

Attitude of Mothers of Children Ages 0-5 Years towards Utilization of Insecticide Treated Mosquito Net (ITMN) at State Specialist Hospital, Ikare-Akoko Ondo State

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Abstract: Insecticide Treated Mosquito Nets ITMNs, have raised a renewed interest to serve as a tools for malaria control in Africa. The use of this control method has been proved to be a cost effective means for control of malaria. However, little is known about it acceptability and utilization among mothers of ages 0-5years. The objective of this study is to investigate and evaluate mothers of ages 0-5years children knowledge and attitude towards utilization of insecticide treated mosquito net in their home. Non experimental Descriptive study was conducted in the child welfare clinic and children OPD at State Specialist hospital Ikare Akoko. A total of 350 questionnaires were administered. 75.1% of the participants know that malaria could be transmitted through mosquito bites. While 25% of the respondents were of the opinion that sunlight, stress and dirty environment served as causes of malaria. The awareness about association between mosquito and malaria is very high. The proportion of respondents who had heard about the insecticide Treated mosquito Net was significant (86.3%). While the proportion of mothers of ages 0-5year who had not heard about it was 13.7%.

Keywords: Mothers, Children (Ages 0-5 Years), Insecticide Treated Mosquito Net (ITMN), State Specialist Hospital.

Date of Submission: 05-03-2019

Date of acceptance: 22-03-2019

I. Introduction

According to WHO report on malaria released in September 2008. The world population is at risk of malaria and the prevalence in ages 0-5 years is getting to the peak. The Federal Ministry of Health has noted that malaria leads to 25% of infant mortality and 30% of childhood mortality (FMOH 2009).

Malaria continue to be a major public health problem in many endemic countries and it has been identifies as leading causes of morbidity and mortality in sub-Saharan African (WHO 2006). It is estimated that malaria causes from 350-500 million clinical cases and 1.5-2.2 million deaths worldwide each year; 80-90% of the clinical cases and one million deaths occurring in African alone (CDC 2009).

In Nigeria malaria takes the lion share (63.4%) of all reported diseases It has been shown that one of every 10 deaths of children is due to malaria (CDC 2008).

Since most malaria-carrying mosquitoes bite at night insecticide treated mosquito nets, if properly used and maintained, will provide a physical barrier to mosquito. Since this net is treated with insecticide, it generates a chemical halo that tends to repel or shorten the mosquito's life span so that it cannot transmit malaria infection. The Nigeria Demographic and Heath Survey (NDHS, 2003) revealed that 12% of all household own at least a net (any type) while only 2% own at least one insecticide Treated Net (ITNS).

Statement of The Problem

There is rampant sickness of children under 5 years as a result of malaria infection which resulted from mosquito bite. The use of insecticide –Treated Nets (ITN) is an important tool in millennium Developmental Goal (MDG) Strategy in the preventions of malaria. It has been observed that despite increased free distribution to mothers of children, there is low utilization of (ITNs) in the households of this group hence this study was designed to know the attitude of mothers towards the use of insecticide treated mosquito Nets.

Objectives Of The Study

- To assess the knowledge of the mothers of children ages 0-5 years about insecticide treated net.
- To assess the mothers of children ages 0-5 years utilization level of insecticide treated mosquito net.
- To determine the views of mothers of under 5 children about the causes of malaria.
- To identify the possible control and preventive measure of malaria.

Research Question

- ❖ Do mothers of children ages 0-5 years accept insecticide treated mosquito nets as means of malaria prevention?
- ❖ What are the attitudes of mother's ages 0-5 years towards implementing insecticide treated mosquito nets as means of preventing malaria.
- ❖ Does education affect the attitude of mother's of under 5 years attitude towards the utilization of insecticide treated mosquito net
- ❖ Does marital status affect the attitude of mother of children towards the utilization of ITN.

Definitions Of Terms Or Operational Definition

- i. **Attitude:** This will be the views or opinion of mothers towards the use of ITMN. Attitudes are generally positive or negative view of a person, place, things or objects.
- ii. **Prevention:** is an act of stopping something from happening. It is also what to do to stop something from happening.
- iii. **Insecticide Treated Mosquitoes Net:** this is a fine net material of 2mm by 1.2mm in size impregnated with parathroid insecticide like deltamrthrin or permethrine which kill or repel mosquitoes.
- iv. **Utilization:** the act of using something the manner in which something is used: the situation of being used.
- v. **Malaria:** Infectious disease caused by protozoan parasite from the plasmodium family that can be transmitted by the, bite of the anopheles female mosquito or by a contaminated needle or blood transfusion.
- vi. **Mosquito:** A vector that carries plasmodium.
- vii. **Plasmodium:** Organism that cause malaria.

