QUESTIONNAIRE

QUESTIONNAIRE **Serial No. 2011/QS/01**

Participant Study Identity Number:……

I am a Masters student of Great Lakes University of Kisumu (GLUK). I would like to thank you for agreeing to participate in this study. The study aims to establish utilization of Malaria prevention and control health package among households with under-five HIV positive children in Kimilili Sub-County, Bungoma County. I welcome you to answer all questions you can voluntarily. In case you have any questions please feel free to ask them at any time.

PART I: PERSONAL INFORMATION

Place of residence…….....

District……

Division……..

Location……..

Sub-location……

Village……..…….....

A). Age of child (in completed years) _____

B). Sex of child 1). Male 2). Female

RESPONDENT *INFORMATION (Circle appropriate option)*

C). Type of respondent: 1). Mother 2). Father 3).Other (specify)…….

D). Sex of respondent: 1). Male 2). Female

E). Age of Respondent (years):____ 1. (< 20) 2. (21- 30) 3. (31 – 40) 4. (41 – 50) 5. (50 +)

F). Marital status of respondent: 1. Single2. Married 3. Divorced 4. Widowed 5. Separated

G). Education: 1. Primary 2. Secondary 3. Tertiary 4. University 5. None

H). Occupation: 1. Formal employment 2. Business 3. Farmer 4.Others specify…

I). Status of biological Mother: 1. Alive 2. Deceased 3. Others, specify……

J). Status of biological father: 1. Alive 2. Deceased 3. Others, specify……

RESEARCH QUESTIONS TO BE ANSWERED.

1. Do households with under-five year old HIV positive children in Kimilili Sub-County utilize ITNs correctly?

2. Is the status of environmental sanitation of households with under-five year old HIV positive children in Kimilili Sub-County clean enough to control mosquito populations?
3. Do households with under-five year old HIV positive children in Kimilili Sub-County utilize malaria drugs correctly for malaria case management?

PART II: ITN USE ***(Circle the appropriate option)***

A). Has your child been diagnosed with malaria in the last two weeks?

1. Yes 2. No

B). If yes, did you seek treatment at the heath facility?

2. Yes 2. No 3. Not applicable

C). What do you think transmits malaria?

1. Mosquito 2. Witchcraft 3. Rainfall 4.Others, specify……

D). Do you know how a child who has malaria presents?

1. Yes 2. No 3. Do not know

E). If yes, which symptoms and signs do you know?

1. Diarrhoea 2. Neusea/vomiting 3. Hotness of body/Fever 4. Loss of appetite 5. Headace 6. Anemia 7. Dehydration8. Convulsion 9.Others, specify…

F). Do you know of any measures that can be used to prevent malaria in children under 5 years?

1. Yes 2. No 3. Do not know

G). If yes, which preventive measure(s) do you know?

1. ITN 2. IRS 3. Mosquito coils 4. Mosquito repellant jelly 5. Traditional herbs 6.Clearing bushes 7. Draining stagnant water bodies in residential areas 8. Others, specify…….

H). Which preventive measure(s) do you use?

1. ITN 2. IRS 3. Mosquito coils 4. Mosquito repellant jelly 5. Clearing bushes 6. Draining stagnant water bodies in residential areas 7. All of the above 8.Others, specify…

I). If you use the ITN, how often does your child sleep under ITN?

1. Always 2. Sometimes 3.Others, specify……

J). Do you know how to mount and secure the ITN correctly to avoid mosquitoes getting in?

1. Yes 2. No

K). Can you demonstrate practically how to mount and secure the net correctly to avoid mosquitoes getting in?

1. Know 2. Do not know 3. Some-how know

L). When you enter the net, do you enter carefully taking precautionary measures to avoid mosquitoes getting in the ITN at the same time? 1. Yes 2. No

M). Do you routinely check for mosquitoes inside your ITN? 1. Yes 2. No 3. Do not know 4. Sometimes

N). Do you find some mosquitoes inside your ITN? 1. Yes 2. No 3. Do not know

O). Do you find mosquitoes anchoring and resting on you ITN sometimes? 1. Yes 2. No 3. Do not know

THAT QUESTION MARKS THE END OF OUR INTERVIEW.

THANK YOU FOR YOUR PARTICIPATION