

**QUESTIONNAIRE FOR DATA COLLECTION ON**  
**PREVALENCE OF MALARIA AND ENVIRONMENTAL HEALTH FACTORS**  
**ASSOCIATED WITH UNDER-FIVE CHILDREN IN INTERNALLY DISPLACED**  
**PERSON'S CAMPS IN FEDERAL CAPITAL TERRITORY, ABUJA-NIGERIA**

**Consent Statement**

Dear Respondent,

We are researchers from the National Open University of Nigeria, conducting a research on the **Prevalence of Malaria and Environmental Health Factors Associated with Under-Five Children in Internally Displaced Person's Camps in Federal Capital Territory, Abuja-Nigeria**

This research is aimed at assessing the Prevalence of Malaria and environmental Health factors associated with under-Five Children in Internally Displaced Person camps through the evaluation of the knowledge Attitude and practices toward the prevention and control of malaria.

Please, kindly provide your honest responses to the questions in this research instrument in order to come up with a result that will inform decision-making.

Kindly note, that participation in this research is voluntary and the information provided is for research purposes only. The research is not sponsored by any organization or Company (ies), therefore, there is no apparent or probable conflict of interest.

Haven been properly informed and understood the purpose of the research, as a parent or caregiver of an under-five child, if you are willing to participate in the exercise, kindly put your signature in the space below as an indication of your consent

Signature.....

Date: .....

## Characteristic Identification Information of Caregiver /Parent of Under-five

Indicate by a tick [✓] in each of the boxes/spaces provided against the options as they best apply to you.

1. What is your Gender: Male  Female
2. what is your Age: < 18 years  18 - 30 years  31 - 45 years  46 – 60 Years
3. Marital Status: Single  Married  separated/Divorce
4. Name of IDP camp: **Area 1, Durumi**  **Kuchingoro**  **Lugbe**   
**Kuje**  **Wassa**
5. Number of years in IDP Camp: less than a year  1-3years  4-6years   
7years and above
6. Educational Status: No formal Education  Koranic Education  Primary   
SSCE  OND/Equivalent  ND/B.Sc. and Above
7. What do you do for a living? Petty Trading  Civil/public Servant  Bic/Okada rider   
Driver  Farming  No source of Income   
Others Specify .....
8. Level of income per day: Less than ₦1000  ₦1000-₦2000  ₦2000-₦3000   
₦ 3000-₦4000  ₦4000-₦5000  Above ₦ 5000, specify.....
9. How many Children are depending on you: One  Two  Three   
Four  Five  others specify.....
10. What is your relationship with the Child: Mother  Father  Sister   
Extended Family Relation  Adopted Child   
Not related to the child but volunteer to care for the Child  , Others specify:.....

## **Characteristic Identification information of children under five years of Age**

11. Age range of the Child(ren) under five: 0-12 Months (within 1 year)

13-24months (within 2 years)  25-36months (within 3years)

37-48months (within 4 year)  49-59months (within 5 years)

12. Gender of the Child: Male  Female

If there are twins or more children, state their Gender.....

13. Weight of the Child (Kg)

14. Length or Height of the Child (cm) :

15. Child's feeding within the First 6 months of birth: Exclusive Breast feeding

Breastmilk with water only  Breastmilk supplementary feeding

Complimentary feeding  No break feeding at all  others specify...

16. Place of delivery: Home  TBA  Clinic/Hospital  Church/mosque

Others specify.....