II. Conceptual Clarification

Malaria

Malaria remains a major public health problem particularly in many tropical countries, resulting in decreased productivity capacity and increase poverty despite the intensive attempt being exerted to control it, especially in Sub-Saharan Africa (WHO 1993). Malaria has reached a global crisis that now kills at least one million people each year, about 3000 a day, and 9 out of 10 cases occur in Africa sub-Saharan region. It also kills a child every 30 seconds (WHO 2000).

History Of Malaria

Malaria has infected humans for over 50,000 years, and may have been a human pathogen for the entire history of our species (Joy D. et al 2003). References to the unique period fevers of malaria are found throughout recorded history, beginning in 2700BC in China (Cox F 2002).

The first effective treatment for malaria was the bark of cinchona tree, which contains quinine. This tree grows on the slopes of the Andes, mainly in Peru. The natural product was used by the inhabitants of Peru to control malaria, and the Jesuits introduced this practice to Europe during the 1640s where it was rapidly accepted (Kaufman and Ruveda 2005).

Distribution Of Malaria Globally

Malaria causes about 400-900 million cases of fever and approximately one to three million deaths annually (Breman J, 2001), this represents at least one death in every 30 seconds. The vast majority of cases occur in children under the age of 5 years, pregnant women are also vulnerable (Greenwood et al 2001). Despite effort to reduce transmission and increase treatment, there has been little change in these areas at risk of this disease since 1992 (Hay et al 2004). Indeed, if the prevalence of malaria stays on its present upwards course, the death rate could double in the next twenty years (Breman J 2001).

Treatment of Malaria

Active malaria infection with *P.falciparum* is a medical emergency requiring hospitalization. Infection with *P.vivax*, *P.Ovale* and *P.malariae* can often be treated on an outpatient basis. Treatment of malaria involves supportive measures as well as specific anti-malaria drugs. When malaria is properly treated, someone with malaria can expect a complete recovery. Most anti-malaria drugs are produced industrially and are sold at pharmacies. However, as the cost of such medicines is often too high for most people in the developing worlds, some herbal remedies (such as *cortemisia annua* tea have also been developed, and have gained support from international organizations such as Medicines Sans Frontieres (CDC Publication 2006).

Importance of ITMNS

Mosquito nets help to keep mosquitoes away from people and greatly reduce the infection and transmission of malaria. ITMNs usage helps to reduce both morbidity and mortality rate from malaria to a very minimal level where adequate usage are ensure and effective re-treatment are effective (Lines 1996)

Factors That Promotes Usage of ITMNS

Implementing strategies for ITMNs programmes includes the questions of distributing nets and offering net treatment services and, security of sources of finance (Fielden 1996).

Uses of Organic Repellents

With increasing reports of the harmful effects DEET (N-N-Diethyl-meta-toluamide) has on humans there has been a gradual move to rely on repellents that devoid of it, specifically to repellents that are organic and otherwise are of the kind that have had traditional household purposes prior to their becoming used now more often as mosquito repellents (CDC 2004).

Uses of Natural Predators

The dragonfly nymph eats mosquitoes at all stages of development and is quite effective in controlling populations in mosquito dense area (Fradin, 1998). Some cyclopoid copepods are predators on first instar larvae, killing up to 40 Aedes larvae per day (Marten and Reid, 2007). Larval Toxorhynchites mosquitoes are known as natural predators of other culicidae. Each larva can eat an average of 10 to 20 mosquito larvae per day. During its entire development, a Toxorhynchites larva can consume an equivalent of 5,000 larvae of the first instar or 300 forth instar larvae (Steffan and Evenhuis, 1981).

Insecticide Treated Mosquito Nets (ITMNS)

Selective and sustainable preventive measures including vector control” is one of the four technical measures of the global malaria control strategy (GMCS). ITMNs is a vector control option involving personal protection and insecticides; the concept and the objectives of ITMNs implementation in Africa are in keeping with those of GMCS, which are to ensure the prevention or reduction of mortality and morbidity from malaria. In the commitments for intensified malaria control by the African ministers of Health, “the use of insecticide impregnated bed nets and other materials (ITMNs)” is recognized as one of the three key elements to be addressed (WHO 1992).

