

## Local Beliefs On The Causes And Control Of Malaria In Okigwe Zone Of Imo State , Southern Eastern Nigeria

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**ABSTRACT:** A cross- sectional survey amongst 83 health workers from okigwe zone of imo state was conducted within a workshop on control strategies in malaria. The aim of the research was to identify some local beliefs on the causes and control of malaria in the zone. Each participant at the workshop was requested to compile a list of this beliefs encountered under their health catchments area. The individual list were compiled to produce a list for each L.G.A and further combined to produce a grand list based on the classification of similar beliefs. Food (4 items), Exposure (3 items), Drinks (2 items), lifestyle (4 items), heredity (2 items) and biological (1 item). Findings depicted a low awareness to the causes and control of malaria and it advocated the use of health awareness programmes like health education, workshops and role play in disseminating health information was advised.

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### INTRODUCTION

Malaria is a global problem, each year one-fifth of the worlds is at risk, with over three hundred (300) million down with illness and in the process more than one million deaths occurs. The majority of the mortality figures are in children under five years of age and pregnant women, (WHO 2000).

There is clear evidence that malaria is far-spreading, such that areas recently considered malaria – free are now suffering as a result of frequent malarial epidemics. A combination of factors has been implicated in this spread. These include climatic changes, poor sanitation, poorly planned developmental programmes, anti malarial drug resistance and unsatisfactory health systems, (WHO 2000). Epidemiology of malaria in sub-Saharan African is alarming, with Nigeria been grouped among the holoendemic and has all year – round transmission peaking in the rainy season, with many children aged 1-10 years having high parasite load and splenomegaly (Coker, chukwuani, Ifudu and Aina 2001).

The roll back malaria programme is an intervention strategy aimed at controlling malaria, its critical elements are based on decisions using surveillance, appropriate response and building community awareness and multiple prevention using insecticide – treated nets, environmental management to control mosquitoes and making pregnancy safe. Thus the Roll back malaria project recognised the vital role community awareness; health education and mobilization could play in malarial control. Hence service (1993) posits that community participation has suffered a major set back as a result of misconceptions and cultural barriers within the communities.

In the tropics generally the community awareness on the causes of malaria is poor. Different areas/communities have attributed the causes to radiation from the sun and consumption of groundnut in Benin Republic while many people in Ghana attributes it to unsafe water, flies, excessive consumption of alcohol and fatigue (kombila 1994. & okyere 1994)

In Nigeria, excessive heat, sunlight, excessive sexual intercourse, noise, rains, consumption of oily food especially melon soup and groundnut are all believed to be the major causes of malaria. (Brieger, Nwankwo, Ezike, sexton, Breman, Pakes et al 1997 & Nebe, Adeboye, Agomo & Mosanya 2002)

The poor perceptions and misconceptions associated with the causes of malaria stimulated the present study in six local governments in okigwe Zone, imo state.

### MATERIALS AND METHODS

A 2 day training workshop was organized in the Umuelemai Isiala Mbanjo for community and environmental health workers from the six LGA'S of okigwe zone. Twenty – five participants were invited from each L.G.A of which only 83 attended instead of 150.

|                   |    |
|-------------------|----|
| Ehime mbanjo LGA  | 18 |
| Isiala mbanjo LGA | 20 |
| Ihitte uboma LGA  | 17 |
| Obowo LGA         | 09 |
| Onuimo LGA        | 12 |
| Okigwe LGA        | 07 |
| TOTAL             | 83 |

The aim of the workshop was to identify the local beliefs on the causes and control of malaria and therefore educate the general masses on the actual cause of malaria so as to promote the use of insecticide treated nets and other malaria control strategies.

At the beginning of the workshop each participant was requested to compile a list of prevalent local beliefs on the causes of malaria in the communities under their coverage, from the individual lists, a local government list and finally one single comprehensive list was produced by classifying the items mentioned based on similarity of beliefs.

On the second day, before the participants dispersed, they were also asked to make recommendations on how to educate the teeming population in their health coverage area on the actual cause of malaria and means of controlling it.

## RESULTS

Table 1 shows that majority of the beliefs associated food as the major cause of malaria, (28.0%), this is followed by lifestyle (21.2%), heredity (19.7%), exposure (17.3%), Drinks (9.9%) and biological (3.9%) Of the 232 subjects 33.9% are of the opinion that lifestyle / Exposure plays a major role in controlling malaria while 28.3%, 8.6%, 11.5%, 17.1% believed that food / drinks, biological, chemical and consumption of herbal remedies / burning of scent leaves respectively are ways of controlling malaria.

## DISCUSSION

An anti-malaria activity in Nigeria started in 1948 and has continued till date (Ekanem 1996).

