



# Cameroonian Perspectives on Malaria Prevention for Children Under Two

Perennial Malaria Chemoprevention (PMC) is the administration of antimalarial medication to children at the highest risk of malaria at specific ages throughout the year. The intervention aims to provide protection from malaria disease while allowing for some acquisition of natural immunity.

According to the latest [World malaria report](#), there were 249 million cases of malaria in 2022, an increase from 244 million cases in 2021. The African continent continues to carry a disproportionately high share of the global malaria burden.

In 2022, Africa was home to about 94% of all malaria cases and 95% of deaths. Children under

five years of age accounted for about 78% of all malaria deaths in the region.

Premise recently worked with **Population Services International (PSI)** as part of Plus Project, for which they support the Ministries of Health in Benin, Cameroon, Côte d'Ivoire, and Mozambique—countries in sub-Saharan Africa where malaria is a significant public health concern—with the administration of PMC to children under two. Premise facilitated a survey of 953 people<sup>1</sup> in Cameroon to help PSI and Plus

**Children under five years of age account for about 78% of all malaria deaths in the African region.**

<sup>1</sup> Premise launched a convenience sample, a type of non-probability sampling in which the sample is quickly drawn from our opt-in survey panel.

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Project better understand community knowledge, attitudes, and practices regarding PMC. As a new intervention in these areas, understanding barriers and opportunities will be critical to successfully scaling the use of PMC.

## Vaccination and Malaria Prevention For Children Under Two

Among the respondents surveyed, 38% reported having at least one child under the age of two in their household. Within this group, a significant majority (78%) confirmed that their child(ren) had received their childhood vaccinations. Additionally, 58% reported that their child(ren) had received medication aimed at preventing malaria, while a small minority (3%), reported that their child(ren) had received neither vaccination nor malaria preventative medication.

## Community Perspectives on Vitamin A Supplementation

According to the [Johns Hopkins Bloomberg School of Public Health](#), “children under age five living in sub-Saharan Africa were 54 percent less likely to develop malaria if they had been

ability to fight off infection, and it may help the body clear the malaria parasite faster.

When asked about vitamin A, 59% reported that all or most children in their communities received the supplementation. Responses from both women and men were largely similar, except for the provision of vitamin A, where there was a notable variance. Specifically, 77% of women reported that all or most children in their communities received vitamin A, compared to 57% of men.

Affirming the finding that most children receive vitamin A, 90% of women and 87% of men in households with a child under two had heard of vitamin A.

**Two-thirds of both men and women in households with a child under two had heard of a medicine given to children under two to prevent malaria.**

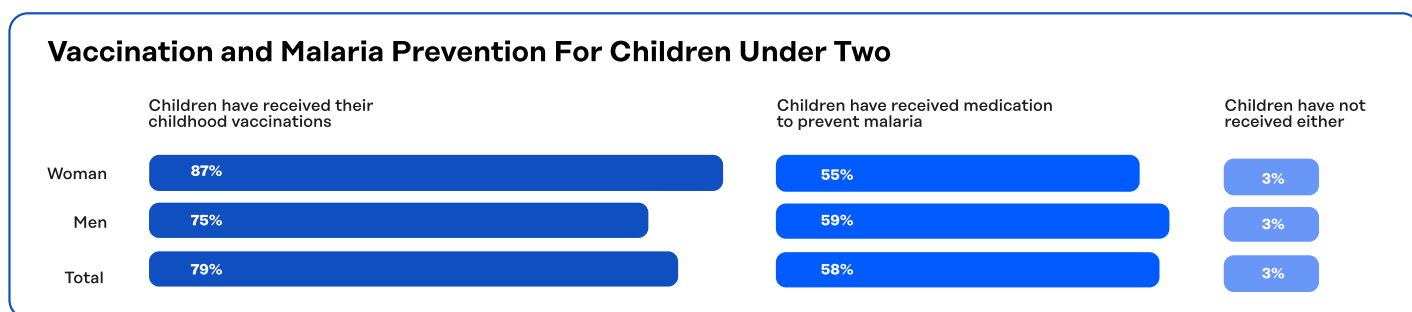


Figure 1

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## Community Leaders' Stance on Malaria Prevention for Children Under Two

In terms of support for malaria preventative medication, respondents with children under two reported that just over a third of community-based and political leaders typically endorsed such medication. Reported support of malaria prevention medication was even lower among religious leaders (29%) and traditional leaders (27%). Remarkably, a quarter of respondents reported that none of these community leaders supported the use of preventative malaria medication in their communities.

