



TRAORE Adama (PhD candidate)

Sociologist at Centre National de Recherche et de Formation sur le Paludisme (CNRFP)

Cel : + 226 71 74 82 17/ + 226 66 58 78 60

E.Mail : t.adama.cnrfp@fasonet.bf, tradammo@gmail.com

Title: Socio-anthropological approach on the reasons of malaria persistence in Burkina Faso: prevention measures, logical and care practices in rural and hospital area.

Summary

1. Background and objective

Malaria is the first reason of mortality in the world, with 218 million of infection cases and an estimation of 438.000 deaths (World Report, 2015). In Burkina Faso, malaria is the first motive of consultation (54%), of hospitalization (63%) and the first reason of death (50%) in the health facilities (PNLP, 2015). Despite three free distributions of LLINs to the population (2010, 2013, 2016), malaria remains a major public health problem, hence the necessity to know why the prevention strategies in general do not work well in Burkina Faso. The aim is to understand and determine hidden factors, which keep the country in this situation.

2. Materials and method

The first step of data collection were perform in six (06) health facilities and three (03) rural communities during two (02) months (May to June). Quantitative and qualitative methods were used during the implementation of the study. Twenty (20) direct observations and twenty (20) questionnaires were filling up in each health facility. Furthermore, thirteen (13) in-depth interviews with health workers and two (02) with the head of household in rural communities were perform.

3. Results and discussion

We observed much shortness in the care practices of health workers during the visit of children aged under five. In most cases, they do not have a particular interest on diarrhea and malnutrition diagnosis and they do not deliver all time the messages about malaria prevention to all the patients. In community level, the heads of household interviewed specified to use traditional medicine after the modern drug taken. Then, the lack of communication about malaria prevention and about the advice to complete the treatment induces the failure of treatment.

4. Conclusion and recommendation

The lack of training for the health workers is one barrier of malaria control. Then, the community members have a low knowledge about anti-malaria drug and environmental hygiene as a prevention strategy.