 2016.

APPROVAL

I certify that the work submitted by this candidate was under my supervision. Her work is original and worthy for the award of Bachelor's degree of Mass Communication

SUPERVISOR

Mr. Watenyera Richard

Signature 

02nd/02/2016

Name _____

DEDICATION

This piece of work is heartily dedicated to my loving dad and mum, Mr. Edward and Mrs. Hilda Munoka who have been my constant source of inspiration. They have given me financial support, the drive and discipline to tackle any work with enthusiasm and determination. I also dedicate this to my Brother Gaulyne Munoka and Sister Joan Munoka for their love and support. My study experience would not have been achieved without them.

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ABSTRACT

The study focused on the television influence and prevalence of malaria among pregnant women in Russia Hospital Kisumu County Kenya. The main objectives were to establish the role television prevalence of malaria among pregnant women; to investigate the challenges faced by the television on the prevalence of malaria among pregnant women; and to identify possible intervention measures to mitigate the prevalence of malaria among pregnant women.

The study used descriptive design. Descriptive research design gives full description of the problem or phenomenon being researched for better understanding. The study population consisted of pregnant women residing within Kisumu County, media houses, NGOs and government officials from Kisumu County, Kenya.

The findings of the study revealed that television has served as the mirror among many households in Kenya. The content aired on television has significantly contributed to the prevention and controlling of malaria among the pregnant women. Despite the television programs put in place, to help reduce the prevalence of malaria among pregnant women, the study observed various challenges that the television faces when trying to create awareness and sensitize the community on malaria prevention. It was found that ignorance among many pregnant women was seen as a major challenge in the fight against malaria. In addition, the study states that the possible measures that can be put in place so as to reduce the prevalence of malaria among pregnant women include creating awareness among community on the prevalence and burden of malaria among pregnant women.

After analyzing the data and coming up with the finding the following recommendations were made; the government should concentrate on the development of public health systems focused on preventive medicine of preventing malaria among pregnant women. The government through the Ministry of Health should carry out massive community based approaches to the control of malaria by using methods such as door-to-door household fumigation exercises which will prevent mosquitoes from inhabiting the houses where people live. The Ministry of Health should make it mandatory for all pregnant women to receive a prophylaxis dosage of malaria every trimester in the course of the pregnancy which should be free-of-charge to make it affordable for all pregnant women.

CHAPTER ONE

1.0 Introduction

This study was on the television influence and prevalence of malaria among pregnant women in Kisumu County, Kenya. This chapter presents the background of this study, the statement of the problem, general objective of the study, specific objectives, the research questions, significance of the study and the conceptual framework.

1.1 Background to the study

Every year, three million deaths are attributed to malaria, of which one-third are children under the age of 3 years old. Morbidity estimates run close to 650 million just for Africa. Throughout the world five billion episodes of clinical illness occur that require anti-malarial therapy. Malaria disproportionately affects poor countries, with 58% of the cases occurring in the poorest 20% of the world population, although 40% of the world population is at risk of malaria. Endemic malaria works through multiple channels (e.g. fertility, mortality and population growths; savings and investment; productivity and medical costs) to impede growth, development and overall human well-being. More research is needed to determine the economic and non-economic factors that limit the accessibility and use of malaria control services by the poorest. Several researchers and programmes have highlighted the importance of television facilities in controlling malaria although no studies have investigated the relationship between TV and malaria prevention (Kayentao, 2013).

More than half of the children who die of malaria die within the first 48 hours. Choice between aspirin and antimalarials to treat the fever can make a difference in terms of life and death. Fast and appropriate diagnosis and treatment of malaria is extremely important in reducing child mortality and achieving two of the major millennium development goals. Quite often symptoms of malaria go unrecognized or untreated. According to the Multilateral Initiative on Malaria, 70% of the malaria cases that are treated at home are mismanaged. Up to 82% of all malaria episodes in sub-Saharan Africa are treated outside the formal health sector. The influence of television on malaria prevention between the community members can help identify the symptoms and increase the effectiveness of resources and service in place. Well-communicated information and collective decision making can lead to faster and superior home based treatment. The benefit of extensive TV can go a long way beyond

malaria prevention. It allows opening up the use of untapped resource of social capital (Marsh & Kachur, 2012).

Quite often symptoms of malaria go unrecognized or untreated. According to the Multilateral Initiative on Malaria, 70% of the malaria cases that are treated at home are mismanaged. Up to 82% of all malaria episodes in sub-Saharan Africa are treated outside the formal health sector. Fast and appropriate diagnosis and treatment of malaria is extremely important in reducing morbidity and mortality (Marsh & Kachur, 2012).

Kenya is the fourth largest contributor of the malaria burden in the world after Democratic Republic of Congo (DRC), Nigeria and Uganda (World Health Organization, 2012). Malaria is one of the most challenging diseases in Kenya where delayed or complete lack of treatment can lead to serious health complications like death. The community will never know exactly what causes malaria and how to control it if they are not educated about its prevention and control. This is where advocacy and social mobilization come in to create behavior change.

However, behavior change interventions that have been undertaken often lack information to guide them (Government of Kenya; ministry of health, 2013). Despite efforts to reduce deaths due to malaria, the disease is still the leading cause of morbidity and mortality. In Kenya, malaria accounts for 30-50% of outpatient consultations, 20% of inpatient admissions and 9-14% of inpatient deaths. The entire population is at risk of malaria with over 90% of the country experiencing high, stable all-year-round transmission while the rest has low, unstable transmission and is also epidemic prone (Government of Kenya; ministry of health, 2013).

Malaria is a mosquito-borne disease caused by a parasite which is the Anopheles female mosquito. The plasmodium is the organism responsible for causing malaria that is contained within the saliva of the mosquito which is passed on to the human body at the time when the mosquito is feeding on the victim's blood. If malaria is left untreated, victims can develop severe complications and this is always fatal (Centre for Disease Control, 2010). Although it is known fact malaria is caused by a plasmodium, there are four parasite species of plasmodia that cause malaria in humans. These include: falciparum, vivax, malariae and ovale. Plasmodium falciparum and vivax are the most common in humans but falciparum is the most deadly among all these types of plasmodia. However, some human cases of malaria have also occurred with plasmodium knowlesi which is a species commonly known to cause malaria among monkeys and occurs in certain forested areas of South East Asia. In 2010 an

estimated 219 million cases of malaria were reported globally and 660,000 people died yet 91% of all malaria related mortalities were reported in Africa (WHO, 2010).

Although according to the World Health Organization, malaria mortality rates have fallen by more than 25% globally since the year 2000, and reduced by 33% in the WHO Africa region, malaria related mortality rates are still very high. Most of the deaths occur among children living in Africa where a child dies every minute from malaria. Country-level burden estimates show that an estimated 80% of malaria occur in just 14 countries mainly in Africa, Asia and South Africa. However, the Democratic Republic of Congo and Nigeria account for over 40% of the estimated total of malaria deaths globally (WHO, 2010).