In 1977, anti-malaria activities increased in tempo and this resulted in the establishment of malaria and malaria vectors, control division in virtual all the state ministry of health in Nigeria. World wide action

against malaria has been in place since the 18<sup>th</sup> century (Dobson 1999, Najara 1999 & Najara 2002), of the six most serious tropical diseases for control and malaria ranks first. Among the Igbos malaria and mosquito are well known. In Igbo language, malaria is known as *Oria Iba*, while mosquito is called *Anwu Nta*. Since the anti-malaria activities have been in existence over a long period of time, it is expected to have made an appreciable impact on the populace thereby creating awareness on the various aspects of malaria.

The field results do not appear to support this expectation for instance 11.2% and 9.1% believe the consumption of melon soup and exposure to sun induces malaria (kombila 1994, ozumba & ozumba 2004). Excessive consumption of alcohol, palm wine, fatigue, mosquito bites, malnutrition, explosive to rain are causes of malaria in the present study and this agrees with the findings of okyere (1994) in Ghana. Malaria is believed to be caused by excessive heat in nsukka area of south – eastern Nigeria (Brieger, et al 2002). A similar research carried out by Nebe, Adeboye, Agomo & Mosanya (2002) showed a low level of knowledge on the causes of malaria among mother and care-providers and the present study appears to show a similar outcome in terms of causes and control, this misconception may be wide spread and not limited to Nigeria.

The various studies carried out have shown the urgent need for appropriate information / education and the role it can play in health programmes promotion. Education brings about change in behaviour and teaches people how to navigate the world, overcome barriers and cope with difficulties of life (scrivens 1984). Thus if adequate education on malaria is spread, this will help the rural communities and indeed the general public to develop positive lifestyles and attitude that will help them to be healthy.

**Table 1:** Overall local beliefs on the causes of malaria in six local government areas of okigwe zone, Imo state.

| LOCAL BELIEFS               | FREQUENCY |      | GROUP TOTAL |
|-----------------------------|-----------|------|-------------|
| <b>FOOD</b>                 |           |      |             |
| a. melon soup               | 26        | 11.2 | 28.0        |
| b. fried food               | 17        | 7.3  |             |
| c. fried groundnuts         | 09        | 3.9  |             |
| d. oily food                | 13        | 5.6  |             |
| <b>EXPOSURE</b>             |           |      |             |
| a. exposure to rain         | 16        | 6.9  | 17.3        |
| b. exposure to sun          | 21        | 9.1  |             |
| c. exposure to fire/heat    | 03        | 1.3  |             |
| <b>DRINKS</b>               |           |      |             |
| a. consumption of alcohol   | 13        | 5.6  | 9.9         |
| b. consumption of palm wine | 10        | 4.3  |             |

|                                  |            |            |            |
|----------------------------------|------------|------------|------------|
| <b>LIFESTYLE</b>                 |            |            |            |
| a. poor feeding                  | 06         | 2.6        |            |
| b. sleeping too much             | 13         | 2.6        | 21.2       |
| c. stress/fatigue                | 21         | 9.1        |            |
| d. too much sexual intercourse   | 09         | 3.9        |            |
| <b>HEREDITY</b>                  |            |            |            |
| a. malaria is inherited at birth | 19         | 8.1        | 19.7       |
| b. AA genotype is prone malaria  | 27         | 11.6       |            |
| <b>BIOLOGICAL</b>                |            |            |            |
| a. mosquito bites                | 09         | 3.9        | 3.9        |
| <b>TOTAL 16</b>                  | <b>232</b> | <b>100</b> | <b>100</b> |

TABLE 2: Malaria control in six LGAs of okigwe zone, Imo state.

| CONTROL STRATEGIES  | FREQUENCY |      | GROUP TOTAL |
|---|-----------|------|-------------|
| <b>LIFESTYLE/EXPOSURE</b>   |           |      |             |
| a. sleeping in rooms with net   | 16        | 6.8  |             |
| b. wearing cover cloths to avoid exposure   | 20        | 8.6  | 33.9        |
| c. avoid stress/fatigue   | 23        | 9.9  |             |
| d. avoiding excessive exposure to sun   | 20        | 8.6  |             |
| e. bathing with native soap/red soap  |           |      |             |
| <b>FOOD/DRINK</b>   |           |      |             |
| a. Avoiding oily food especially fried food Items.  | 42        | 18.1 |             |
| b. Eating adequate meal   | 14        | 6.0  | 28.3        |
| c. Avoiding excessive consumption of alcohol /beer  | 10        | 4.3  |             |
| <b>BIOLOGICAL</b>   |           |      |             |
| a. Drain all stagnant water bodies around the home  | 20        | 8.6  | 8.6         |
| <b>CHEMICAL</b>   |           |      |             |
| a. Use of insecticides  | 21        | 9.0  |             |
| b. Fumigating the environment   | 06        | 2.5  | 11.5        |
| <b>OTHERS</b>   |           |      |             |
| a. Burning of scent leaves before sleeping  | 16        | 6.8  |             |
| b. Consumption of some herbal remedy prepared from dogoyaro, elephant grass, pawpaw -leaves, mango leaves, etc) | 24        | 10.3 | 17.1        |
| <b>TOTAL</b>  |           |      | <b>232</b>  |

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