Types of Insecticide Use In ITMNS

The choice of insecticide may depend on the susceptibility, established or anticipated efficacy, availability, cost and affordability. The insecticides selected must have been evaluated through the WHO, Division of control of Tropical Disease (CTD) where the specification and condition for use are stated. Also the insecticide should also be registered in the country. Update information on these must be maintained at procurement levels and through the management information system.

Research Methodology

This is a non-experimental descriptive study on: Attitude of mothers to the use of insecticide treated mosquito nets in preventing malaria fever in children out Patients Department at State Specialist Hospital Ikare Akoko in Ondo State. Mothers of children ages 0-5 years that attends child welfare clinic and children out patient department at State Specialist Hospital Ikare- Akoko in Akoko North East Local Government during the period of the research are the target population of the study. A total of 350 questionnaires will be administered in this project the selected mothers who will form the study population.

Sampling Procedure

Purposive sampling technique will be used to select the participants for the study. Il literate mothers of children 0-5 years who came for child welfare clinic and children OPD at the time of collection of data of this research will be given questionnaire. Illiterate mothers will be interviewed.

Intrumentation

The instruments for collection of data were questionnaires. It has two sections A and B.

Section A consist of demographic data and Secton B consist of attitude utilization of ITMNS among mothers of a ages 0-5 years in prevention of malaria and other different questions about mother’s knowledge on malaria.

Method of Data Collection

Permission to collect data will be obtained from the institution. Consent of children OPD Staff and mothers will be gained. Structured questionnaire would be given to literate mothers to fill and illiterate mothers would be interviewed in the local language.

Data Analysis Techniques

All data will be analyzed manually and result analyzed using frequency tables. The mother’s attitude will be assessed from their responses to the questions asked in the questionnaires and the direct interviews which will also be presented in table

III. Results, Analysis and Finding

Table1: Age Distribution of Respondents. No Of N = (350)

AGES(IN YEARS)	FREQUENCY	%
20-24	84	24.0%
25-29	92	26.3%
30-34	102	29.1%
35-39	48	13.7%
40-44	19	5.4%
45-49	5	1.4%
TOTAL	350	100%

Majority (102) representing 29.1% of the respondents are in the age range of between 30 and 34 years. The minimum age is 20 years, the maximum age is 49 years and the mean age is 35.4 years.

Table 2 Job Distribution of Respondents.

Civil servants	105	30.0%
Traders	102	29.1%
Farmers	34	9.7%
Artisans	66	18.9%
House wives/unemployed	43	12.3%
TOTAL	350	100%

Above table shows: that the highest percentage of the population are civil servants (30%, ,(29.1%) are Traders 18.9% are Artisans,(12.3% are unemployed House wives while 9.7 are farmers.

Table3: Religion Distribuytion of Respondents

	FREQUENCY	%
CHRISTIANITY	196	56%
ISLAM	142	40.6%
OTHERS	12	3.4
TOTAL	350	100%

Above Table shows the religious inclination of the respondent in this research work, with Christians taking the largest population and percentage 56%,Muslims constituting 40.6% while others from just 3.4% of the respondents.

Table 4: Educational Status of The Respondents.

	Frequency	%
Literate	150	42.9%
Illiterate	200	57.1%
TOTAL	350	100%

Educational status of the respondents, above shows that majority (57.1%) of the population are illiterate

Table5: Respondent’s Responses on the Causes Of Malaria

CAUSES	FREQUENCY	%
Mosquito bites	263	75.1%
Stress	21	6%
Exposure to sunlight	38	10.9%
Dirty environment	18	5.1%
Unknown	10	2.9%
TOTAL	350	100%

Most of the mothers of children ages 0-5years in the above table (75.1%) have good knowledge that mosquito bites are the cause of malaria.(10.9%) attributed it to Exposure to sunlight 6% attached it to stress,5.1% believe that dirty environment causes malaria while 2.9% did not know the cause.

Table 6: Responses of the Respondents to the Consequences of Malaria in Children Ages 0-5 Years

	RESPONSES	FREQUENCY	%
1.	Causes convulsion	182	52%
2.	Can lead to severe Anemia	102	29.1%
3.	Lead to death	48	5.1%
4.	Causes brain Damage	18	13.7%
	TOTAL	350	100%

(Some have 2 or 3 alternative

52% Of the respondents attributed convulsion to the consequences of malaria 29.1% said it can lead to severe Anemia ,5.1%believed it can cause death while 13.7%said it can cause brain damage .