Addressing malaria in pregnancy is a critical priority for reducing malaria-related mortality and morbidity. Malaria in pregnant women contributes significantly to miscarriages, premature birth, labor complications, low birth weight babies, maternal anemia, chronic anemia and maternal and newborn death. By integrating malaria prevention and treatment into existing maternal health programs can guarantee that pregnant women receive the care and information needed to keep themselves and their babies healthy (Centre for Disease Control, 2010). Pregnant women in Kenya face a challenge due to limited development of health infrastructure yet they are more susceptible to malaria than the general population; in that, they are more likely to get infected, suffer recurrence, develop severe complications and die from the disease. Malaria in pregnancy is different to the disease in non-pregnant state since the severity of the disease is due to impaired immunity plus reduction of acquired immunity yet treatment can be more difficult due to restrictions on the use of anti-malaria medicines during pregnancy because most of them are unlicensed in pregnancy due to lack of clinical trials involving pregnant women for the fear of damaging the fetus (Kayentao, 2013). Therefore, identifying the factors that influence the prevalence of malaria among pregnant women and fully understanding the mechanism by which they operate can aid the application of intervention measures by media social economic programmes to sensitize the public through television programmes (Marsh & Kachur, 2012).

Television communication needs to be fully integrated into the broad spectrum of malaria interventions and not seen as an isolated intervention, an after-thought or add-on. With adequate time and resources, strategically designed communication can play an important

role in scaling up prevention and control efforts at the individual/household, community, and health delivery, decentralized and national levels (Kayentao, 2013).

Media influence on the prevention of malaria should be integrated with other health education and communication efforts. Malaria control programmes need to balance malaria-focused and integrated communication approaches. For example, after initial introduction through focused communications, malaria control in pregnancy should become an integral part of reproductive and maternal health communication. Likewise, information and education about home management of malaria in children should become part of integrated management of childhood illnesses communication.

Communication efforts should be strategically designed from an audience perspective to address the social and contextual environment as well as individual behaviors and knowledge. The coordinated use of interpersonal communication, community mobilization, advocacy and mass media have been effective in a variety of other public health agendas. Integrating strategic communication approaches and service delivery can enhance utilization of services and improve client compliance. In fact, the integration of community based distribution of anti-malarials and malaria information and education has been documented to reduce under-five mortality by 41% in one Ethiopian programme (Marsh & Kachur, 2012; WHO & UNICEF, 2013).

HIV/AIDS and malaria communication will be more effective when a multi-sectoral approach is adopted. Labour, agriculture, education, and gender are all affected by and can play significant roles in malaria control. For example, in places such as Kenya where most school children purchase their own drugs for treatment of fevers, schools present an excellent venue for teaching children about appropriate and effective malaria treatment. Likewise, in places like Uganda, where workers miss an estimated 42 work days each year due to malaria, employers often welcome workplace prevention programs (Marsh and Kachur, 2012).

Media influence on the prevention of malaria is essential to advocacy, communicating policy changes, home based management, improving the quality of health care, creating demand for malaria services and products, changing household practices, and mobilizing communities for malaria control.

1.2 Statement of the problem

The incidence of malaria among pregnant women in Kisumu County is higher than it is in other district despite of availability of television programs on prevention of malaria in pregnant women for example use of treated mosquito nets, sleeping under net among others. Pregnant women are very vulnerable to the effects of malaria because of the reduced immunity and general weakness of the body due to the growing fetus in the woman's womb. Further, the survey did not include questions to measure socioeconomic status of the respondents which are possible confounders to subject of interest. The media has done very little in the bid to prevent pregnant women against malaria (WHO, 2010). In addition, it has been noted that television media can help reduce the rate of spread of malaria, which is not the case presently (Kayentao, 2013). Therefore, the research intends to establish television influence on the prevalence of malaria among pregnant women despite such interventions and thus identifying possible mitigation measures.

1.3 Objectives of the study

1.3.1 General Objective of the study

The study focused on the television influence on the prevalence of malaria among pregnant women in Russia Hospital Kisumu County Kenya

1.4 Specific objectives

- i. To establish the role television prevalence of malaria among pregnant women
- ii. To investigate the challenges faced by the television on the prevalence of malaria among pregnant women.
- iii. To identify possible intervention measures to mitigate the prevalence of malaria among pregnant women.

1.5 Research questions

- i. What extent has television programs influenced the prevention of malaria among pregnant women?
- ii. What are the challenges faced by television programs on the prevalence of malaria among pregnant women?
- iii. What are the possible television interventions measures that can be put in place to mitigate the prevalence of malaria among pregnant women?

1.6 Scope of Study

1.6.1 Subject Scope

This study investigated television influence and prevalence of malaria among pregnant women in Kisumu County Kenya.

1.6.2 Theoretical Scope

This work will use **Social Responsibility Theory**, which is Virulent critics of the Free Press Theory who were Wilbur Schramm, Siebert and Theodore Paterson. In their book *Four Theories of Press*, they stated "pure libertarianism is antiquated, outdated and obsolete." They advocated the need for its replacement by the Social Responsibility theory. This theory can be said to have been initiated in the United States by the Commission of The Freedom of Press, 1949. The commission found that the free market approach to press freedom had only increased the power of a single class and has not served the interests of the less well-off classes. The emergence of radio, TV and film suggested the need for some means of accountability. Thus the theory advocated some obligation on the part of the media to society. A judicial mix of self regulation and state regulation and high professional standards were imperative. Social Responsibility theory thus became the modern variation in which the duty to one's conscience was the primary basis of the right of free expression. Malaria communication efforts need to be integrated with reproductive, maternal and child health programmes, with environmental, school, and community health programmes, and with commercial manufacturers and importers of nets, insecticides and drugs. Key messages, information, and communication strategies to support malaria initiatives, policies, and guidelines are best developed and implemented in partnership with a variety of public and private stakeholders.

1.6.3 Geographical Scope

This study was carried out in Kisumu County in Nyanza Kenya. The four divisions in Kisumu County namely; Nyalenda, Kondele, Kisumu town, and Obunga, was covered in the study where Russia referral hospital is located.

1.6.4 Time Scope

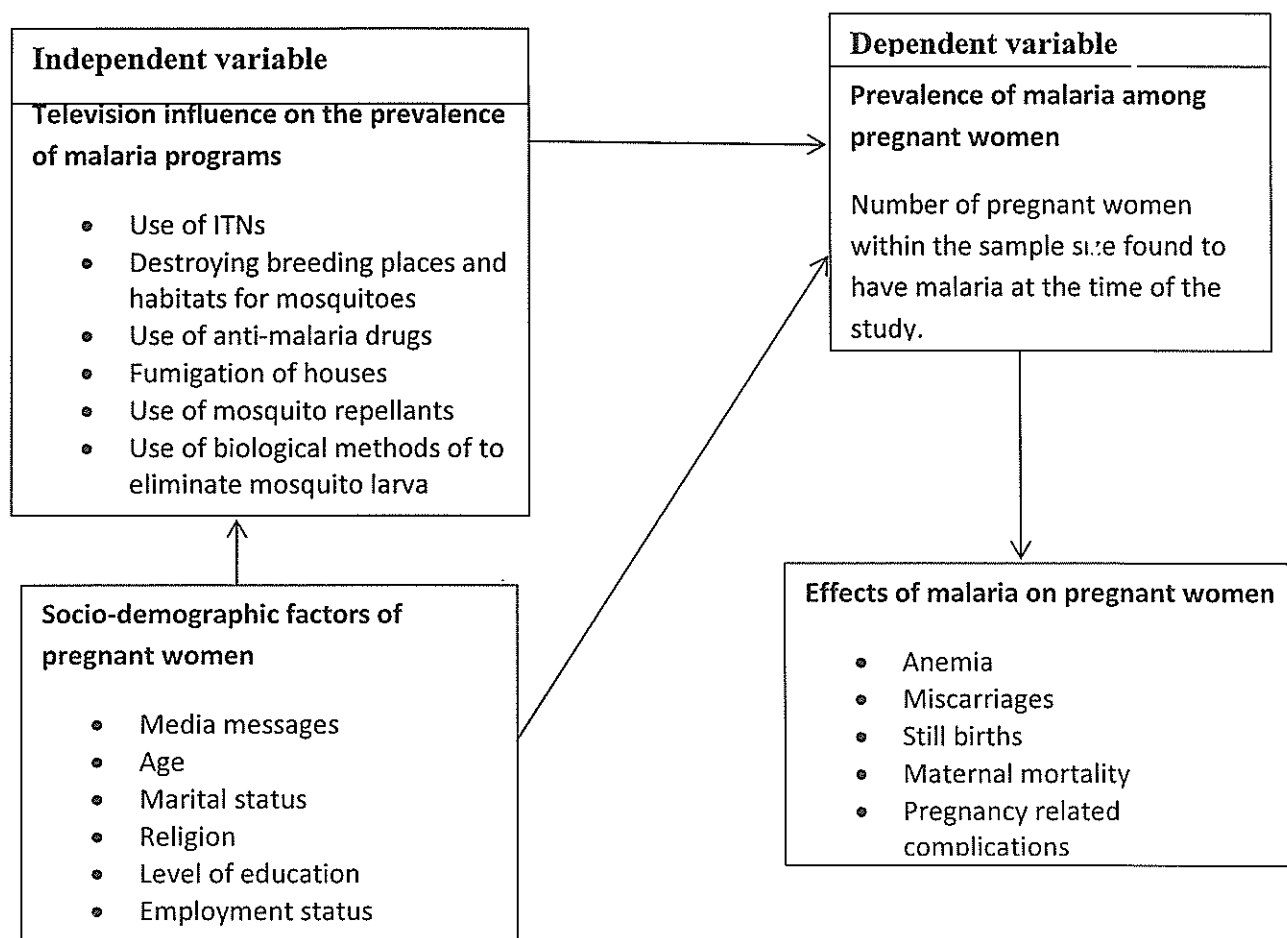
The research took a period of six months in data collection and presentation of the findings

