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Use of Bed Net in Controlling of Malaria Prevalence and Community Awareness toward its Application in Diga Woreda in the Case of Lalisa Dimtu

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ABSTRACT

Insecticide-treated bed nets are the preeminent malaria control means; though there is no consensus as to a best practice for large-scale insecticide-treated bed net distribution. The current research is focused on utilization of bed net in controlling of malaria prevalence at Dage Woreda Lialisa Dimtu kebele. Malaria is a disease where mosquitoes are the vectors called anopheles mosquitoes. The disease itself is caused by the single called parasite plasmodium. The objective of the study was to assess the prevention of malaria and control method especially in using bed net. Data was collected by using questioner sorrow face to face interview and document table and word expressions. The result of the study related that malaria prevalence rate increased in Lalisa Dimrtu kebele do to less knowledge about malaria transmission, sign, treatment & factor that contributed or the prevalence of malaria and less percent of guidance & counseling concerning malaria during the study period and lack of awareness or knowledge among the community about the causes.
Key words: Use of bed net, Prevalence, Prevention and Control, Malaria and Plasmodium.

INTRODUCTION

Malaria is a mosquito borne disease caused by the plasmodium parasites. It is spread by the bite of an infected female anopheles mosquito. More over the diseases has show of various signs and symptoms on human bodies. Malaria can be combated from health cultural environmental as well as from socio- economic dimensions or situations as whole malaria kills million of people worldwide. It is a devastating disease in developing countries than economically strong nations. From the developing countries the prevalence of malaria is highest in sub –Saharan nations in which the expansion of malaria is taken place. Compared to highlands, lowlands in Ethiopia are characterized by the prevalence or occurrence of tropically disease like malaria and yellow fever. On the other hand malaria is communally existed in the lift valley places of the country. Diga woreda in the case of Lalisa Dimtu is the rural town of the western wollega province of the Oromia region in which the prevalence of malaria is great, (MOE, 2004).

In addition to this the society of Lalisa Dimtu is highly attacked by the diseases than other rural place of the Diga Woreda, because of various factors including the lack of knowledge, attitude, and practice of using bednets in their households. Generally speaking these parts of the research project explain about the disease of malaria its appearance on human bodies as well as ways of minimizing it. Besides the prevalence of the disease of in a great manner in developing especially in sub- Saharan African countries virus more developing nations. More over the issues is greatly reflecting in Ethiopia by taking in to consideration Diga Woreda in the case of Lalisa Dimtu. The introduction part is important to investigate the distribution of malaria and ways to combat it in the mentioned place **(Abraha 1996).**

Lack of awareness or knowledge (education_ among the community about the causes and mechanisms of controlling the diseases is the main issue with regard to the problem deal with the disease could be cited. As far as bed nets are concerned, the great number or majority number of the community did not have the capacity to buy, it & unfair and UN punctual distribution of bed nets are commonly, reflected by the health professionals. Hand in hand with things lack of awareness to properly use bed nets in the houses of the society of Lalisa Dimtu Villagers are taken in to account. At the end lack of interest rapidity (unable to cope up with the technology the case of using bed net) and other related issued can be include d under the statement of the problem in general. Therefore, this study aims to generate information on the lack knowledge, attitude, and practice regarding malaria preventive measures in general and the absence of bednets in particular in the Laisa Dimtu rural places. **Ministry of Health (2002).**

MATERIAL AND METHODS

Study Area

This study was occurred Eastern Wollega Zone of Diga Woreda in which the prevalence malaria and is a great in Lalisa Dimtu Kebele rural villages. Lalisa Dimtu kebele is laundered in eastern and western at eastern blundered by Gadget Arjo kebele and western Wayesa Dimtu kebele. In southern and northern bounded by kebele and sasigaa woreda. Lalisa Dimtu kebele from capital city of Ethiopia Addis Ababa (Finfine) town 682km long. From western wollega zone of Nekemte 46km long. This study considered on the population of 532. Among them 312 of them are man and 220 of them are female. This study was target on Dimtu kebele about used of bed net and controlling of malaria prevalence wariness. **Ministry of Health (2000)**

Sources of the data

With regard to the sources of the data primary and secondary sources will be used. In the study, in addition to face to face detailed interviewee, distributed questionnaire as well as observation will be used as primary sources of collecting the necessary information. The observation will be expected to fill the gap that left from the detailed interviews and questionnaire as well as discussion at all the secondary sauces which will be induced in the research among others will be related documents report previous findings related writings books chart (tables) thesis bulleting and other written sources from different offices libraries health organizations etc will be induced in the research **World Malaria Report (2011)**.