Table 7: Awareness Of Respondents On ITN

RESPONDENT	FREQUENCY	%
YES	302	86.3%
NO	48	13.7%

Above Table shows that 302 of the respondents forming (86.3%) are aware of ITN while 48 forming (13.7%) are not aware.

Table 8: Respondents Sources Of Information On ITN.

	SOURCES	FREQUENCY	%
A	During immunization program me	109	36.1%
B	Child welfare Clinic	73	24.2%
C	Health campaigns	70	23.2%
D	Radio	31	10.3%
E	Friends/Neighbors	13	4.3%
F	Television	6	2%
G	News paper	-	0%
	TOTAL	302	100%

From the above table ,the largest percentage of the respondents 36.1% were informed during immunization programmes,followed by 24.2% who got informed at children Welfare clinics,,Health campaigns takes the next position with 23.2% then Radio Publicity,Friends/Neighbours and Television programs 10.3%,4.3%,and 2% respectively

Table 9: Indications of ITNS

	INDICATION	FREQUENCY	%
A	To prevent mosquito bites	189	62.6%
B	To kill or destroys mosquito	55	18.2%
C	Prevent flies and other insects	48	15.9%
D	Ensure sound sleep	10	3.3%
	TOTAL	302	100%

Table 9 revealed the respondents /users understanding of the objective of the ITNs 62.6% said ITNs prevent mosquito bites. 18.2% of these Users are aware that the mosquitoes are killed by the insecticides in the net .15.9% just believe that it prevents flies and other insects.3.3% gave indication that ITNs ensure sound sleep.

Table 10: Respondents Responses to Sources of Special Instructions Received On ITNS

	SOURCES	FREQUENCY	%
A	Nurses	55	18.2%
B	Chemists	40	13.2%
C	Neighbors/friends	32	10.6%
D	No special instructions but was just told it prevent mosquito bites	175	57.9%
	TOTAL	302	100%

The above table shows that 18.2% received instructions on how to hang ITNs,13.2% got their instruction from their chemist customers ,10.6% received instruction from Friends/Neighbors while the largest percentage of 57.9% did not receive any special instruction ,but only said it prevents mosquito bites.

Table 11: Respondents Responses to Ownership of ITNS

	RESPONDENTS	FREQUENCY	%
A	Have ITN	302	86.3%
B	Does not have	48	13.7%

Out of 350 respondents, 302 (86.3%) have ITN at home while 48 (13.7%) did not have.

Table 12: Source Of ITNS

	RESPONDENTS	FREQUENCY	%
A	Given freely in the hospital	241	79.8%
B	Bought in a chemist	45	14.9%
C	Given by a friend/neighbor	16	5.3%
	TOTAL	302	100%

In table 12, 79.8% obtained freely at the hospitals 14.9% of them bought theirs from chemists, while 5.3% respondents obtained theirs from friends and Neighbors.

Table 13: Respondents Frequency Of Using ITNS.

	RESPONDENTS	FREQUENCY	%
A	Those that use ITN regularly with their children	241	77.8%
B	Those that have but are not using	52	17.2%
C	Those that use ITNs occasionally	15	4.9%
	TOTAL	302	100%

From the above table greater percentage of the population i.e. 77.8% uses ITNs every night.17.2 % just have ITNs in their home but are not making use of them 4.9% have but uses occasionally

Table 14: Respondents Responses From Those That Possess ITNS

	RESPONSES	FREQUENCY	%
A	Regular use of ITN	122	40.4%
B	Irregular use of ITNs	180	59.5%
	TOTAL	302	100

Out of the respondents that have ITNs,only 40.4% are using it regularly while 59.5% uses them sparingly.