1.7 Significance of the study

1. The study will be a guideline for policy formulation that will institute policies and interventions for pregnant women and the community as a collective effort to fight malaria when feasible mitigation measures that can be used to reduce the prevalence of malaria as well as reverse its effects on the society.
2. The study will help pregnant women have an opportunity of increasing their knowledge and awareness of the devastating effects of malaria and with such knowledge and information they can devise ways of preventing themselves from contracting malaria and also how to easily manage and control it especially with immediate interventions at the onset of signs and symptoms.
3. It will be a guiding measure to control and management of malaria, this study will try to identify preventive measures that can be instituted on televisions rather than those that are curative since preventive measure are in most cases cheaper than those that are curative. This will be aimed at reducing the economic burden of malaria among the pregnant women and the entire community as well as on the government revenue spent of treatment of malaria.
4. This study will generate information, which will significantly contributes to academic knowledge on how malaria can be prevented, managed and controlled among pregnant women living in Kenya where the malaria endemic is at large scale.

1.8 Conceptual framework

Figure 1: Conceptual framework



Description of the conceptual framework

The conceptual framework above indicates the independent variables which are the television programs that directly influence the prevalence of malaria among pregnant women and the dependent variable which is the prevalence of malaria and depends on the independent variable. The socio-demographic television programs of the pregnant women can influence the independent variable as well as the dependent variable under study and the prevalence of malaria has effects of the mothers (Marsh and Kachur, 2012).

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents literature collected from various sources on the prevalence of malaria among pregnant women and the television programs that influence the prevalence of malaria. Among the factors raised include use of insecticide treated mosquito nets, destroying of breeding places for mosquitoes, use of anti-malaria drugs, fumigation of houses, use of mosquito repellents and use of biological methods to eliminate mosquito larva. Also literature on the relationship between socio-demographic characteristics of pregnant women and the prevalence of malaria will be presented.

2.1 The role television prevalence of malaria among pregnant women

Malaria is one of the most severe public health problems around the world. It is a major leading cause of both morbidity and mortality in most developing countries, where it mostly affects young children and pregnant women. Approximately 3.3 billion people which is half of the world's population live in areas at risk of malaria transmission within 106 countries Global malaria Action Plan (GMAP, 2011). In 2010, malaria caused an estimated 216 million clinical morbidity cases and over 655,000 mortality cases World health Organization (WHO, 2011). An estimated 91% of these mortality cases are said to have been reported in the African region only, followed by 6% in the South-East Asian Region and 3% in the Eastern Mediterranean region. Unfortunately, about 86% of all malaria mortalities reported worldwide occurs among children Center for disease Control (CDC, 2011). The most vulnerable groups of people to malaria are people with no or little immunity against the disease. In areas with very high malaria transmission such as Africa specifically South of the Sahara, the most vulnerable groups include young children especially those under the age of five years; this is because they have not yet developed partial immunity to malaria, and pregnant women whose immunity is reduced by the pregnancy, especially during the first and second pregnancies of the woman's reproductive life Center for disease Control (CDC, 2011).

Kenya has been through a chronic liberation civil war which destroyed physical infrastructure, social structure and virtually collapsed the health system. During the last phase of the conflict, international donors, NGOs and FBOs assumed the responsibility for basic health service delivery and helped to build basic health institutions. More than 80% of the health care available in South Sudan is provided by NGOs (Downie, 2012). Kenya has one of the highest malaria burdens in Sub-Saharan Africa. Although the MOH is trying to deliver improved health care which is facilitating for planning, coordination, implementation and monitoring of malaria control interventions, the prevalence of malaria is still high with 40% (4.5 million) at high risk of malaria transmission and in urgent need of humanitarian assistance yet its effects among pregnant women are so devastating (Government of Kenya; ministry of health, 2013). The malaria control situation is threatened by the impact of refugees, returnees, IDPs, and the occurrence of natural disasters such as floods, that put added strain on the already weakened system from the years of conflict and as well as destabilize which ever gains that have been made. To reduce the malaria burden in Kenya, WHO has recommended case management of malaria disease however, the prevention of malaria at community level through vector control programs rather than clinical treatment would be more cheaper and effective (Hay, 2008).

To be able to assess malaria control programs' implementation and progress in South Sudan towards the attainment of MDGs, public health agencies should measure the impact of malaria control programs on reducing malaria disease morbidity and mortality (Hay S, et al, 2008)

At the moment, one of the major preoccupations and challenges of African countries and the Third World countries in general is how to combat the menace of malaria. The disease is not only endemic; it is equally regarded as a killer disease. For instance, the 2008 report of the World Health Organization shows that it kills 3,000 children every day in Africa. Worse still, the records further show that 41% of the world's population lives in areas where malaria is transmitted which translates to 350-500 million cases of malaria each year the world over, and that the disease cause one million deaths every year in the world. Given the above situation, it clearly shows that malaria is a serious and fatal disease caused by a parasite that commonly infects a certain type of mosquito which feeds on humans. People who are infected with malaria are typically very sick with high fevers, shaking chills, flu-like illness. According to

the World Health Organization's report (2008), Malaria is mostly widespread in tropical and sub-tropical regions including parts of the Americas, Asia, Africa and Oceania. Quite alarming, WHO estimates that a child dies from malaria every 30 seconds in Africa which translates to 90% of malaria cases occurring in Africa (Napoleon, 2010).