Method of data collection primary data

Data collected by using structured interviews questionnaire and observations related structured discussion was held with the key informants who have experienced the issues under consideration. The structured questionnaire was distributed to the people under consideration by giving them equal chance to be selected in the study. Observation was held to get will relevant information from the actual area. Related information was collected from written sources available in health institutions, and other related organizations in which the relevant information will be available in written document materials i.e. from published and unpublished written materials or sources (**Yared Legesse et. al. 2007)**

Sampling design and sampling size technique

The sampling design for the dwellers. /people living in Dimtu kebele and worker employers in health center. There were 532 people were live in Dimtu kebele and health center contain 28 worker employers. Among this people 120 was sample selected from this 70 were man and 50 were female's women. From 28 worker employers 11 of them were male and 4 of them were females. As we mentioned earlier random sampling were used, because to give equal chance for all and luck of time me and budget to conduct all population (**Roveak et al., 2004**).

Method of data analysis and presentation

The analysis and presentation of the data presented or expressed in number and percentage. The structured interview content was constituted some characteristics of the respondents such as educational level age in come occupation & others. Besides hindering factors (causes) of the issue will begin vary by the respondents.dat analysis and presentation was based on preparing table and given by the number and percentage. At the end, summary and conclusions as well as recommendation, written in brief and short manners (**Roderipuz et al., 2003**).

RESULT AND DISCUSSIONS

As the above table indicates, from the age of 20-30, 31-40 and above 41 respondents responses their interview 40(33%) 60(50%), and 20/17% and total number of percent age 120 (100%) respectively. Base on the sex of respondents 65(54%) and 55 (46%) total number of 120 (100%) were men and female responses their interview respectively. In the merited status, the married and non- married were response their answer by the format yet or no was account 78(58%) and 50 (42%) respectively. In addition to this educational status of the respondents were 85(71%) and 35(29%) educated and none educated responded their, interview respectively and also based on occupation and status of the respondents, 20(24%), 100(76%) were employed and non-employed orderly (**Adreaw and Gedefaw 2013**).

Table 1. Socio Demographic characteristics.

No	Items	Frequency	No of respond	Percentage
1	Age	A-2-30	40	33%
		B.31-40	50	50%
		C. Above 41	20	17%
2	Sex	A male	65	54%
		B female	55	46%
		C. total	120	100%
3	Marital status	A. Married	70	58%
		B. Non- Married	50	42%
		C. Total	120	100%
4	Education status	A. educated	85	71%
		B. non- educated	35	29%
		D. Total	120	100%
5	Occupation	A. Employer	20	24%
		B. Non- employer	100	76%
		C. Total	120	100%

Table 2. Use of bed net related to malaria prevalence control methods questioners.

No	Items	Frequency	Number of respondents	Percentage %
1	Do you know about the disease called malaria signs and symptoms?	Yes	102	85%
		No	18	15%
2	Do you have knowledge of using bed net?	Yes	30	25%
		No	90	75%
3	Do you know the malaria prevalence control methods by using bednets?	Yes	53	44%
		No	67	56%
4	Do you know that using bednets has a great advantage in reducing the expansion of malaria?	Yes	87	73%
		No	33	27%
5	Have you used and practice of the bed net to protect yourself from malaria?	Yes	33	27%
		No	87	73%
6	Do you know the advantage of bed net in your house?	Yes	85	71%
		No	35	29%
7	Do you about the ways of controlling the disease of malaria in Lalisa Dimtu Kebele?	Yes	77	64%
		No	43	36%
8	Did you use bed net previously?	Yes	92	77%
		No	28	23%
9	Have a great advantage for malaria protection?	Yes	82	68%
		No	38	32%
10	Have you got the bednets on time from health center or health extension?	Yes	110	92%
		No	10	8%

As the above table illustrates that, the knowledge of using bed of respondent responses their interviews by the form of yes /No/ were 102 (85%) and 8(15%) respectively and also prevalence of malaria using bed net was 53(44%) and 67 (65%) orderly.