17. Is the child taking Routine Immunization for Children: yes  No  Not regular

<b>Household characteristic information on factors influencing the prevalence of Malaria in under five</b>		
1.	Number of people in your household	State the total number.....
2.	How many of these persons are in your Household	Men..... Women..... Children Age 5 and Above..... Children Age 0-59 Months-----
3.	How many rooms in this household are used for sleeping?	One <input type="checkbox"/> two <input type="checkbox"/> Three <input type="checkbox"/> Four or more <input type="checkbox"/>
4.	What is the main material of the roof of the Dwelling	1. Metal sheet (Zinc) 2. Cement 3. Straw/thatch/palm leaf 4. Cardboard/planks 5. Plastic/ Tarpaulin 6. Other, specify _____
5.	What is the main material of the walls of the dwelling	1. Cement 2. Rammed earth/mud 3. Wood/boards 4. Bamboo 5. Plastic/ Tarpaulin 6. Metal sheet (Zinc) 7. Other, specify _____
6.	What is the main material of the floor of the dwelling	1. Cement 2. Tiles 3. Sand 4. Wooden boards 5. Other, specify _____
7.	What is the main source of drinking water for members of your household?	1. Pipe borne water 2. Borehole 3. protected well 4. unprotected well 5. Tanker truck 6. Rainwater 7. Cart with small water Tank 8. Surface water (Rivers/Dam /lake etc Others, specify _____
8.	Where is that water source	1. Within the IDP Camp:

	Located	2. Elsewhere
9.	How long does it take to go there, get water, and come back?	1. within Minutes 2. One Hours and above 3. Don't Know
10.	What is the main source of water used by your Household for other purposes such as cooking and handwashing?	1. Pipe borne water 2. Borehole 3. protected well 4. unprotected well 5. Tanker truck 6. Rain water 7. Cart with small water Tank 8. Surface water (Rivers/Dam /lake etc Others, specify _____
9.	Is there Toilet facility available In the camp	1. There is toilet 2. There is no toilet
10.	If it is available, is it in use or not	1. In use 2. Not in use
11.	If there is toilet facility, what is the type?	1. water closet toilet 2. Personal VIP latrine 3. Pour flush 4. Pit latrine 5. Bucket latrine 6. Stick/Cross bar latrine 7. Other, specify _____
12.	If the toilet is general toilet, is it used free without Payment	1. Pay before use 2. No payment required
13.	If it is pay before use, do many people usually go there	1. Very few people use it 2. Some people use it 3. So many use it
14.	What is your assessment of the Toilet	1. Very Clean 2. Somehow clean 3. Dirty 4. Very Dirty

15.	If it Is general toilet, is it accessible	<ol style="list-style-type: none"> <li>1. Day only</li> <li>2. Night only</li> <li>3. Day and night</li> <li>4. Always accessible at all times</li> </ol>
16.	Is there water for flushing and hand washing in the toilet	<ol style="list-style-type: none"> <li>1. There is always water</li> <li>2. Sometimes no water</li> <li>3. No water at all</li> </ol>
17.	Is soap for washing of hands provided	<ol style="list-style-type: none"> <li>1. Always provided</li> <li>2. Sometimes not provided</li> <li>3. Not provided at all</li> </ol>
18.	Are rodents, flies and insects such as mosquitoes always roaming or flying in the toilet	<ol style="list-style-type: none"> <li>1. There are always there</li> <li>2. Sometimes, there are not there</li> <li>3. Not there at all</li> </ol>
19.	Is the toilet adequate for the number of persons using it	<ol style="list-style-type: none"> <li>1. Very adequate</li> <li>2. Fairly adequate</li> <li>3. Not adequate</li> <li>4. Grossly inadequate</li> </ol>
20.	Where is the location of the toilet	<ol style="list-style-type: none"> <li>1. Within the Camp</li> <li>2. Outside the camp but close</li> <li>3. Far away from the camp</li> </ol>
21.	What is the type of cooking fuel	<ol style="list-style-type: none"> <li>1. Electricity</li> <li>2. Liquefied petroleum Gas (LPG)</li> <li>3. Natural Gas</li> <li>4. Biogas</li> <li>5. Kerosene</li> <li>6. Coal, lignite</li> <li>7. Charcoal</li> <li>8. Wood</li> <li>9. Straw/shrubs/grass</li> <li>10. Agricultural crop</li> <li>11. Animal dung</li> <li>12. No food cooked in household</li> <li>13. Others specify.....</li> </ol>
22.	Which of these does your household have	<ol style="list-style-type: none"> <li>1. Radio</li> <li>2. Television</li> <li>3. Motor cycle</li> <li>4. Bicycle</li> <li>5. Car</li> <li>6. Refrigerator</li> <li>7. Others specify.....</li> </ol>

