



Perception and affordability of long-lasting insecticide-treated nets among pregnant women and mothers of children under five years in Ogun State, Nigeria



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Summary Despite the distribution of long-lasting insecticide-treated nets (LLINs) in Nigeria, access to and use of LLINs continues to be minimal. Little is also known about the perceived fair price people are willing to pay for LLINs in Ogun State, South-West Nigeria. Data were collected using semi-structured questionnaire among pregnant women attending antenatal clinics and mothers of under-five children in randomly-selected malaria holo-endemic communities of Ijebu North and Yewa North local government areas of Ogun State. Results showed that only 23.6% of 495 respondents owned and were using LLINs. One of the main reasons for non-use of LLINs was unaffordability of LLIN cost. 84.2% of the 495 respondents were willing to pay at a hypothetical price of ₦800.00 (US\$5.00) for a LLIN, 15.6% were unwilling and 0.2% was indifferent to buying it at the price. Their willingness

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to pay was significantly determined by education and occupation ($p=0.00$). Health education strategies need to be developed to increase awareness and demand for LLINs. However, there is the need to take into account preferred access outlets and the diversity in willingness to pay for LLINs if equity to access is to be ensured in the study communities.

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Introduction

Malaria remains a major public health and development challenge globally, particularly in Nigeria [1,2]. Pregnant women and their unborn babies as well as children under five years of age are among the groups most vulnerable to malaria. Between 25 and 30 million women become pregnant annually in areas of Africa where malaria is endemic [3,4], and approximately 100 million episodes of malaria occur worldwide each year among children under five years of age. Thus, over one million deaths per year are attributable to the disease. Furthermore, with 60% of outpatient visits, 30% of hospitalizations and 20–25% of infant and child deaths attributable to malaria, an estimated 300,000 children die of malaria each year [5,6].

In Nigeria, malaria is holoendemic. It is estimated that approximately 97% of the more than 150 million Nigerian people are at risk of malaria [7]. The maternal mortality rate is 630 deaths per 100,000 live births, and the mortality rate for children under five is 143 deaths per 1000 live births [8]. Malaria causes up to 11% of maternal mortality and is consistently recorded as one of the five leading causes of mortality among children under five years. In addition to the direct health impact of malaria, its severe socio-economic burden on the country at large is estimated as an annual loss of approximately 132 billion naira due to treatment costs, prevention, and loss of work time [7].

Studies have shown that adequate malaria control could prevent 3–8% of infant deaths [3,9]. The use of long-lasting insecticide-treated nets (LLINs) has been shown to reduce the number of malaria episodes by as much as 50%, to reduce childhood mortality by 20% [10] and to provide protection for pregnant women, who are the most susceptible to malaria [11]. Epidemiological evidence, arising mainly from studies in the countries of Sub-Saharan Africa, suggests that sleeping under LLINs is a cost-effective and efficacious method of controlling malaria. For this reason, promotion of LLIN use has become a key malaria control strategy [12].

Widespread coverage of vulnerable populations, including pregnant women and children under five

years of age, with LLINs constitutes an important component of the strategy to control malaria. The targets of the 2000 Abuja Summit on Roll Back Malaria (RBM) call for 60% and 80% coverage of both pregnant women and children under five years of age by 2005 and 2010, respectively [13].

A major ongoing effort of roll back malaria (RBM), in line with the National Malaria Strategic Plan (NMSP) in Nigeria, has had the aim of scaling-up malaria prevention and treatment interventions to a universal scale [7,14]. Due to the 2000 Abuja Summit on RBM, the intervention policies and strategies based on the World Health Organization (WHO) recommendation for free distribution of LLINs were adopted in the country in 2001 [15], and the government has been proactive in promoting them [1,16]. These policies are being implemented nationwide, particularly in Ogun State, through the provision of LLINs and intermittent preventive treatment of malaria in pregnancy (IPTp) to pregnant women in attendance at antenatal clinics and through provision of LLINs to children under five years of age upon completion of immunizations [7,16,17].

The RBM 'Strategic Framework for Coordinated National Action in Scaling-up Insecticide-Treated Netting Programmes in Africa' promotes coordinated national action and advocates for sustained public provision of targeted subsidies to maximize the public health benefits of treated nets and for support and stimulation of the private sector [18]. Since its inception in 2002, the Global Fund has been the leading international donor for malaria control alongside the United States' President's Malaria Initiative. Programs supported by the Global Fund have made an increasingly significant contribution to international aims such as those of RBM and the MDG. Through its network of partners and recipients, the Global Fund has supported malaria programs in 97 countries, including Nigeria. A total of 8.8 billion U.S. dollars in funding has been approved since 2002, with approximately 70% of that money for countries in Sub-Saharan Africa, including Nigeria. More than 310 million long-lasting insecticide-treated nets have been distributed by programs supported by the Global Fund [19].

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