Russia hospital serves as Kenya National referral hospital and is situated in the capital City of Kisumu County. In Kenya there is a stable transmission in the 95 of the country. The remaining 5% of the country, mainly are highland areas with altitudes 1,600m, are subject to low and unstable malaria transmissions. Kisumu County is located 1,300- 1,500m above the sea level close to the equator and experience a tropical climate with rain fall throughout the year. The population in the area experience low- intermediate malaria transmission with the highest peaks towards the end of the two major rainy seasons (March to May and October to December). This study was conducted from October 2015 to January 2015. The rainfall patterns in Kisumu County were typical, with two peaks, during 2004. There was an average of 146.7 mm of rainfall between October and December 2004 and 40mm in January 2005, a level comparable to the corresponding seasons in previous years. Since the city is built in hills and valleys, the entomological infection rates (EIR) vary considerably depending on the residential or occupational area. Water usually collects in the valley floors resulting in breeding site centers, the city and the surrounding areas are essentially rural.

The use of can first be determined by ownership of Insecticide treated mosquito nets within the household where the pregnant woman is living. However, ownership can also be determined by a number of Insecticide treated mosquito net factors which primarily address to channel through which the pregnant women receives the insecticide treated mosquito net. Some factors that have been identified to influence ownership include: cost and willingness to buy Insecticide treated mosquito nets, attending Antenatal Care (ANC) visits especially during the third or four visit when Insecticide treated mosquito nets are distributed to pregnant women, average monthly household income, use of alternative malaria control measure within the household, lack of education which increases perceived susceptibility and awareness that mosquitoes cause malaria as well as the use of IPT (Napoleon, 2010).

Korenromp, *et al*, (2013) in their study have been done to determine the level of coverage and ownership of there are limited studies that have been done to show the proper and consistence in use of these insecticide treated mosquito nets. Most people could own the insecticide

treated mosquito nets however; very few could properly use the net by hanging it appropriately over their beds such that mosquitoes do not get access to their bodies when they sleep under the insecticide treated mosquito nets. Also, the consistence in use such as every night or whenever the pregnant woman feels like sleeping especially during dusk and dawn when mosquitoes are very active and most likely to bite their victims hence transmitting malaria.

Malaria control measures put in television programs are used to sensitize the public to control malaria epidemics, prevent mortality and disability as well as to reduce socioeconomic loss in the treatment, management and control of malaria. This also extends to the measures that aim at early diagnosis and treatment of malaria, reducing incidence and prevalence rates and controlling the population of mosquitoes (Korenromp, *et al*, 2013). Making early diagnosis and giving prompt treatment can cure malaria and reduce the spread of drug resistance. In low transmission areas, prompt treatment can also interrupt malaria transmission. However, in areas where people are migrating or with a lot of movements the use of prophylaxis might not be practical since the drug might not offer the required protection for a long time (Sinka *et al*. 2012). An alternative is the provision and use of physical barrier, such as Long Last Insecticide Treated Mosquito Nets. This reduces the number of infective bites a person receives and, because of the insecticide in net, and reduces the adult mosquito population.

Measures to control the insect vector (female *Anopheles* mosquito), reducing their population within the community include; insecticide spraying, environmental management and biological control (WHO, 2012). Environmental management measures, such as covering wells and filling in ditches, clearing all stagnant water including keeping the irrigation channels fast flowing as well as clearing surrounding bushes in the community could help to reduce the number of mosquito breeding sites (WHO, 2012).

2.2.1 Challenges faced by the television on the prevalence of malaria among pregnant women

Television as a mass medium could easily evolve social mobilization, social orientation and attitudinal change among the masses of Sagamu community (as it were in this study) on the causes, effects, symptoms of malaria as well as other various steps to take in order to prevent or minimize cases of the disease in the community. The point is, remedy to the menace of malaria cannot and should not be left to the scientists and health workers alone, socio-cultural and

communications perspectives are equally needed to make the course or effort holistic (Salaudeen, 2009).

Although socio-demographic characteristics might not directly influence the transmission of malaria but indirectly contribute to the factors that influence this prevalence by inducing trends in uptake of mitigation measures that seek to alter the prevalence of malaria. Studies have shown that socio-demographic characteristics such as level of education, household income, urban residence, level of knowledge and age of a population can influence ownership and use of Insecticide treated mosquito nets among pregnant women (Megha, *et al*, 2013). In some studies, low level of education and low economic status among the rural residents has been associated increased use of malaria control schemes due to perceived susceptibility (Salaudeen, 2009). Cost has been identified as a major barrier to ownership of Insecticide treated mosquito nets and use of other malaria control schemes even in settings where subsidies have been made available. However, besides cost, other reported hindrances to use of malaria control schemes include discomfort, heat, inconveniences and limited perceived benefits of such interventions (Marchant. *et al*. 2010).

As far as socioeconomic factors are concerned with the prevention of malaria, the focus can be put on the prevention of mosquitoes from entering the houses of residents and avoid mosquito bites. This is a vital way of preventing malaria infection. Rich people in malarial areas may more able to have fully screened houses, possibly even air conditioning, which prevents mosquitoes from establishing in the house (Sinka M. *et al*. 2012). They may also be more likely to have access to a long lasting insecticide treated mosquito net, which further reduces mosquito bites and also increased access to accurate diagnostic screening and treatment in case they got infected. All these factors contribute to the making malaria burden highest in some of the world's poorest areas (Sinka M. *et al* 2012).

2.3 The intervention measures to mitigate the prevalence of malaria among pregnant women

No doubt, Television is a channel of mass communication whereby large, dispersed and heterogeneous audience is reached or communicated simultaneously. It is an effective channel even in the domain of international communication. Cited by Thussu (2000), Taylor (1995) posits that the strategic significance of international communication grew with the expansion of the Television.

Malaria communication should be integrated with other health education and communication efforts. Malaria control programmes need to balance malaria-focused and integrated communication approaches. For example, after initial introduction through focused strategic communications, malaria control in pregnancy should become an integral part of reproduction and maternal health communication. Likewise, information and education about home management of malaria in children should become part of integrated management of children illness (IMCI) communication. As equally noted by March & Kachor (2012), WHO & UNICEF (2013), communication efforts should be strategically designed from an audience perspective to address the social and contextual environment as well as individual behaviours and knowledge. The coordinated use of interpersonal communication, community mobilization, advocacy and mass media have been effective in a variety of other public health agendas.

The recommended channel for delivering Malaria in Pregnancy (MIP) interventions is through comprehensive and focused ante-natal care services with a three-pronged package which includes effective treatment of malaria and anemia, IPT and the use of long lasting insecticidal (GOK, 2011). According to the national guidelines for malaria management in pregnancy, all pregnant women attending ante natal care (ANC) services should receive at least two doses of SP spaced at least one month apart as directly observed treatment and at least three doses to women infected with HIV. Therefore, to enhance the uptake of long lasting insecticidal and ANC, free long lasting insecticidal are distributed during Antenatal care (ANC) visits and all pregnant women are encouraged to use the nets (UNICEF, 2011). Effectual case management, consisting of definitive diagnosis and prompt treatment with appropriate anti-malarial drugs is a key strategic intervention for malaria control in Kenya.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter described the research methods that were used in the study. This chapter is comprised of the study design, the study population, inclusion and exclusion criteria, sample size, sampling procedures, and sources of data, study variables, data collection, data management and data analysis techniques that were used in this study. Others to be discussed in this chapter include quality control, ethical issues and the limitations to the study.

3.1 Study design

For the purpose of this research, the research designs adopted Descriptive Design. Descriptive Research Design gives full description of the problem or phenomenon being researched for better understanding.

3.2 The study population

The study population consisted of pregnant women residing within Kisumu County, media houses, NGOs and government officials from Kisumu County, Kenya.

