



BEHAVIORAL ASPECTS OF MALARIA CONTROL

**Dr. Shankar
Prasad
Bhattacharya**

Associate professor, community medicine, Mjn coochbehar medical college
coochbehar.

KEYWORDS :

INTRODUCTION

Malaria, a preventable and treatable mosquito-borne disease, kills an estimated 409 000 people each year. Tremendous progress has been made in the fight against malaria thanks to the large-scale roll out of effective prevention, testing and treatment interventions; however, despite these gains, progress has recently begun to plateau. While many factors contribute to this stalling, one important and often overlooked factor is how individuals, families and communities take actions and adopt habits to protect themselves from malaria.

Human behaviour and malaria

Malaria prevention efforts depend heavily on behaviours occurring at multiple levels including at the individual, household, community and societal levels. Households need to obtain insecticide-treated nets, a frontline malaria control intervention, through available distribution channels (national malaria control programmes and partners typically provide these). Furthermore, individuals must use the nets consistently and care for them appropriately. Indoor residual spraying, another core malaria intervention, depends on the deployment of well-trained spray teams and people accepting these teams in their homes, agreeing to remove their possessions from the house before spraying and refraining from major post-spray modifications of walls such as painting or hanging decorations, which can reduce spray efficacy. Supplementary vector control tools can help fill gaps in protection that nets and spraying are not able to fill, such as outdoor exposure to malaria mosquitoes. Examples of promising approaches include spatial repellents, attractive targeted sugar baits, endectocides, larval source management and housing modification. However, no matter how efficacious an approach is, it will only be effective if people engage with it and use it appropriately.

Human behaviour also plays an important role in case management for malaria. Individuals, and especially caretakers of young children, must promptly seek care for fever from appropriate health facilities and complete the treatment course as prescribed. Likewise, pregnant women must attend antenatal clinics on schedule to receive and complete the recommended doses of preventive treatment. Health-care providers must adhere to national clinical guidelines on malaria testing and treatment, and prevention of malaria in pregnancy; accurately complete clinical registries and reports; manage stocks of commodities in health facilities; and consistently demonstrate technical competence and interpersonal communication skills.

Malaria Control And Human Behavior

Malaria social and behaviour change strategies and programmes are often designed in the absence of data on the psychosocial determinants of specific target behaviours, resulting in activities that fail to fully address the needs of individuals and communities. Consistently measuring behavioural determinants can help national malaria control programmes and partners understand which combination of individual and contextual factors are most likely to contribute to behaviour change in each context and effectively monitor progress.

CONCLUSION

Major progress has been achieved in the fight against malaria; however, to make further gains, the user perspective must be better addressed to ensure that a critical mass of families and communities adopt malaria-related behaviours. A systematic approach for measuring and analysing relevant human behavioural factors can help national malaria control programmes

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