

ABSTRACT

Introduction:

Malaria is still a major global health problem and one of the leading causes of mortality and morbidity in sub Saharan Africa in 2010, an estimated 216 million cases and 655000 deaths of malaria occur worldwide, of which 81% and 91% respectively were in Africa region most cases and deaths were reported in children below 5 years (WHO, 2011). According to MOH, Uganda has the highest per capita malaria burden of any country in the world. In addition between 70000 and 100000 people die of malaria each year most of them children under 5 years. Over 9 million Ugandan children struggle to study and learn with impaired cognition, physical dysfunction from chronic anaemia. Children under 5 years are the most vulnerable to malaria infection.

Objectives:

- To examine factors affecting prevention of malaria in children under 5 years in Namuwongo slum area.
- To identify individual factors affecting malaria prevention.
- To establish climatic/environmental factors.
- To examine administrative factors affecting malaria prevention in children under 5 years.

Methodology:

This was a cross sectional study conducted in Namuwongo slum. The study population was parents/caretakers of children under 5 years of age. The sample size was 374 respondents. It was unsystematic random selection. Homes were picked randomly and those homes with children under 5 years were interviewed.

Results:

Majority of the respondent were single parent 268 (71.7%) as compared to married couples 81 (21.7%), majority were low income earners at 38%.

On average the respondents made efforts to prevent malaria. As a mean to control malaria, 79.7% of the respondents agreed that they always close their doors early in the evening compared to 20.3% who did not agree. There are positive attitudes towards malaria prevention at 53.8% compared to respondents with negative attitudes at 44.2%. There is enough anti malaria drugs in the health centre at 55.4% compared to the time when there is drug shortage which is at 44.6%. This means the people in the study area are willing to eradicate malaria.

Conclusion: Although majority of the study participants reported to make effort to prevent occurrence of malaria among children under the age of 5 years, a large proportion of children within the study have suffered from malaria within the last 6 months. The individual factors associated with prevention of malaria included average monthly income, sleeping under insecticide treated mosquito net. Environmental factors associated with prevention of malaria are destroying breeding and hiding places for mosquitoes. Administrative factors associated with prevention of malaria include community health education, affordability of health care service treatment preventive methods, accessibility to the health care.

Recommendation: Ministry of health needs to carry out continuous public health sensitization on malaria prevention. Ministry of Health and other stakeholders should focus on the distribution and the use of long lasting treated mosquito nets. Health inspectors for the Ministry of Health should ensure that all children under the age of 5 years sleep under a treated ITNs. Local community leaders need to mobilize residents to destroy all potential mosquitoes breeding sites such as clearing all stagnant water and even bushes. Government should provide free malaria treatment.