3.3 Inclusion and exclusion criteria

The study included pregnant women, media houses, NGOs, journalist and government officials who must be residing within Kisumu County and only those who gave informed consent were involved in the study. However, the study excluded those pregnant women who did not give informed consent and those who were not in position to communicate well.

3.4 Sample Size and sample size calculation

Category	Frequency	Percentage
Pregnant Women	70	51
NGOs (WHO and HOPE Kenya)	10	8
Journalists	22	25
Medical officers	10	8
Government Officials	8	8
Total	120	100

Table 1: showing sample Size and sample size calculation

3.5 Sampling procedure

This study utilized systematic sampling in order to get the 51% pregnant women study participants whereby, since the women within their homesteads, the research assistants who were deployed to assist in the data collection process, collected data in a series of skipping two households and then collecting data from every third household in a given direction within Kisumu County Kenya.

3.6 Sources of data

Primary data was collected from pregnant women in the Russia. Also, secondary sources from literature reviewed from books, journals, articles and internet were used.

3.7 Data collection tools

The data collection tool was semi-structured questionnaire with objective questions on the prevalence of malaria among pregnant women in the study area, factors influencing this prevalence and also ways of mitigating this problem.

3.8 Study variables

The independent variables are the television programs under investigation that are responsible for the prevalence of malaria such as use of mosquito nets, mosquito infestation in the area, use of prophylaxis methods, use of mosquito insecticides and fumigation of houses and general sanitation of the homestead, which are being viewed on television to sensitize the communities. The dependent variable was the prevalence of malaria in the study area which is influenced by the causal factors.

3.9 Data management

The researcher checked the filled in questionnaires for accuracy, competence and correction of errors after data collection. The data was pre-coded as on the questionnaires. A coding sheet was developed using the codes that were assigned to each response to the question and the corresponding number. The questionnaires were kept under lock and key to avoid loss of data and only the researcher had access to them.

3.9.1 Data analysis

Data from questionnaires was compiled, sorted, edited, classified and coded into a coding sheet using data analysis computer software known as excel. The researcher used tables, graphs and pie charts to present data from the questionnaires descriptively.

3.9.2 Validity and reliability

A pilot study was done to test the questionnaire. By doing a pilot study the feasibility of the study will investigate (the validity of the measuring tools and the acceptability of the study to the study population) so that potential problems was identified and resolved before commencing the study. The information gained was used to improve the methods/instrument of data collection where applicable. The pilot study was conducted on a small group of people outside the side area but not among those in which the actual study was done. The findings of the pilot study assisted the researcher in the removal of questions that were considered vague or unclear to the participants.

3.9.3 Ethical considerations

The study was approved by the research committee of Kampala International University. Authorization from the county was sought prior to the start of the study and data collection in the study area. Participants in the study were briefed on the purpose and objectives of the study prior to their participation and were asked to give informed consent. All information gathered from the study was only used for academic purposes and treated with utmost confidentiality.

3.10 Limitations of the study

The study faced the following limitations:

Time. The time to carry out the research was limited, yet the researcher at the same time was working coursework, tests and preparation for final examinations. Therefore, it put the researcher on pressure. In order not to get caught up with time, the researcher will spare some time specifically for this study.

Financial Support. Financial constraints, especially for processing data, searching for the data on the internet, buying relevant text, magazines, printing and typing of the research work.

Limited data Sources. Some of the books were not easily accessed in the university library hence limiting the scope of the research. To overcome this, the researcher photocopied some of the books which were available and used some of the public Libraries.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This chapter is on data presentation and analysis. Data presentation and analysis was done following the three research objectives that directed this study. The results are presented qualitatively in line with the study population and in accordance with the specific objectives and the research questions of the study. This chapter puts forward the discussion of the findings of the study in comparison with prior studies done on malaria among pregnant women and support from relevant literature.

4.2 Biographical Information

The characteristics of the sample are explained using the biographical data in terms of gender and rank at work place, educational level, age group and marital status of respondents. The summary of information is shown in the tables below. This was done because it gives more information about the people those the researcher is dealing with.

4.2.1 Gender and Position of the Respondents

Given those television station employees both male and female to the organization, despite, that the African women are not easy to reach high positions as it easy in terms of man to reach the high positions in the organization because of norms, beliefs and cultures existing in the community, the researcher considered the gender of the respondents to avoid possible biases and ensure that the views from both female and male respondents are attained. The location component was used in gathering data from different categories of the respondents. This is because it gives a clear picture about the respondent's gender and their position in the company.

Table 2: Sex and Position of the Respondents

Category	Male	Female	Total
Pregnant Women	0	70	70
NGOs	4	6	10
Journalists	8	14	22
Medical officers	4	6	10
Government Officials	2	6	8
Total	18	102	120

Source: Primary Data 2015

The above Table 4.1 shows that the total sample of 120 respondents selected from the study population are included 70 Pregnant Women, 10 NGOs representatives, 22 Journalists of KBC, 10 medical officers, and 8 government officials.

4.2.2 Educational Level Attained

Knowledge, skill and experience of the respondents add value to sample responses (Fred, 2009). Therefore the researcher established that the education levels of the respondents has added value to responses from both the questionnaire and interviews conducted.

Table 3: Education Level Attained

Level	Frequency	Percentage
Secondary level	32	26%
diploma	60	50%
Graduate	24	22%
Master degree	4	2%
Total	120	100.0

Source: Primary Data 2015.

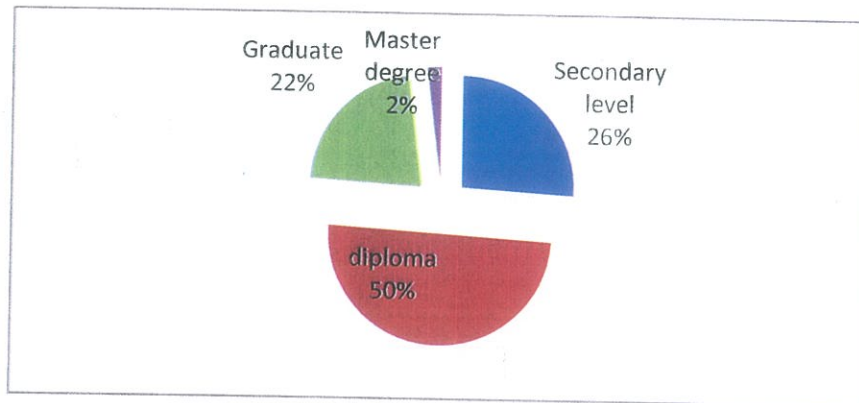


Figure 1: Pie chart showing level of education

In Table 4.2.2 and figure 1, results reveal that the entire key informants had at least secondary level Certificate of Education. In all, (26%) had acquired secondary educational level, (50%) had acquired Diploma certificate, while (22%) were university graduates, and one (2%) have a master's degree. This added value to the responses given that they were all in position to understand and answer the questions of the questionnaire. This was captured from question two in the questionnaire. Study findings revealed that the Diploma level of study is more dependable in providing reliable information given the technical nature of the topic under study.

4.2.3 Age group of Respondents.

The responses on question three of the questionnaire is about the age group of respondents.

Table 4: Age Group of the Respondents

Age Group	Frequency	Percentage
18-25 year	6	5.2%
26-35 years	80	73.4%
36-50 years	24	20%
Above 51 year	10	1.4%
Total	120	100.00

Source: Primary Data 2015

Table 4.2.3, reveals that out of the total sample of 50 respondents 42% of the respondents were in the age group of 26-35 years, this is the most positive result oriented age group (Kothari, 2007). This therefore provided confidence to the reliability on the responses from the questionnaire. This means that (73.4%) of the respondents, were between the ages of 26 and 35 years, the implication of this is that the majority of the respondents are trustable.

