

**HOUSEHOLD SURVEY
KAP BASELINE 2007
SWAZILAND**

NUMBER OF ENQUIRY

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Name of Interviewer
Date of interview
Starting (time)
Ending (time)
Interview time
Verified by supervisor
Code verified

/	/ 2007	
/	/ 2007	h
/	/ 2007	h

(signature) _____

(signature) _____

(signature) _____

House number
HH Head name
No. of HH members
Locality
Inkundla
Region

GPS points

S	
E	

INTRODUCTION

INDIVIDUAL CONSENT FOR THE INTERVIEW: DOMICILUM INVESTIGATION

Introduction: My name isI am conducting a research for the Department of Health about KAP in relation to malaria in this area. We would like to know various things about what you know about malaria issues. We are interviewing many people in this area.

Purpose of the research: The present research will help the malaria control program to better understand informational needs of the community on malaria issues.

Procedure: If you agree with the purpose of the research I will question you about your knowledge in relation to malaria . The questioning will last approx 15 minutes

Benefits: There are no direct benefits for you being part of this research. However your contributions will help the Malaria Control Programme and the Department of Health to design and develop appropriate information resources to help communities effectively recognise signs and symptoms of malaria and to take appropriate action when suspecting infection. You are free not to participate in this research or not to answer any question you feel uncomfortable with or even to abandon the questionnaire without consequences. Non-participation in the research does not imply that you will receive a different treatment at the healthcare facilities. Should you agree to be part of the research please feel free to interrupt the interview process at any time. Confidentiality is guaranteed and your answer will be part of many other household interviews so that your anonymity is ensured. We will not inform anyone of your participation in the research. Your name will not appear in any oral or written report of this study. There are no wrong or right answers. Your openness and honest opinions are extremely important. In case you do not understand a question or issue, please ask me to repeat or clarify.

1 Would you like to participate in this interview?

yes	no
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Relationship to the household head : _____

** In case the answer is **NO** thank them and **DO NOT** interview (do not mark, tick or circle anything in the questionnaire)*

HOUSEHOLD QUESTIONNAIRE

SECTION 1: HOUSEHOLD CENSUS

	2 Name <i>(Only first name for each family member)</i>	3 Age 00= Don't know		4 Sex 1 = Male 2 = Female	5 Relationship to the HH head	6 Highest level of education completed	7 Occupation of each person	8 Have you or any member of this household suffered from malaria this year (2007)?
	ID no.	In year	In months					
-1								
-2								
-3								
-4								
-5								
-6								
-7								
-8								
-9								
-10								
-11								
-12								

9. What type of dwellings/ structures are there in your household?

Type of Walls			Type of Roof		
1	Cane		1	Grass	
2	Canvas		2	Tiles	
3	Cement blocks		3	Asbestos	
4	Clay or clay blocks		4	Zinc	
5	Fire bricks		5	Canvas	
6	Stones and cement		6	Other (specify)	
7	Stones and mud				
8	Stick and mud				
9	Other (specify)				

INDIVIDUAL QUESTIONNAIRE

SECTION 2: MALARIA INFORMATION AND IEC

10. Have you heard about malaria?

1 Yes

2 No

11. If yes to question 10, where did you hear about malaria?

1 Friend

2 Family member

3 Posters/ pamphlets

4 Newspapers

5 Radio

6 TV

7 School

8 Church

9 Community meetings

10 Health facility

11 Community Health Workers/ RHM

12 Malaria Camp

13 Other (specify) _____

99 Not applicable

12. What transmits malaria?

13. Do you think malaria can kill you, if it is untreated?

1 Yes

2 No

98 Don't know

99 Not applicable

14. What do you think are the most common signs and symptoms in malaria infection?

1 Headache

2 High temperature/ fever

3 Body pains

4 Chills

5 Vomiting

6 Loss of energy

7 Delirium

8 Loss of appetite

9 Dizziness

10 Other (specify):.....

98 Don't know

99 Not applicable

15. Do you think you have enough information on malaria?

1 Yes

2 No

98 Don't know

16. If no to question 15, what information would you like to get about malaria?

1 Information on treatment

2 Information on control

3 Information on prevention

4 Nature of the disease

5 Any information

6 Other (specify): _____

7 Signs and symptoms

98 Don't know

99 Not applicable

17. Where would you like this information communicated to you? (Through what channels of communication?)

1 Family member

2 Friend

3 Church

4 Radio

5 TV

6 Posters/ pamphlets

7 Newspapers

8 Health facility

9 Traditional healer

10 Community meetings

11 Community Health Workers/ RHM

12 Other (specify):.....

98 Don't know

99 Not applicable

SECTION 3: TREATMENT AND TREATMENT-SEEKING BEHAVIOUR

18. If you or a member of your family were to present with the signs and symptoms of malaria where would you seek treatment?