IV. Discussion of Result

In table 1, majority (102 representing 29.1%) of the respondents are in the age of 30 and 34 years. The minimum age is 20 years, the maximum age 49 years, and the mean age is 35.4 years. larger percentage of them 30% are civil servants, 18% are artisans, 9.7% are farmers while the remaining 12.3% are either full house wives or unemployed

Most of them (75.1%) have good knowledge that mosquito bites are the cause of malaria. Only 24.9% of them responded that stress, exposure to sunlight, dirty environment are the cause of malaria (few did not know the cause, and those ones are illiterates). This knowledge supposes to help them understand the importance of using ITNs to prevent mosquito bites. From the study, it was realized that good knowledge of the cause of malaria is not an enough motivating factor to compel mothers to use ITNs but the knowledge of its (malaria) consequences on children ages 0-5 years is a major factor. The respondent responses convulsion to the consequences of malaria but few knew brain damage, severe anemia and death (5.1%, 29.1% and13.7 % of 350 respondents respectively) as grave consequences of the disease. If they know these, they would have probably taken the issue of preventing mosquito bites more seriously

Worst still, a percentage of 13.7% of the respondents have not heard about ITNs usage before not to talk of having or using it. Majority of the 86.3% of the respondent that had prior knowledge of ITNs, before got the information through: child welfare clinic, immunization programme and on health campaign or the other. Few got the information through the radio and television (10.3%, 2% respectively), none from the daily news paper while 4.3% got the information through their neighbor and friends. This is evidence that there is no massive awareness programmed about ITNs through the mass media.

Although more than half of the respondents know the indications of ITNs (table 4.2),18.2% got special instruction about ITN's usage from Nurses, 13.2% from the chemist staff , 10.6% from friends/neighbours, 57.9% were just told ITNs prevent mosquito bites while 13.7% have no idea about ITN (table 4.2). This shows poor orientation of the mothers about ITN's usage and effectiveness by health professionals.

Findings also reveal that, only 302 (86.3%) of respondents possess ITNs while 48 (13.7%) of the respondent possess none (table 4.2.). 241 (79.8%) of them were given ITNs freely in the hospital, 45 (14.9%) bought it themselves while 16 (5.3%) were given by neighbor/friends. Distribution of ITNs by the health organizations and government in state specialist hospital must be distributed continuously.

Poor orientation of the mother about ITNs effectiveness also affect attitude of those that own ITNs. Out of 302 respondents that have ITNs, only 122 (40.4%) of them are using it regularly, 28 respondents use it occasionally when they are disturbed by mosquito noise while 52 of them are using it at all. The challenge they faced according to their responses include:

- (i) Forgetfulness
- (ii) Lack of space due to the house arrangement or limited room
- (iii) Large family size
- (iv) Lack of knowledge of how to hang it

Finally, responses of the respondents that had prior knowledge of ITN but did not have the net shows they lack proper understanding to its benefits and effectiveness. Here are some of their responses:

- “Sleeping under ITN cannot totally remove mosquito bite”
“Window and doors netting with clean environment is enough
“Mosquito also bite in the day.

V. Summary of Findings

A total of 150 questionnaires were given to literates mothers of children OPD in State Specialist Hospital, Ikare 200 illiterate mothers were interviewed with structured questions. Total numbers of respondents were 350.

Findings revealed that 36.9% of the respondents have no knowledge of ITNs before. Those that know about it lack proper understanding of its effectiveness and benefits. There is no proper distribution of ITN in State Specialist Hospital Ikare and few out of those that possess uses it regularly (in particular, for their children ages 0-5 years) challenges that affect bits regular usage were highlighted by those that have it but not using it.

VI. Conclusion and Recommendation

Health education of mothers of children of ages 0-5 years on the consequences of malaria is very important. This must be done in child welfare clinic, children OPD and Antenatal clinic. This knowledge will help them to know the importance of using ITNs to prevent mosquito bites.

ITNs usage effectiveness and benefits must be taught by Nurses and midwives to mothers during the above clinics., malaria is a deadly in particular in children from ages 0-5 years Since the uses of ITNs is very effective in protecting those children against mosquito bites, efforts made by government in propagating HIV/AIDs prevention must be adopted in educating the masses about ITNs uses and benefits. This can be done through radio, television and daily news papers. but

The reasons why ITNs are better the ordinary and re-treated nets must be spelled out. ITNs can be used for 4 years and be washed for 20 times before it is expired. This knowledge will motivate the women in using it. Hanging of the net system must also be demonstrated.

In summary, to improve malaria prevention, it is necessary to align the population’s understanding of malaria more closely with its medical reality. ITNs usage must be made more practical especially in small house.

Distribution of ITNs freely by different health organization must be increased so that those that cannot afford to buy will benefit from it

Conclusion

This study has assessed the attitude of mothers to the use of Insecticide Treated Nets in preventing malaria in children between ages 0-5 years in State Specialist Hospital Ikare Findings revealed that mothers do not know the consequences of malaria on their children ages 0-5 years. As a result, they do not count the commitment needed on their part to prevent mosquito bites as serious to the extent of hanging ITNs every night.