4.2.4 Work experience KBC

The question four of the questionnaire is about the respondent's experiences, This is particularly challenging for the many organizations who at the same time are trying to control their overall contact center costs, and are maybe even considering offshore outsourcing as an alternative approach.

Table: 5: work experience

Years.	Frequency	Percentage
Less than 1 year	20	16%
1-2	282	44%
3-5	79	22%
5-7	18	12%
More than 7 years	05	6%
Total	120	100%

Source: Primary Data 2015

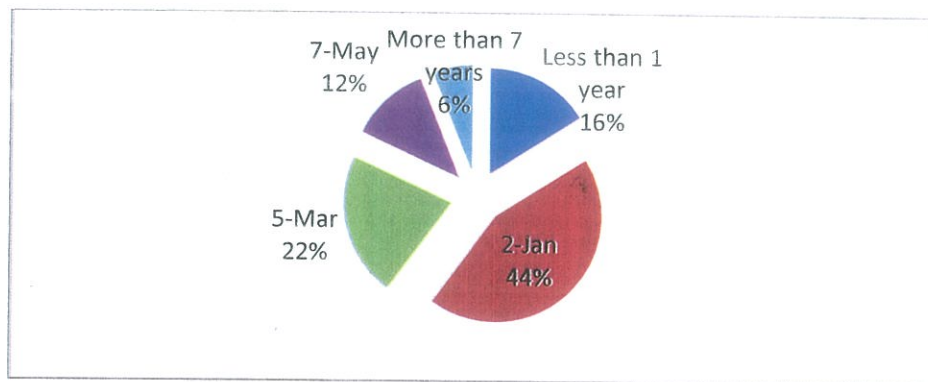


Figure 2: Showing work experience

Table 4.2.4 presents that out of 50 respondents 44% are in the table of 1-2 years of experience which indicates that the majority of the respondents don't have enough experience to perform the company's financial department, On the other hand 22% are in 3-5 years of experience, others less than one years, 5-7 yrs, and more than 7 yrs declared 16% 12% and 6% are in 8, 6, and 3 of experience respectively.

4.1 The extent to which television programs have influenced the prevention of malaria among pregnant women

Table: 6: The extent to which television programs have influenced the prevention of malaria among pregnant women

Role played international organizations provision	Frequencies	Percentages (100 %)
Counseling services	25	20.4
Health Education	23	19
Health services Support.	37	31.6
Food and clothing	11	9.5
Shelter	16	13.2
Medical care	8	6.3
	120	100

Source: Primary Data. 2015

From the table above, the findings revealed that International Organizations have played a great role in provision of health services needs to Community Members. When it comes to counselling services, 20.4% agree that Community Members need counselling services to survive in the society.

When it comes to education, 19% of the community members need education in order to acquire skills that can help them to acquire the basic needs in life. Food and clothing is another role by International Organizations all human needs need food to be able to survive and live longer and 9.5% agree with the idea. Clothes will help them to become decent members of the community which makes other community members to respect them.

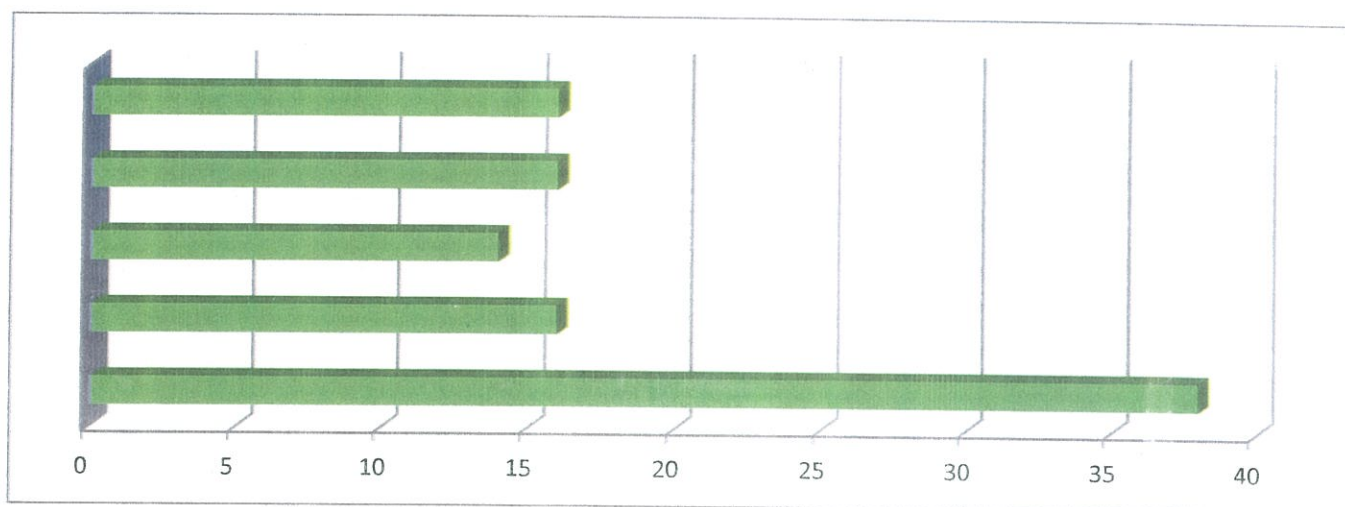
Shelter is one of the least roles played by International Organizations; this is because it requires a lot and it has 13.1%. Security received the least totals however, all human beings needs security in order to live freely in their communities. However on the other hand 31.6% members of responses indicate that Community Members are not easy to maintain and meeting some of this health services needs is expensive and they cannot be easily met. This implies that not all health services needs that community need are provided for; there are still some blocking factors.

4.2 Challenges faced by television on the prevalence of malaria among pregnant women

Challenges faced by Community Members	FREQUENCY	PERCENTAGES
Political issues	40	48%
Discrimination	51	16%
Engagement in child labor	9	4%
Health ministry does not cooperate with the media	51	16%
Journalists in field of health	51	16%
Total	120	100

Source: Primary Data.2015.

Figure 3: Shows Television and the prevalence of malaria among pregnant women



From the bar graph and table it is shown that Political issues have 38% of the challenges faced by community members, Discrimination has 16% of the challenges faced by community members, engagement in child labor is another challenge faced by community members, health ministry does not cooperate with the media was represented by 16% of the challenges faced by community members, and journalists in field of health was represented by 16% of the challenges faced by community members. The table indicates that Community Members face a lot of challenges and these lead to many problems in their lives, the conditions at work for those engaged in labor are unfavorable to the Community Members. According to responses Community Members lack basic needs in life and this is because of the Political issues that exist among them and lack of support from community members. Many respondents reported that Political issues was a big problem notably “children living in Political issues experience deprivation of material, spiritual and emotional resources needed to survive and develop” this because Political issues is a multifaceted phenomenon and it challenges the principles of universality and non discrimination and endures the equity

When it comes to disseminations, respondents agree that community discriminate Community Members and this increases stigma among Community Members. Many Community Members especially the girls end up getting married before their right age. This is because there is need for them to take care for the family members. Inadequate nutrition was one of the least challenges faced according to the respondents,, however, without nutrition the growth and development of human beings is lowered down therefore nutrition is very important for human growth and development.