The function of bed net to protect malaria respondents responses their question by the form if Yes/No / were 33(27%) and 87/73%) respectively. In addition to this, the advantage of using bed net were responded in form of Yes/No/ were 85(71%) and 35 (29%) respectively and from the table can understand that a large number of society 82(68%) for respondent responses their interview by the form of Yes/No respectively, do not have knowledge or awareness about the usage of bed net to prevent malaria in their villages.

Generally speaking majority number of the respondents responded that removing standing waters and marshy areas. Change the harsh climatic conditions by planting treed, cleaning and clearing the conductive environment for the production and the expansion of the malaria, cooperation among Government and NGOs including the society to minimize the disease and the concerned bodies or organization should work day and night to Overcome, the problem by giving a great emphasis about the distribution of bed net in a fair as well as in equitable manners. In short this is all about the ideas comments and suggestions in addition to above prepared questions for data presentation and analysis.

CONCLUSIONS

The following conclusions are made from the study or research as follows.

- Lack of awareness or knowledge among the community about the causes and consequences of the diseases in the Lalisa Dimtu kebele surroundings.
- Absence of enough or sufficient health organizations in Diga Woreda in general and that of Lalisa Dimtu districts in particular.
- Unable to be treated at the early stages by the individuals attacked by the disease in the mentioned areas.
- Workers of health extensions are not teaching the society about the diseases and the bed nets are not distributed to the society in fair and equitable manners during the production and expansion of the malaria.

RECOMMENDATIONS

Based up on the results of the research study the following recommendations are given by different people as follows below.

- ➢ The society should be cooperated to remove the standing waters, marshy areas and collaborated together to clean the environment as well as planting trees to avoid harsh climatic conditions in the mentioned areas to reduce the alarming expansion of malaria in the Lalisa Dimtu surroundings .
- ➢ Health institutions and the concerned individuals should be cooperated with the society members to create awareness among the community about the causes and how to control or b the diseases in the given places.
- ➢ The government, NGOs, and the society members should be worked together and expanding health institutions and the related infrastructures to minimize the expansion of the disease in the stated areas.
- ➢ Teaching the society members to be treated as soon as possible in the nearby health institutions and training health professional effectively and efficiently working in the areas.

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REFERENCES

Knife Abraha (1996). Ethiopia the Dynamic of Economic Reforms.

Ministry of Health (2002). Health and health related indicators.

Ministry of Health (2000). Health and health related indicators, A.A. semayata Press, January 1998.

Thesis on the control of malaria Sub-Sahara African, Countries, WHO, Henry warrant, USA.

World Malaria Report (2011). WWW. Who. Int (malaria /in /

Adhanom Gebreyesus. House hold risk factors for malaria among children in the Ethiopian highlands. (A.A.U, 2000: 94: 17-21).

Bulletin by health organization concerning the prevalence of malaria and the ways of reducing it. 2002 E.C.

Yared Legesse et. al. (2007). Knowledge, attitude, and practice about malaria transmission and it preventive measures among households in urban areas of Assosa Zone, western Ethiopia health development: 21 (2).

Roveak, Row S.Y., Snow, R.W., et. al (2004). Estimating of the burdey of mortality directly attributable to malaria for children under five year of age in Africa for the year 200, child health and Epdemiolgy group, final report. http;/www.who.int/ child health (EPI) cherg – malaria mortality paf.

Roderipuz, A.D. et.al (2003). Knowledge and belief about malaria ransmission and practizes for vector control in southern mexico, soludpublica de Mexico, 45 (2).

Adreaw, A. and Gedefaw, N. (2013). Knowledge, attitude and practice of the community towards malaria prevention and control options in anti malaria association Interventionzones of Amhara regional stae, Ethiopia, Trop dis 1:118 doi 10m 4172/2329-891 x 1000118.

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