The study also revealed that most women lack knowledge of ITNs usage and its benefits. Those that knew about it did not bother to possess it because of poor motivation. Greater percentages of those that have are not using it because they lack knowledge of its usage, benefits, application and have limited space to use it effectively.

Therefore there is an urgent need of good implementation of mass education, particularly mothers of ages 0-5 years on:

- (i) –The Consequences of malaria on children ages 0-5 years
- (ii) –ITN’s usage and its benefit by the producers and our government, this will arouse the attitudes of mothers to the use of ITNs positively.

The above will in turn prevent or reduce malaria attack on children ages 0-5 years thus reducing/preventing its consequences and to a large extent, reduce high mortality rate among the group..

Recommendations

Based on the findings of the study, the following are recommended.

- (1) Comprehensive health education of mother of children of ages 0-5 years on the consequences of malaria in the age group at every opportunity they have contact with them e.g in child welfare clinic, children OPD, Family Planning Clinic and Antenatal clinic.
- (2) Demonstration of the method of hanging ITNs and educating them of its benefits (in the aforementioned clinics).
- (3) More distribution of ITNs freely among this age group (0-5 years) by the different health organizations distributing it before. Example of such organizations are; the EPI, UNICEF, WHO, FMOH, MDG etc.
- (4) The government should plan more massive promotion and awareness campaign of ITNs on radio, television and daily news paper.

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QUESTIONNAIRE ON ATTITUDE OF MOTHERS OF CHILDREN AGES 0-5 YEARS TOWARDS UTILIZATION OF INSECTICDE TREATED MOSQUITO NET (ITN) IN THE PREVENTION OF MALARIA

INSTRUCTION:

Please tick yes or No; fill the blank space as appropriate.

SECTION A: DEMOGRAPHIC DATA

- 1) Age: 20-24 () 25-29 () 30-34 () 35-40 () 41-49 ()
- 2) Occupation: Civil Servant () Trading () Farming ()
House Wife/Unemployed ()
- 3) Religion: Christianity () Islam () Others (specify)
- 4) Marital Status: Married () Single () Divorce ()
- 5) Education: Literate () Illiterate ()

SECTION B: KNOWLEDGE ABOUT CAUSE OF MALARIA.

- 6) Mode of malaria transmission include the following, tick as many as you know Mosquito () Stress () Exposure to Sunlight () Dirty Environment () Others (specify)

- 7) What is the Consequence (s) of malaria on children ages 0-5 years that you Know?
- 8) What are ways of preventing malaria ? Netting the windows/doors () use of Sunday-Sunday drugs () uses of mosquito nets retreated () Others (specify)
- 9) Have you heard about insecticide treated net before? Yes() No ()
- 10) If yes, what are the sources of information? Child welfare clinic () Health Campaign () Radio () Immunization Programme () Television () Newspaper () Friend/Neighbor () Others (specify)
- 11) If you use mosquito Net which type?
Ordinary net () Retreated Mosquito net () Insecticide Treated Net ()
- 12) What do you think ITN is used for? To prevent mosquito bite () kills mosquito () Prevent flies and other insect () Ensure sound sleep () Others (specify)
- 13) Do you receive any special instruction on ITN's usage, effectiveness and benefits Yes () No ()
- 14) If yes from who/where.
Nurse () Chemist () Neighbors/Friend () Others (specify)
- SECTION C: ATTITUDE OR PRACTICE TOWARD USING ITN
- 15) Did you have ITN at home? Yes () No ()
- 16) If yes how did you get it? Giving freely in the hospital () purchased in a chemist () giving by friend/neighbor () Others source (specify)
- 17) How regular are you using it? Every Night () Occasionally when I hear mosquito cry () Not using it at all ()
- 18) If regular, are your children ages 0-5 years sleeping under it too?
Yes () No ()
- 19) If you are not using it why?.....
- 20) What do you think makes ITN at better than ordinary or re-treated mosquito Net?

Grace Oluyemisi Omoyungbo. " Attitude of Mothers of Children Ages 0-5 Years towards Utilization of Insecticide Treated Mosquito Net (ITMN) at State Specialist Hospital, Ikare-Akoko Ondo State" .IOSR Journal of Nursing and Health Science (IOSR-JNHS), vol. 8, no.02 , 2019, pp. 53-61.