

BEHAVIOUR 1: PREVENTION

Behaviour to promote

As they are more vulnerable to malaria, pregnant women and children aged under 5 years old need to sleep under insecticide-treated bed nets the whole year round.

Context

Long Lasting Insecticidal Nets (LLINs) can prevent child mortality caused by malaria. Around 60% of pregnant women and 56% of children under 5 years old do not sleep under a mosquito net – whether treated or not – according to DHS 2014. 70% of rural households in DRC have access to an Insecticide Treated Net (ITN).

Malaria prevalence varies in different regions and seasons. 97% of the population live in areas experiencing high and stable malaria transmission. In forested areas intense transmission can occur year round (up to 1000 infective bites per person per year) while in tropical regions there tends to be a seasonal pattern with increased transmission in the rainy season. 30-50% of fevers in children are attributed to malaria. In mountainous regions (1000-1500m) in Kivu and Katanga, there tend to be short, sporadic malaria outbreaks and longer periods (years) without any transmission.

Obstacles to behavioural change

Ideas

Most Congolese know that mosquitos transmit malaria but some associate the disease with other sources such as the sun, or with witchcraft and sorcery. Some simply do not see any reason to sleep under a mosquito net, maybe because they consider malaria to be a common disease, not dangerous, or maybe because they are not aware of the increased vulnerability of pregnant women and children.

Several elements linked to housing arrangements complicate the use of mosquito nets. In most houses, people share their living and sleeping spaces which also have different functions according to whether it is day time or night time. They also have sociocultural sleeping arrangements: normally small children sleep with their mothers. Heads of the family or household may also claim the mosquito net for their own personal use.

Finances: In some households, people do not sleep under mosquito nets because they do not have the financial means to buy them, or because they sell the nets that are distributed for free in order to raise money for other purposes, or because they use the nets for other purposes (e.g. agricultural uses, protecting crops).

Perceptions/beliefs: Some people do not sleep under mosquito nets because they dislike the confinement and liken it to being in a box or coffin, or because they associate it with a risk of choking or breathing difficulties. Some adults perceive the use of a bednet as a way to have a good night's sleep. So adults, especially men, sometimes prefer to use the net over their children as they believe that children sleep more soundly than adults and are less bothered by mosquitoes.

Factors favouring behaviour change

There have been several national distributions of bednets. 70% of rural households possess at least one insecticide-treated mosquito net.

Use of ITNs has significantly increased in DRC over recent years according to DHS data. Children under five sleeping under a bednet rose from 6% in 2007 to 56% in 2013/14, and among pregnant women the proportion increased from 7% to 60% over the same time period.

BEHAVIOUR 2: TREATMENT-SEEKING

Behaviour to promote

A child with a fever must be examined immediately by a community health agent or taken to a health centre to receive appropriate treatment. Homemade or traditional treatments do not cure malaria.

Context

Malaria ranks among the top three causes of death among pregnant women and children under five in DRC. In 2013 Over 11 million cases of malaria were recorded across the country, making up 38% of outpatient visits, with 955,311 inpatient malaria hospital admissions and 30,918 recorded deaths, making up 39% of hospital deaths (PNLP Annual Report 2013). Furthermore, these figures are likely to underestimate the total morbidity and mortality burden, especially in rural communities where many symptomatic individuals may not access health centres.

According to the 2013/14 DHS, 30% of children under 5 have had a fever during the last 2 weeks preceding the survey: 29% of those children received an anti-malarial treatment from health services, but only 6% received Artemisinin-based Combination Therapy (ACT) which is the recommended, most effective treatment.

Obstacles to behavioural change

Ideas

Symptoms resembling those of malaria are often well identified by people but may tend to be associated with traditional or supernatural causes rather than with mosquitos. This influences the decisions made about treatment. Most people will only seek modern health services when homemade or traditional treatments have failed. Living a long distance from a health facility is a common reason for not consulting health workers when a child has a fever.

Finances

The head of the household controls most of the household's spending and he is the one who provides his wife with the financial means to take a child to the health centre and to pay for the treatment. Many heads of the household prefer homemade or traditional treatments, street medicine, or the remainder of a previous prescription rather than sending the child to the health centre, because of the (perceived) high cost of treatment at the health centre.

Decision-making

The mother usually decides which appropriate treatment to give a sick child but fathers usually play a role in providing money required for treatment. Grandparents may advise young mothers on how to prepare homemade and traditional treatments.

Factors favouring behaviour change

In 1998 the Ministry of Health established the "Programme National de Lutte contre le Paludisme" (PNLP) to improve access to bednets to prevent malaria transmission, as well as to appropriate and effective anti-malarial treatments, at an accessible cost.

More and more, villagers associate symptoms of malaria with the need for medical attention and to seek modern treatments. Many people associate fever with malaria and most are aware that mosquitos cause malaria.