

BEHAVIOUR 1: PREVENTION

Behaviour to promote

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

Context

Long Lasting Insecticidal Nets (LLINs) are the best method to prevent child mortality caused by malaria in Burkina Faso. A big proportion of the population knows that mosquitos transmit malaria, but around 50% of pregnant women and 50% of children under 5 years old do not sleep under a mosquito net – whether treated or not – according to DHS 2010.

Obstacles to behavioural change

Ideas

80-90% of Burkinabe women know that mosquitos transmit malaria, but 10-20% think that malaria is caused by other factors: unsanitary water, food, cold or rain, or excessive sun. 10-20% say they do not sleep under mosquito nets “because there are no mosquitos” and associate the use of mosquito nets only with certain seasons (UNICEF 2011). Other women 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 conscious of the increased vulnerability of pregnant women and children.

Housing

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. Polygamous households do not always possess enough mosquito nets to cover all children under 5. 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.

Comfort

During the hot and dry season, some villagers prefer to sleep in the open air, outside of their houses. This complicates the use of mosquito nets, but the placement of mosquito nets in the courtyard of a house is not impossible.

Factors favouring behaviour change

Pregnant women receive an LLIN during their antenatal care consultation. 56% of rural households possess at least one insecticide-treated mosquito net.

In 2010, there was a national distribution of 6.45 million LLINs. In 2013 there will be a new distribution of 9.6 million LLINs.

BEHAVIOUR 2: TREATMENT

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

In 2011, 5,519 children under 5 died because of acute malaria (DGISS). According to DHS 2010, 21% of children under 5 have had a fever during the last 2 weeks preceding the study: 35% of those children have received an anti-malarial treatment from health services, and most received it promptly (when the fever appeared or the following day).

Obstacles

Beliefs

Symptoms resembling those of malaria are often well identified by people but they tend to be associated with traditional or natural causes rather than with mosquitos. This influences the decisions made about treatment. Many people believe in *kono* or *liwula*, the bird disease. If a bird flaps its wings and flies over a child sleeping in the open air at night, this child will have a seizure. Another widespread belief is that giving an injection to a child who has seizures will cause him or her to die, which discourages people from seeking modern health services. Other traditional concepts of disease (like *koom* or *soumaya*) link malaria symptoms (fever and vomiting) to inaccurate causes such as cold, rain, certain types of food (sugar, fruit, fat), dirt, rather than mosquitos. Each idea is associated with a specific treatment, like homemade brews or traditional medicine. Most people will only seek modern health services when homemade or traditional treatments have failed.

Decision-making

The head of the household decides which appropriate treatment to give in case of a disease outburst in his family; he will give his wife permission to take the child who is ill to the community health agent or to the health centre. In big households, the grandfather also makes decisions and the mother of the head of the household is a very respected figure. She has a strong influence on sanitary behaviours of the other members of the household. She will advise young mothers on how to prepare treatments, invoking tradition and her experience, and will favour homemade and traditional treatments to the detriment of modern health services.

Finances

The head of the household controls most of the household's spending and he is the one who provides his wives with the financial means to take the children 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.

Factors favouring behaviour change

Policies to improve community responses to malaria have been set up in Burkina Faso (PECADO 2008-2010) and community health agents have been trained to diagnose simple cases of malaria and to provide appropriate and efficient treatments (artemisinin combined therapy) at an accessible cost (100-200 CF). They will refer complicated or serious cases of malaria to the health centre.

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.

Women have access to their own financial income through their market gardens.