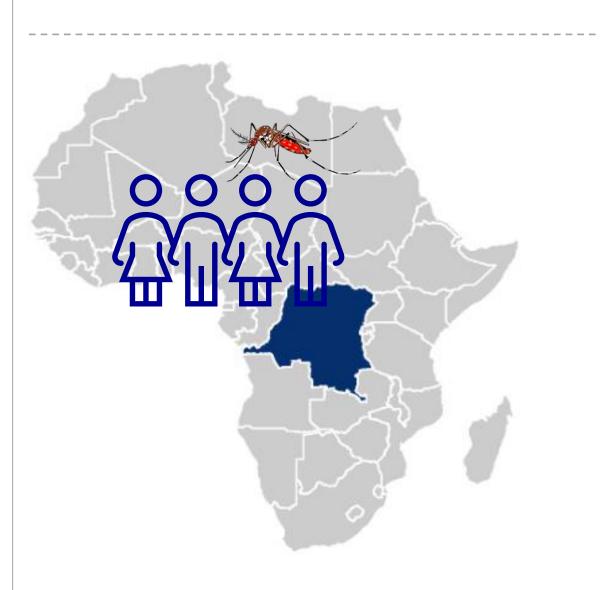
Young children with severe malaria in remote areas of the DRC: a contextual analysis of the perceptions, attitudes, and health-seeking behaviours of their parents.

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Introduction

- 500k malaria deaths, children < 5
- Timely treatment is crucial



Challenge: In the DRC's remote areas, children often receive delayed treatment

Potential Solution: Introducing prereferral RAS administered by CHWs

Objective: To explore parental healthcare-seeking behaviours and attitudes towards RAS.

Impact: Understanding these factors can guide effective RAS implementation, reducing child mortality

Methods

- Mixed methods
 - **Quantitative:**
 - 30 x 30 Cluster/village survey.
 - Analysed data from 905 participants across 30 villages using logistic regression to assess factors influencing the utilization of formal health facilities during child illness events.
 - **Qualitative:**
 - Focus groups: 1 per selected village with a purposive sample of 8-12 caregivers.
 - Preliminary analysis was done using a thematic approach.

Preliminary Results Participants characteristics

- Focus group discussions: 30 discussions each with 8 – 12 participants.
 - 100% females
 - Mothers and grandmothers

Health seeking behavior

Next day

sought

32

From the participants in the FGDs

Attitude of HCPs hinders

improve at home..."

Would you visit CHW?

Aware of CHW around?

solutions."

caregivers to seek formal

healthcare. "We often don't

leave when we are referred because

Persisting symptoms triggers seeking of

D) Acceptability of RAS from CHWs

0%

Results from the FGDs show that:

formal healthcare. "We go to the health

center when the child's situation does not

50%

yes no

RAS seems acceptable and is seen as a solution to

little about RAS, but we are eager for new

However, there is distrust in CHWs . "we want to

choose the CHW who will manage the RAS,

money as happens with certain products...."

fill the gaps in the health system: "We have heard

otherwise they will be inaccessible or accessible for

100%

people without money are not welcome"

treatment

Where?

suffered

severe

malaria

suspected

we learnt that:

Time taken to seek care in the event of

severe malaria illness of a child: N = 408

19%

days

from formal

health facilities

5 (2%) from CHW

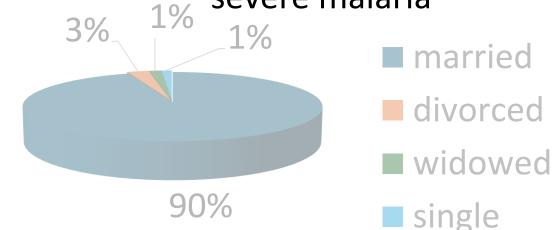
12 (4%) from

informal

treatment

27 (8%) self-

- Cluster survey: **905** caregivers
 - 85% females
 - 1244 children < 5
 - 408 reported suffered suspected severe malaria



Barriers to Healthcare Access:

Factors associated with the Utilization of Formal Health Facilities in the event of Child Illness (Adjusted ORs with 95% CI and p-values)

Age	1(0,98-1,02;p = 0,96)
Sex: female	
Male	1,48(0,86-2,61;p=0,16)
Status: married	
not married	0,62(0,24-1,6;p=0,32)
Radio :no	
Yes	1,19(0,81-1,76;p=0,37)
Motorbike: no	
Yes	1,56(0,88-2,84;p=0,14)
Messages: no	
Yes	1,86(1,27-2,73;p = 0,00)
Transport: walking	
other transport	1,13(0,69-1,85;p=0,63)
Time to HF	0,89(0,79-0,99;p=0,04)
Nearest HF: CHW	
Public Health Facility	2,59(1,55-4,32;p = 0,00)

HF is health facility: Time to HF is time in hours normally taken to the nearest HF; Messages is whether they received malaria messages.

0,65(0,35-1,19;p=0,00)

- Those who heard malaria messages have higher ODDs of visiting a formal HF in the event of child illness of suspected severe malaria.
- As travel time to the nearest HF increases the ODDs of visiting a formal HF decreases.
- Residing near a HF is associated with increased ODDs of visiting a formal HF in the event of child illness.

FGDs results showed that:

Other

long distance/bad road to health facilities, lack of medication and financial issues are mentioned as important barriers.

"Roads are impassable and clinics often lack essential medicines."

"You come with the child, there is only one bed, and the bed is in bad condition"

Conclusions:

Community Insights: Local health-seeking behaviour is crucial, with traditional care often used before formal healthcare.

Barriers and Opportunities: Transportation, finances, and access hinder timely treatment. Community interventions are key.

Policy Implications: Targeted education on RAS and active community involvement are vital for success.





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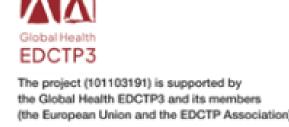
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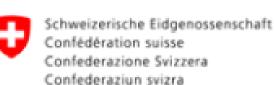






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