

Acceptability of seasonal malaria chemoprevention among children under five in Mozambique: A qualitative study

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Introduction

Mozambique is among the six countries accounting for more than half of all malaria cases and deaths worldwide.^[1] The World Health Organization recommends seasonal malaria chemoprevention (SMC) as a highly effective community-based intervention to prevent malaria infection during the rainy season in children under five years old.^[1] In 2020, Malaria Consortium collaborated with the National Malaria Control Programme (NMCP) to conduct a mixed-methods implementation study in the districts of Malema and Mecubúri in Nampula province. We aimed to assess the feasibility and impact of delivering SMC, and to explore stakeholder views and perceptions of its acceptability.

Methods

- We conducted 20 in-depth interviews with stakeholders at the national level and key informants at the provincial and district level; and 20 focus group discussions with caregivers of children receiving SPAQ, community distributors and supervisors.
- Having obtained informed consent from participants, we conducted interviews in Portuguese and Emakwa (local language). We recorded the audio, and transcribed and coded this material using the Maxqda10 software.
- We carried out an analysis of the responses obtained, identified themes and categorised them into prevalent topics.

Results

- Participants perceived that introducing SMC in the area helped to reduce cases of malaria among their children and improved caregivers' lives as they did not have to look after sick children.
- Participants mentioned that community engagement, the involvement of local and religious leaders, and coordination between local authorities and implementing partners were all crucial for the success of SMC.
- Caregivers reported that some mothers had problems receiving the drugs because they didn't have their partner's permission.

Conclusion

Participants agreed that SMC is an acceptable intervention, both for the benefit of their children and for the improved quality of life for their families. The involvement of community leaders was a key contributing factor to the success of the intervention. Implementers and other stakeholders pointed out that intensive mobilisation and community engagement could be valuable in highlighting the benefits of SMC and clarifying any doubts and rumours related to this intervention, as was observed during the COVID-19 pandemic.

Reference

- World Health Organization. *World malaria report 2021*. Geneva: World Health Organization; 2021.

SMC was highly accepted as a strategy to prevent malaria among children 3–59 months in Mozambique

malaria
consortium
disease control, better health



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Supplementary visual

Table 1: Overview of overarching themes, sub-themes and codes of the interviews and focus group discussions

Overarching theme	Sub-themes	Codes
Knowledge about SMC	General knowledge about SMC	Source of information; community; leaders; meetings
	Target group	Age; sick children; meetings
	Benefits/ importance of SMC	Pre-existing opinion about SMC; reduce the incidence of malaria; prevent malaria; good health
Experience of SMC implementation	Community challenges	Community leaders; taboos and beliefs; side effects (fear of pills); work in the fields; lack of information; partner approval; COVID-19 rumours
	Institutional challenges	Views about SMC; planning; seasonality and climate challenges (rains); road access challenges; salary payment models
	Facilitators of SMC	Community engagement; behaviour change communication (BCC); addressing people at their home; organisation of involved actors; language used
Future of SMC	Disadvantages of SMC	Community challenges; refusal; distrust about the treatment; limited age group coverage; avoidance of health-seeking behaviour
	Programme feasibility	Suggestions about future improvement; malaria prevention; role of SMC; organisation of involved actors; planning and engagement; drug resistance

“In the past, all children [got] sick through malaria, but from November until now in my community, I can already see that malaria has decreased...”

Caregiver

“In my community here, everybody accepted [SMC]. I am very grateful to the leader who informed us when [the campaign] started; he even went to church to explain to all of us what the campaign was about and why. And then, when we went there, nobody refused.”

Community distributor

“Some mothers accepted the medication, and [administered it to] their children secretly because their husbands did not want them to do so, and thus participated in the campaign...”

Caregiver

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