1 Health facility

2 Traditional Healer

3 Pharmacy

4 No where

5 Other (specify):.....

98 Don't know

19. How soon after suspecting that you are infected with malaria, would you seek treatment?

- | | | | | | |
|----------------------------|---------------------------|----------------------------|----------------|-----------------------------|----------------|
| <input type="checkbox"/> 1 | One day (within 24 hours) | <input type="checkbox"/> 3 | 4-6 days | <input type="checkbox"/> 99 | Not applicable |
| <input type="checkbox"/> 2 | 2-3 days | <input type="checkbox"/> 4 | 7 days or more | | |

20. If you would not seek treatment immediately (within 24 hours), what would you do? 99 Not applicable

SECTION 4: PERSONAL PROTECTION

21. Do you think malaria can be prevented? 1 Yes 2 No 98 Don't know

22. If yes to question 21, how? 99 Not applicable

23. What personal protective measures do you use to guard against malaria infection?

- | | | | | | |
|----------------------------|-----------------------|----------------------------|------------------------|-----------------------------|----------------|
| <input type="checkbox"/> 1 | Use repellents | <input type="checkbox"/> 5 | Close windows & doors | <input type="checkbox"/> 9 | Do nothing |
| <input type="checkbox"/> 2 | Use mosquito coils | <input type="checkbox"/> 6 | Gauze wires in windows | <input type="checkbox"/> 99 | Not applicable |
| <input type="checkbox"/> 3 | Use dooms | <input type="checkbox"/> 7 | Use mosquito nets | | |
| <input type="checkbox"/> 4 | Burn cow dung/ leaves | <input type="checkbox"/> 8 | Other (specify):..... | | |

24. Does this household have bednets? 1 Yes 4 No

25. If yes, who owns the available bednets in this household?

- | | | | | | |
|----------------------------|--------|----------------------------|------------------------|-----------------------------|------------------------|
| <input type="checkbox"/> 1 | Father | <input type="checkbox"/> 3 | Children over 5 years | <input type="checkbox"/> 6 | Other (specify) :..... |
| <input type="checkbox"/> 2 | Mother | <input type="checkbox"/> 4 | Children under 5 years | <input type="checkbox"/> 99 | Not applicable |

26. Are all these bednets being used? 1 Yes 2 No 98 Don't know 99 Not applicable

27. If no to question 26, why? 98 Don't know 99 Not applicable

SECTION 5: SPRAYING AND MALARIA CONTROL PROGRAMME

28. Was your household sprayed last year (2006)? 1 Yes 2 No

29. If your household was not sprayed last year (2006), why?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 1 Inconvenience | <input type="checkbox"/> 3 Spraymen not given permission to spray | <input type="checkbox"/> 98 Don't know | <input type="checkbox"/> 5 Other (specify): _____ |
| <input type="checkbox"/> 2 No one came to spray | <input type="checkbox"/> 4 No one at home | <input type="checkbox"/> 99 Not applicable | |

30. If your household was sprayed last year (2006), was the house/ room you sleep in sprayed? 1 Yes 2 No 99 Not applicable

31. If your household was sprayed last year (2006), did sprayman explain the reasons for spraying? 1 Yes 2 No 99 Not applicable

32. Are you happy with the spraying service? 1 Yes 2 No 98 Don't know

33. If no to question 32, please give reasons?

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> 1 Smell unsightly | <input type="checkbox"/> 4 Absence of household head | <input type="checkbox"/> 7 Spraymen's conduct | <input type="checkbox"/> 99 Not applicable |
| <input type="checkbox"/> 2 Inconvenience | <input type="checkbox"/> 5 Excites other insects (biting) | <input type="checkbox"/> 8 Discolouring house walls | |
| <input type="checkbox"/> 3 No malaria (or few cases) | <input type="checkbox"/> 6 Damage to belongings | <input type="checkbox"/> 9 Other (specify): _____ | |

34. Were your inner house walls replastered or painted after the last year's (2006) spraying? 1 Yes 2 No 3 Forgot 99 Not applicable

We have concluded our interview. Thank you very much for your hospitality and your valuable contribution. Do you have any question for me?

OBSERVATIONS AND COMMENTS ABOUT THE INTERVIEW

35. Kindly describe the mood of the respondent(s) during the interview (indicate the time ended)

36. Did the other ones present during the interview participate in it?

yes no

37. Any other observations? Any comment from debriefing?