However, on the other hand, some number of responses indicates that community are not easy to. Maintain and meeting some of the health services needs is expensive and they cannot be easily met. This implies that not all the psychological need that pregnant women’s needs are provided for, there are still some blocking factors.

4.4.4 Possible mitigation measures to the prevalence of malaria among pregnant women

Table 7: Possible mitigation measures to the prevalence of malaria among pregnant women

Possible mitigation measures to the prevalence of malaria among pregnant women	Frequencies	Percentages
Working Physic-social support	27	22.2%
Participation on talk shows on health	24	20.6%
Gender sensitivity and media advocacy	21	17.4%
Create awareness about needs of Community Members	18	15%
Non Discrimination Collaboration and Media Awareness	30	24.8%
Total	120	100

Source: Primary Data.2015.

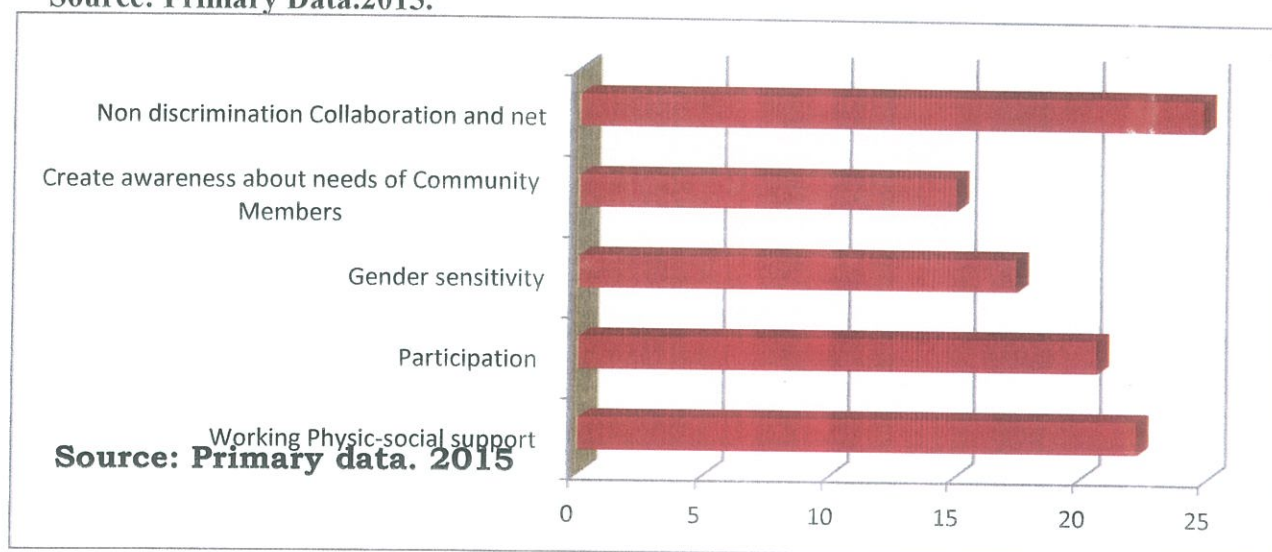


Figure 4: Possible mitigation measures to the prevalence of malaria among pregnant women

The bar graph and table above shows the crucial aspects that make successful partnership between NGO' and ministry of health was represented by 22.2% of working physic – social

support, 20.6% represented participation of the crucial aspects that make successful partnership between Television and ministry of health, 17.4% represented gender sensitivity of the crucial aspects that make successful partnership between Television and ministry of health, 15% represented creative awareness about needs of community members, of the crucial aspects that make successful partnership between Television and ministry of health, 24.8% represented non Discrimination collaboration and net of the crucial aspects that make successful partnership between Television and ministry of health.

The above table indicates that a number of things can be done to address the problems facing the Community Members in our communities. The majority of respondents agree that community based care should be encouraged to help Community Members deal with their problems through community based

Care Community Members can be authorized to participate in all activities that take place so that they can be able to learn and contribute towards the activities.

Respondents point out that institutional care should be provided however it's not best alternative. It should come up in case the other alternatives have failed to work out for example the community care, gender sensitivity among the rest.

From the respondents view about gender sensitivity the girl child plight should be into serious consideration because due to the gender roles many girls are left vulnerable.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter presents the conclusions drawn from the study and the possible recommendation to different stakeholders concerned with malaria control and management among pregnant women.

5.1 Summary

The study revealed that television has served as the mirror among many households in Kenya. The content aired on television has significantly contributed to the prevention and controlling of malaria among the pregnant women. Television programs have been put in place to help create awareness on the prevalence of malaria. Many pregnant women have been following educative programs on television that teach them how to combat malaria, possible ways of how to prevent mosquitoes from biting them, and in case one falls sick, the television programs have been able to give guidelines on what to do and which action to be taken in case someone has fallen prey.

Despite the television programs put in place, to help reduce the prevalence of malaria among pregnant women, the study observed various challenges that the television faces when trying to create awareness and sensitize the community on malaria prevention

It was found that ignorance among many pregnant women was seen as a major challenge in the fight against malaria. Many women do not want to follow the programs on television that try to educate them on how to deal with malaria. Most of them watch these programs but they tend to ignore the information passed to them. This was a great challenge as it was seen as an obstacle to the fight against malaria. A good number of women were found to be ignorant about the information given to them via television programs

Television programs concerning malaria are always aired but educating health care workers and patients about the prevention and treatment of malaria is another challenge in the management of the disease. Television is trying its level best to create awareness to the pregnant women, but healthcare workers also need proper training on how to manage the

disease. The patients at large need to be educated practically so that the campaign on television can become meaningful.

The development and spread of parasite resistance to certain ant-malarial agents has presented a major barrier to successful disease management. Despite television programs giving information about the disease, it was observed that the disease is resisting some ant-malarial drugs like chloroquine and sulphadoxine-pyrimethamine. Therefore, however much the media is trying to expose the dangers of the disease, it is proving to be chronic and this needs more effort especially by using new methods and drugs to combat malaria.

Finally the study states that the possible measures that can be put in place so as to reduce the prevalence of malaria among pregnant women include creating awareness among community on the prevalence and burden of malaria among pregnant women, sensitization of pregnant women on the facts surrounding malaria during pregnancy, government increasing the distribution of long lasting insecticides, treated mosquito nets, massive fumigation of households with mosquito insecticides so as to prevent mosquitoes from inhabiting in people's households, pregnant women to be given a dose of prophylaxis treatment to prevent them from developing malaria during pregnancy and destroy all known breeding places for mosquitoes.

5.2 Conclusions

The prevalence of malaria among pregnant women in Russia Hospital Kisumu County Kenya was high. This high prevalence of malaria among pregnant women was consistent with other prior studies that have indicated that Kenya remains one of the countries with the highest disease burden due to malaria in Sub Saharan African. The most facilitating factors for this high prevalence of malaria among pregnant women were the presence of breeding places for mosquitoes, vector control and use of Insecticide Treated Mosquito Nets among the pregnant women.

The socio-economic factors that were found to be associated with the prevalence of malaria among pregnant women were the age of the mother, level of education, religion and the average monthly income of the mother.

The majority of the respondents commented on security as one of the most burning issue that should be provided as Community Members. Whenever they may be let it be in the institutions, community based care, homes of relatives if one has no security, his or her life is in danger, therefore all human beings need security including all vulnerable groups. Community Members need security in order to grow well and become responsible future citizens of Kenya. We have to make sure that Community Members grow in an environment where they are free from harm so that they can do whatever they want without any fear. With security they are able to perform without fear.

