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## **STATEMENT**

I hereby certify that this study is entirely the result of my own independent investigations. The various sources to which I am indebted are clearly indicated in the text and in the references.

**Signed.....**

## **DECLARATION**

This Dissertation is the original work of Pamela Sakala Moono. It has been prepared in accordance with the guidance with MPH Dissertation of the University of Zambia. It has not been submitted elsewhere for a Degree at this University or another.

**Signature: -----Date: -----**

**(Student)**

**Signature: -----Date-----**

**(Supervising lecturer)**

## **CERTIFICATE OF COMPLETION OF DISSERTATION**

I ..... hereby certify that this dissertation is the product of my own effort and submitting it as part of my Masters in Public Health programme, and further attest that it has not been submitted in part or in whole to another university.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**CERTIFICATE OF APPROVAL FOR THE SUBMISSION OF  
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I..... having supervised and read this dissertation,  
I/ we am/are satisfied that the work has been completed satisfactorily and is ready for  
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Department.....

## **ABSTRACT**

The purpose for this study was to find out factors that could be associated with Intermittent Presumptive Treatment (IPT) use among adolescent mothers of 12 to 19 years old in some selected parts of Mazabuka district. This would be of value to the MOH and other organizations that deal in health matters, because it addresses factors that are linked to knowledge and accessibility to IPT in malaria prevention during pregnancy and this serves a vital role in mapping out strategies to improve participation in accessing the recommended three doses of Fansidar during pregnancy. This will play a life serving role to both the mother and the baby (fetus).

The general objective was to determine factors that may be associated with IPT use among adolescent mothers of 12 to 19 years old in some selected parts of Mazabuka District. Some specific objectives include: to describe social demographic factors associated with the use of IPT among adolescent mothers in Mazabuka district; to find out the source of existing knowledge and associated gaps on IPT among adolescent mothers; to determine when the adolescent mothers start antenatal care services in order to access the full three dosages of IPT and to find out the preferred source and the use of IPT (Fansidar) among the adolescent mothers and why.

The study included adolescent mothers from the age of 12 -19 and those who were four months pregnant and above. 430 adolescent girls participated in this study.

Data was collected both quantitatively and qualitatively. A standardized pre-tested questionnaire was used for each participant. In addition, record review was done using antenatal cards from participating adolescent mothers. This was a cross section analytical survey. The participants were purposively sampled as not every household had an adolescent girl who was four months pregnant or had at least one child.

The study revealed that there was low accessibility of three doses of IPT among the adolescent mothers. Of those who reside in urban areas 46.9% had access to three doses of IPT and 45.3% in rural areas. From antenatal cards, the overall percentage of those who had 3 doses in both rural and urban areas was 36.5%. The main determinants of low accessibility to three doses of IPT include: long walking distance to health centers of more than one hour (OR 0.19; 95%CI 0.19-0.41), Fear of Fansidar intake during pregnancy (OR 0.14; 95%CI 0.71-0.30) and threats from members of their community on Fansidar intake during pregnancy (OR 0.22; 95%CI 0.11-0.43).

In conclusion, the main determinants to low accessibility of three (3) dose IPT intakes were long walking distance to health centers of more than one hour, fear and community threats that Fansidar may cause sickness or induce abortion. The Cox and Snell R Square and the Nagelkerke R Squared indicated that between 34.9 percent and 46.6 percent of the variability was explained by the variables in the model. In view of this, failure to prioritize and address the factors of low accessibility to three doses of IPT among adolescent mothers, would seriously limit the success of malaria control programs during pregnancy in Mazabuka hence failing to meet the MDG of reducing maternal mortality to 162 per 100,000 live births by 2015 if this is true in other districts in Zambia.

## **DEDICATION**

This study is dedicated to my late father Ray Papias Sakala and my late mother Pauline Cecilia Musenge, who tirelessly worked hard to make me what, i 'am today. You were so wonderful to me (M.Y.S.R.I.P).

I also dedicate this work to my daughters Luyando and Tunji Moono.

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