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Assessing age compliance during seasonal malaria chemoprevention in nine states in Nigeria

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The administration of seasonal malaria chemoprevention medicines to age-ineligible children is common. Understanding associated causes will enhance the quality of programmes.

Introduction

Seasonal malaria chemoprevention (SMC) is a highly effective intervention to prevent malaria infections in areas where the malaria burden is high, and transmission is seasonal.^[1] Implementation quality standards require community distributors to ensure that only age-eligible children (3–59 months) receive SMC medicines during monthly campaigns.^[2] However, there is uncertainty about the extent to which SMC medicines are administered to ineligible children. Therefore, this study aimed to assess the magnitude of this occurrence while exploring associated factors during the second round of SMC in nine states of Nigeria in 2022.

Methods

- Researchers extracted data from SMC end-of-round household surveys.
- Data were analysed from 3,299 pairs of caregivers and children 5–9 years.
- Researchers estimated the prevalence of age-ineligible children receiving SMC medicines.
- Mixed-effects multivariable logistic regression models were fitted to explore the factors associated with the administration of SMC medicines to age-ineligible children.

Results

- This study found that 1000/3299 (30.30 percent) of sampled age-ineligible children received at least one dose of SMC medicines.
- Lower odds of an age-ineligible child receiving SMC were observed when caregivers had knowledge of SMC age-eligibility.
- Higher odds of SMC receipt were found among age-ineligible children when caregivers had confidence in the protective effect of SMC and among younger children.
- Additional factors, including the age of both the child and caregiver, as well as the caregiver's level of education, were also associated with the administration of SMC medicines to age-ineligible children.

Conclusion

Administration of SMC medicines to age-ineligible children is common. This study identifies individual and contextual factors associated with this practice. The findings provide insights that could inform context-specific quality improvements aimed at reducing the administration of SMC medicines to children who do not meet the age criteria. These results underscore the importance of targeted initiatives to ensure high-quality training for SMC community distributors and the dissemination of accurate information to caregivers.

Results

Figure 1: Forest plot of adjusted odds ratios of factors considered in the multivariable regression model