When it comes to the challenges faced by Community Members a lot was found out. Community Members are agents of Political issues they always have nothing to show and in most cases this is due because they are denied inheritance opportunities after their parents have died. Many Community Members do not get access to property left behind by their parents. This is because the relatives think they cannot manage and control the property left behind. UNICEF state of world's report (2007) asserts that children leaving in Political issues experience derivation of material, special and emotional resources needed to survive, develop and thrive leaving them unable to enjoy their rights, achieve their full potential or participate as equal members of the society. Political issues is also considered multi faceted phenomenon with dimension including low levels of access to public services like infrastructure, un sanitary environment, insecurity, violence and mutually reinforcing and trapping the Community Members in a viscous cycle of Political issues. Political issues challenges the principle of universality and non Discrimination and undermines equity and increases vulnerability which is detrimental and making community and increasing poor.

The environmental factors that were found to be associated with the prevalence of malaria among the pregnant women in Russia Hospital Kisumu County Kenya were the regular use of insecticides treated nets; cost of insecticides treated nets; destruction of breeding places; regular clearing of bushes surrounding the homes; cost of malaria treatment and the perception of women towards malaria prevention and treatment.

The mitigation measures identified and suggested by the women to reduce the prevalence of malaria among pregnant women included creating awareness on the prevalence of malaria among pregnant women and sensitizing them on the facts surrounding malaria in pregnancy. Other suggested interventions were the distribution of Long Lasting Insecticide Treated

Mosquito Nets to the women by the government; massive fumigation of households with mosquito insecticide so as to prevent mosquitoes from inhabiting in people's houses; pregnant women should be given a dose of prophylaxis treatment to prevent them from developing malaria during pregnancy and destroying all known breeding places for mosquitoes.

5.3 Recommendations

The fact that Kenya is the youngest African nation and worldwide just recovering from decades of civil war; the government should concentrate on the development of public health systems focused on preventive medicine of preventing malaria among pregnant women. This will be done through empowering the women and the communities where they live with information and scientific knowledge on malaria prevention, control and management.

The government through the Ministry of Health should carry out massive community based approaches to the control of malaria by using methods such as door-to-door household fumigation exercises which will prevent mosquitoes from inhabiting the houses where people live.

The Ministry of Health should make it mandatory for all pregnant women to receive a prophylaxis dosage of malaria every trimester in the course of the pregnancy which should be free-of-charge to make it affordable for all pregnant women. This will boost the immunity of pregnant women so as to prevent the development of malaria.

All stakeholders such as the government, Ministry of Health and Non-Government Organization concerned with the prevention of malaria should invest in the distribution of Long Lasting Insecticide Treated Mosquito Nets (LLITNs) free-of-charge to the pregnant women and educate the communities on the importance of sleeping under these nets.

Also law enforcement stakeholder such as the police and community leaders should ensure the proper use of these Long Lasting Insecticide Treated Mosquito Nets by inspecting households and apprehending those who are found misusing these nets for other purposes such as fishing, rather than sleeping under them to prevent mosquito bites which cause malaria.

5.4 Area for further study

Further studies ought to be done in areas such as the uptake of the use of Long Lasting Insecticide Treated Mosquito Nets among pregnant women and use of prophylaxis (intermittent preventive treatment) in the prevention of malaria so as to strengthen the preventive approaches to the control of malaria rather than concentrating on its treatment.

APPENDICES

Appendix I: QUESTIONNAIRE

My name is **Munoka Trizah Lawreen**, a student from Kampala International University, pursuing Bachelor's degree in Mass Communication. I would like to request you to kindly take part in my study "*TELEVISION PROGRAMMES THAT INFLUENCE THE PREVALENCE OF MALARIA AMONG PREGNANT WOMEN*" by responding to the questions that have been asked in the questionnaire. This research study is a basic requirement for a Bachelor's degree but it may also be helpful in educating the public and expressing your views.

Please tick appropriately and give your opinion where needed.

Section A: Socio-demographic characteristics

1. How old are you (Age range) : 1. 18-25 [] 2. 26-35 [] 3. 36-45 [] 4. 46-55 []
2. Please select the level of education you attained: 1. Primary [] 2. Secondary []
3. Tertiary [] 4. None []
3. Which religion are you from: 1. Catholic [] 2. Protestant [] 3. Pentecostal []
4. Seventh Day Advent [] 5. Muslim [] 6. Others specify
4. Please indicate your Marital status: 1. Single [] 2. Married [] 3. Widowed []
4. Cohabiting []
5. What is your Occupation status: 1. Employed [] 2. Self-employed [] 3. Business []
4. Unemployed []
6. What is your estimated average monthly income? 1. < 300,000/= [] 2. 300,000/= - 500,000/= [] 3. 510,000/= - 1000,000/= [] 4. >1000,000/= []
7. Do you always take time to watch television programmes about malaria? yes [] No []
8. Please outline the television programmes that you love most and indicated the stations you like most
.....
.....
.....
.....
9. Do you always put into practice whatever you watch in television , yes [] No []

Section B: Prevalence of malaria and factors influencing the prevalence of malaria among pregnant women

10. During the course of your current pregnancy, have you suffered from malaria?
1. Yes [] 2. No []
11. Do you have an Insecticide Treated Mosquito Net within your household? 1. Yes [] 2. No []
12. If yes to question 8 above, do you properly use this mosquito net by properly hanging it over your bed in a way that does not allow access by the mosquito to your body when you are sleeping? 1. Yes [] 2. No []
13. Do you sleep under a mosquito net every time especially during the night? 1. Always [] 2. Often [] 3. Rarely [] 4. Never []
14. What is the average cost of an ITN-mosquito net? 1. Free of charge [] 2. <SSP25 [] 3. SSP 25-30 [] 4. >SSP30 []
15. Most of the breeding places for mosquitoes are stagnant water around your household, how do you destroy such breeding places for mosquitoes? 1. Draining off such stagnant water [] 2. Pouring oil over the stagnant water [] 3. Filling up such potholes the collect the stagnant water with soil [] 4. Nothing is done about the stagnant water []
16. The most common habitat for mosquitoes is the brushes surrounding your household, how often do you clear the bushes surrounding your home? 1. Always [] 2. Often [] 3. Sometimes [] 4. Never []
17. Other places where mosquitoes hide include the rubbish around your home such as empty tins and plastic containers, what have you done to destroy such hiding places? 1. Clearing away all such rubbish [] 2. Nothing is being done in this regard []
18. Do you use anti-malaria medication for prophylaxis as a preventive measure from getting malaria? 1. Yes [] 2. No []
19. Have you ever fumigated your house with anti-mosquito insecticides so as to get rid of mosquitoes? 1. Yes [] 2. No []
20. The most intensive period when mosquitoes come out to feed is at dusk or dawn, this is a time you could be sitting outside or within your house, have you ever used a mosquito repellent during this period? 1. Yes [] 2. No []

21. Do you know anywhere of a pond where fish has been introduced so as to eat the larva of the mosquito as a biological control method in this area? 1. Yes [] 2. No []
22. What is the average cost of malaria treatment in this area? 1. Free of charge []
2. <5000/= [] 3. 5000/-10,000/= [] 4. >15000/=S []
23. Would you rather prevent or treat malaria? 1. Prevention [] 2. Treatment []
24. Are there any other factors present within Kampala that you know of as intent factors influencing the prevalence of malaria? Please mention them.....
25. What interventions can be put in place so as to mitigate the prevalence of malaria among pregnant women in this area? Please mention them

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