<b>Knowledge about Malaria prevalence</b>		
23.	Have you heard about malaria?	1. Not at all 2. Somehow 3. Very well
24.	If you have heard about Malaria, which source have you heard about it?	1. Radio/TV/Social Media 2. School 3. Friends and neighbours 4. Hospital 5. Other, specify _____
25.	Do you Know that, malaria is transmitted through Mosquito bite	1. Don't know 2. Somehow 3. I know it very well
26.	Do you Know symptoms of malaria such as Fever, Headache, Chill, lack of appetite etc.	1. Don't know the symptoms 2. I know a little 3. I know it very well
27.	Do you know that malaria can be prevented through Use of Insecticide treated net and environmental sanitation	1. Don't know 2. I know a little 3. I know it very well
28.	Do you know that Malaria is not a cause from the ancestors or enemies	1. It is not true 2. It is true 3. Partially true
29.	Do you also know that, Mosquitoes carries the agent Known as plasmodium that causes Malaria	1. Don't know 2. I know a little 3. I know it very well
30.	Do you know that, malaria is preventable	1. I Don't know 2. I know a little 3. I know it very well
31.	Do you know that stagnant water breeds mosquitoes	1. Don't know 2. I know a little 3. I know it very well
<b>Attitudes and practices toward Identification of malaria in Children</b>		
32.	What do you do whenever your child fall sick and suspecting Malaria?	1. Do a Malaria test before medication 2. Do self-medication 3. Give the Child local herb for malaria 4. Other, specify _____

33.	What is the reason why Sometimes you do not seek Medical care for your child on malaria?	<ol style="list-style-type: none"> <li>1. Lack of money</li> <li>2. Lack of time</li> <li>3. The distance (too far)</li> <li>4. It was not necessary</li> <li>5. I don't know where to go</li> <li>6. Other, specify _____</li> </ol>
34.	Where you are to seek medical Care for your child on Malaria, Where do you go?	<ol style="list-style-type: none"> <li>1. Health post/center</li> <li>2. Pharmacy</li> <li>3. Patent medicine Shop</li> <li>4. Traditional practitioners</li> <li>5. Modern/traditional self-medication</li> <li>6. Other, specify _____</li> </ol>
35.	How long do you always take before seeking medical care for your child after appearance of symptoms?	<ol style="list-style-type: none"> <li>1. Onset of symptoms</li> <li>2. Severe symptoms</li> <li>3. When I cannot manage it at home</li> <li>4. Any time</li> <li>5. Other, specify _____</li> </ol>
36.	Do you believe Malaria can be cured without medical treatment	<ol style="list-style-type: none"> <li>1. Agreed</li> <li>2. Strongly agreed</li> <li>3. Disagreed</li> <li>4. Strongly Disagreed</li> <li>5. I don't know</li> </ol>
37.	Is it important to confirm the diagnosis of malaria at the health facility before treatment	<ol style="list-style-type: none"> <li>1. Agreed</li> <li>2. Strongly agreed</li> <li>3. Disagreed</li> <li>4. Strongly Disagreed</li> <li>5. I don't know</li> </ol>
38.	Is it necessary to finish a treatment against malaria	<ol style="list-style-type: none"> <li>1. Agreed</li> <li>2. Strongly agreed</li> <li>3. Disagreed</li> <li>4. Strongly Disagreed</li> <li>5. I don't know</li> </ol>
<b>Environmental and structural factors associated with prevalence of Malaria</b>		
39.	Stagnant water present within 5 metres of houses	<ol style="list-style-type: none"> <li>1. There is stagnant water everywhere within the camp</li> <li>2. Only a few areas far away from the houses</li> <li>3. No stagnant water at all</li> </ol>
40.	Presence of vessels that could potentially hold water for Mosquito breeding	<ol style="list-style-type: none"> <li>1. There are scattered water-holding vessel every within the camp</li> <li>2. No such containers or vessels are in the camp</li> </ol>