However, the vast majority of respondents — 78% of men and 74% of women — expressed trust in healthcare providers for child health information. Similarly, 78% of men and 81% of women expressed trust in their Community Health Workers (CHWs) for child health information.

## Gender Disparities in Media Exposure and Sources of Malaria Prevention Information

In the last six months, 45% of women surveyed didn't encounter any media (TV, radio, posters, billboards, or flyers) on malaria prevention for children under two, compared to 69% of men.

Television was the primary source of malaria information, cited by 60% of respondents, followed by community health workers and healthcare providers at 39% each. Other sources included social media (26%), radio (23%), civil society organizations (12%), and neighborhoods (10%). Men were more likely to receive information from community health workers (49% men, 32% women) and radio (25% men, 19% women), while women were more likely (48%) than men (35%) to get information from healthcare providers.

**Only one third of respondents feel their community and political leaders support malaria prevention medication.**

### In the past six months, have you seen any media with information about medication to prevent malaria in children under two?

Media includes television, radio, posters, billboards, or flyers.

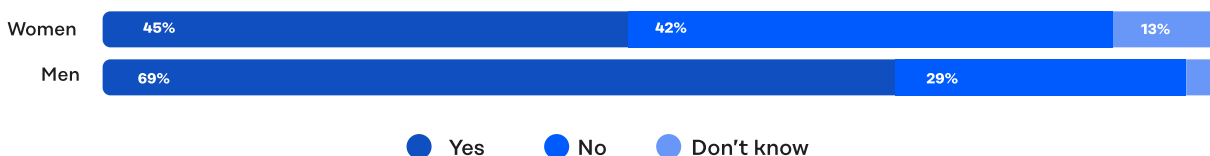


Figure 2

# Cameroonian Perspectives on Malaria Prevention for Children Under Two



## Sources of information about malaria in households with children under two

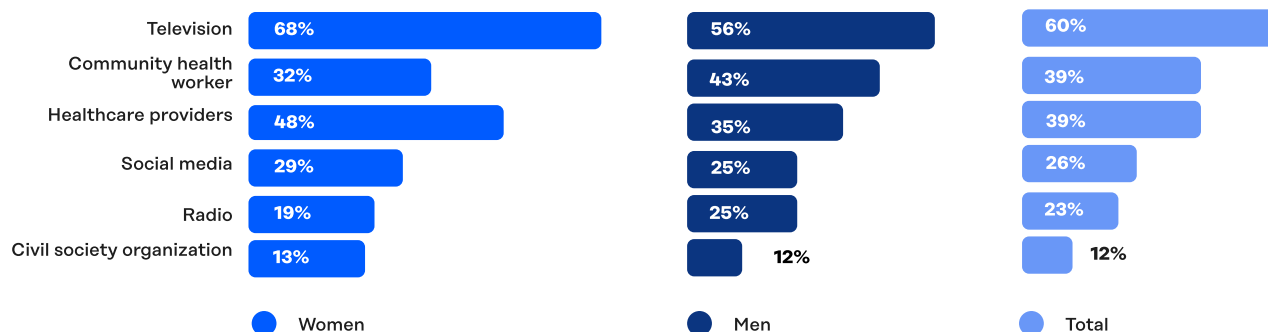


Figure 3

The implementation of PMC requires a robust healthcare infrastructure, including trained healthcare workers, reliable drug supply chains, and community engagement to ensure high coverage and adherence to the treatment regimen. Additionally, monitoring and evaluation mechanisms are essential to assess the effectiveness of PMC and identify any challenges or areas for improvement. By leveraging community support and healthcare resources, we can work towards reducing the burden of malaria on vulnerable populations, particularly young children.

## Conclusion

The above survey findings form a valuable part of the formative research critical to designing a highly targeted and strategic SBC campaign. For example, the findings could be used by PSI and Plus Project to determine through which channels campaign messages would be the most effective use of resources by assessing cross-referenced levels of knowledge with sources of information. In working to reduce the burden of malaria on vulnerable populations, better data can mean greater impact.



premise.com  
info@premise.com



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