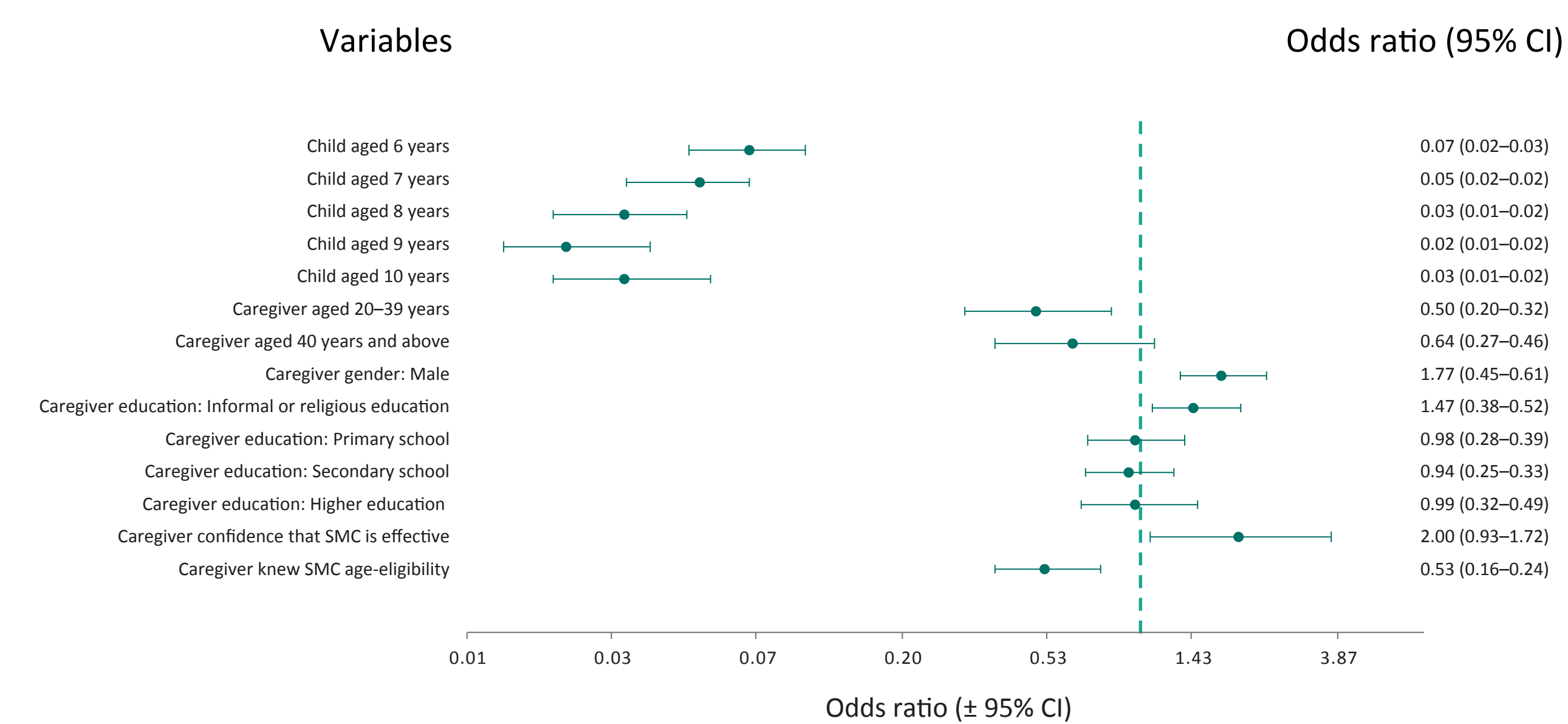
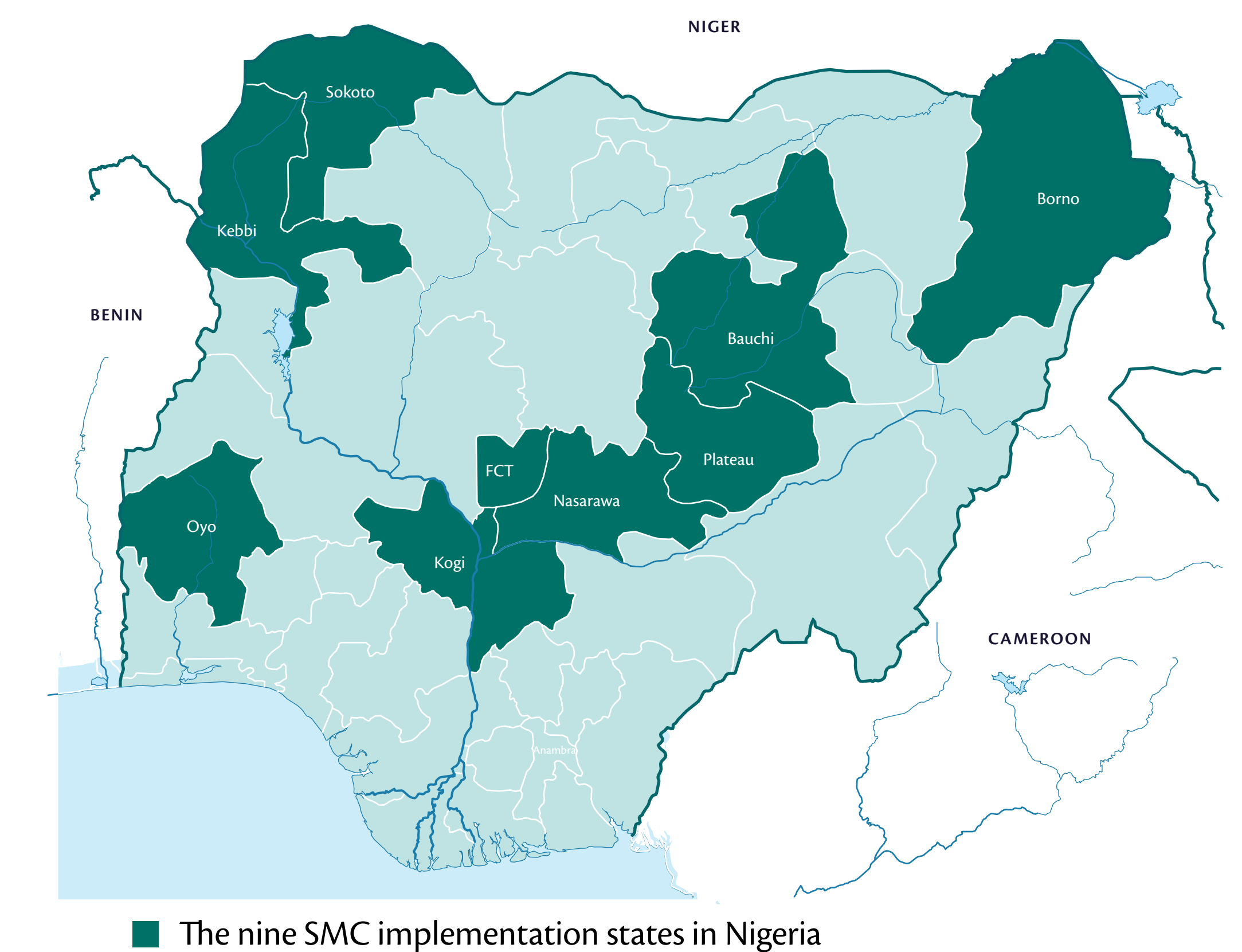


Figure 2: Map of the nine SMC implementation states in Nigeria



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