

**KNOWLEDGE, ATTITUDES AND PRACTICES TOWARDS MALARIA  
CONTROL IN MOSOCHO DIVISION OF KISII COUNTY, KENYA**

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## DECLARATION

This thesis is my original work prepared with no other than indicated sources and support and has not been presented elsewhere for a degree in any other award.

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## CERTIFICATION

The undersigned certify that they have read and hereby recommend for the acceptance of Masinde Muliro University of Science and Technology a thesis entitled “**Knowledge, Attitudes and Practices towards Malaria Control in Mosocho Division, Kisii County**”

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## ABSTRACT

Malaria is one of the leading causes of morbidity and mortality in the world. Its burden is greater felt in sub-Saharan Africa, with 15% of all disability adjusted life years (DALYs) lost to the disease. Malaria affects more than 70% of its population. The disease also remains a cause of much suffering due to social and economic problems. The understanding of malaria transmission, recognition of signs and symptoms, perception of cause, treatment seeking patterns and preventive measures are important in malaria control. Malaria is the most prevalent disease in Mosocho division rated at 55.4%. The study assessed knowledge, attitudes and practices towards malaria control among household heads. The study also sought to establish the relationship between knowledge, attitudes and practices. A cross sectional study design was employed and it involved a sample size of 384 household heads. Multi-age sampling was used to select participants for the study and pre-tested structured questionnaires were used to gather information from household heads. Interview guides were used to collect data from key informants. The focus group discussions that were used involved household heads that were randomly selected. Statistical Package for Social Scientists (SPSS) was used for data analysis. To establish relationship between knowledge, attitude and practices, Bi-variate correlation was used while the Chi-square test was used to determine differences in the responses given. The findings revealed that 39.3% of the respondents had good knowledge, 49.0% had moderate knowledge and only 11.7% having poor knowledge. There was a statistically significant distribution on the attitude score. Generally there was a moderate attitude with 46.9% respondents having scored above the mean attitude. Practices towards malaria control were high with two hundred and forty five respondents (63.8%) exhibiting above average practices towards malaria control. One hundred and eleven respondents (28.9%) mentioned that some of their household members failed to use mosquito nets every night. Reasons cited for failure of using mosquito nets every night were hanging problems, irritation of skin during contact, excessive heat inside the nets and lack of access. There was a weak positive correlation between knowledge and practices, knowledge and attitudes and there was no correlation between the attitudes and practices. The study recommends that community health education programs should be sustained to ensure no relapse in the knowledge gained during all interventions geared towards malaria control. Emphasis should be laid on behavior change towards malaria control through dissemination of tailored malaria messages that will positively change the community attitudes. The messages should highlight the threat posed by malaria, non-adherence of malaria prescription and the importance of every one participating in malaria control interventions. Mosquito net hanging demonstrations should be regularly carried out to enhance net-hanging skills. Community members should be assured that mosquito nets are safe and effective.