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Women's knowledge, perception and practice of cholera prevention messages in Phalombe district, Malawi, in 2014

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Abstract

Introduction

Cholera is one of the major public health problems in Malawi; with outbreaks occurring every year since 1998, mostly in the Southern region of Malawi, either during the rainy season or sometimes throughout the year (1). It is mainly due to insufficiency of drinking water and sanitation, under-employment, reduced education and poor schooling (1).

The occurrence and severity of cholera outbreaks is mostly enhanced by human behaviour in regard to practising healthy hygiene and sanitation (1). The health education, aimed at behaviour change is very important in preventing and controlling cholera (2). Nevertheless, much of cholera prevention lies at the level of individual responsibility with regards to the practice of healthy hygiene and sanitation (2).

There is little documented evidence which describes either the practice of cholera prevention messages by people in Phalombe District in Malawi, or their knowledge of the subject. This is why this study aims to explore and describe the knowledge, perception and the practice of hygiene (Cholera prevention messages) among women aged 18 and older in Phalombe District in 2014.

The results from the study will help in the future interventions regarding hygiene practices among women.

Methods

An explorative, qualitative study was done. The research sample was comprised of women, 18 years of age and older staying in cholera prone areas in Phalombe District. In depth face-to-face interviews were conducted in Mpasa, Nkhwayi,

Chitekesa and Nambazo areas and the participants' statements were recorded. Two focus group discussions were also conducted at

Mpasa and Nambazo in Phalombe District, Malawi. The analysis process started during data correction whereby the interview guide was developed against the constructs of the Health Belief Model (HBM). The data was collected in Chichewa (a vernacular language), translated and transcribed in English. Data was then analysed qualitatively and deductively, drawing on the constructs of HBM. Codes, categories and emerging themes were formulated and Max QDA was used for analysis.

The following research ethics were observed during the study: informed consent, permission from authorities, confidentiality and voluntary participation. References from existing literature were also sought.

20 (n=20) women from Mpasa, Nkhwayi, Nambazo and Chitekesa areas in Phalombe District, Malawi participated in the in depth interviews (IDI's) and two focus group discussions (FGD's) were also conducted, each comprising of ten women different from the ones in the IDIs.

Results

The following themes emerged during the analysis: Knowledge of cholera prevention messages, sources of the messages, message content, perception, motivators and barriers to practice, cholera and Gender and cholera and Lake Chilwa. (Table 2).

Cholera prevention messages available to women in Phalombe were from different sources like the Malawi government, through the Ministry of Health, Non-governmental organisations (NGOs), village chiefs, friends and billboards. Radio and television, despite being mentioned, were said to be not effective sources of messages in the study areas because most women said they did not have radios or

televisions. The content of the messages were; the need to have a latrine and care for it, washing hands with soap or ash and water, the use of safe drinking water, and sanitation, where every household is told to have a latrine, a refuse pit and a plate rack.

Although most women were able to recall the messages, they were not able to recall that they were supposed to wash hands with soap and water. They were not able to recall some critical times they were supposed to wash hands like before they started cooking. Most of them mentioned the need to wash hands after defaecation. The results show there is a gap between knowledge and practice.

The women have a positive attitude and perception towards the hygiene messages. The study observed that there are some barriers to practice which are; poverty, marital status, access to safe water, illiteracy, inconsistency of the interventions, cultural beliefs and negligence. Some motivators were also indicated in the study; perceived severity and the threat of cholera, perceived benefits, past illness of friends and relatives and campaigns by Health care workers (HCW's) and NGOs.

The results show that despite cholera affecting both men and women, women regard themselves as very important in preventing cholera because of the roles they play in the home, based on the hygiene messages.

Lake Chilwa was described by women as a great threat in as far as cholera is concerned.

Conclusions

Although the women in Phalombe have some general knowledge about hygiene and cholera prevention messages, the extent of that knowledge is quite limited. The knowledge of hygiene is usually not carried out in practice by the people for various reasons; which include poverty, marital status, cultural beliefs, insufficient water supply, insufficient knowledge and lack of access to sanitation facilities. HBM constructs may be used to understand the behaviour of individuals. The findings of this study suggest that apart from providing information about cholera prevention, the barriers and motivators to practice need to be addressed if the interventions are to be successful. Gender issues and issues surrounding Lake Chilwa should be addressed too.