41.	Presence of overgrown vegetation and water-bearing plants within 5 metres of houses	<ol style="list-style-type: none"> <li>There are overgrown vegetation and water bearing plants everywhere within the camp</li> <li>Only a few and far away from the houses</li> <li>No overgrown vegetation and water bearing plants within the camp</li> </ol>
42.	House with windows lacking complete shutters	<ol style="list-style-type: none"> <li>There are very many houses lacking shutters</li> <li>Only a few lack shutters</li> <li>No one lacks shutters</li> </ol>
43.	House with windows not fitting perfectly into wall (with space for possible mosquito entry)	<ol style="list-style-type: none"> <li>There are very many houses with windows not fitting perfectly into wall</li> <li>Only a few houses are with windows not fitting perfectly into wall</li> <li>All houses have windows fitting perfectly into the wall</li> </ol>
44.	House lacking screening in windows to prevent mosquito entry	<ol style="list-style-type: none"> <li>There are very many houses lacking screening in Windows, doors and ventilators</li> <li>Only a few houses lack screening</li> <li>All houses have are screened</li> </ol>

#### **Malaria prevention approaches**

45.	Do you have bed nets in the household?	<ol style="list-style-type: none"> <li>I have</li> <li>I don't have</li> <li>I can't tell</li> </ol>
46.	If you have, What is the brand/type of Mosquito net	Long-Lasting Insecticide Treated Net <ol style="list-style-type: none"> <li>Brand A</li> <li>Brand B,</li> <li>Brand C,</li> <li>Others/Don't Know</li> </ol>
47.	Where did you get the Net	<ol style="list-style-type: none"> <li>Government health facility</li> <li>Private health facility</li> <li>Pharmacy</li> <li>Shop/market</li> <li>Community Health workers</li> <li>Religious institution</li> <li>School</li> <li>Others</li> <li>Don't know</li> </ol>
48.	If you do not have net, why	<ol style="list-style-type: none"> <li>Not Available</li> <li>I don't want it</li> <li>it is expensive to buy</li> <li>it is necessary</li> </ol>
49.	If you have, what do you use	<ol style="list-style-type: none"> <li>I don't use it, still in the package</li> <li>Use it for covering at night against mosquito bite</li> <li>Use for other purposes like fishing,</li> </ol>

	the net for	fencing garden 4. Others specify.....
50.	Do you and your children sleep under a bed net always?	1. Only my Children sleep under net 2. Only myself sleep under net 3. All of us in the house 4. Nobody like sleeping under net
51.	If Nobody like sleeping under Net, Why?	1. Very hot 2. Do not like the smell 3. I feel "trapped in the bed net." 4. No malaria currently 5. No mosquitoes currently 6. Bed net is too old and torn 7. Other, specify -----
52.	If You have been sleeping under bed net, How often do you sleep under a bed net?	1. Every night 2. 3 to 6 times a week 3. less than 3 times per week
53.	Did anyone sleep under this mosquito net last night?	1. Yes 2. No 3. I am not Sure
54.	If Yes above, Who slept under this mosquito net last night?	1. All of us 2. All the children 3. Only children under five
55.	In which season, do you like sleeping under a bed net?	1. Rainy season 2. Dry season 3. All seasons 4. Don't know
56.	Do you use other means for prevention of mosquito bite?	1. Yes 2. No
57.	Indicate the other means you use	1. Smoke coil 2. insecticide spray 3. Mosquito repellent grass 4. Wearing long clothes 5. Other, specify _____
58.	Is the General Environment clean enough for habitation	1. Very Clean 2. Somehow clean 3. Dirty 4. Very Dirty
59.	Is there overgrown grasses and other water bearing plants around the camp	1. Everywhere 2. Some part of the camp 3. Not at all
60.	Are there waste bins provided in the Camp	1. Adequately provided 2. Provided but not adequate 3. Not provided at all
61.	Is waste disposed-off whenever, there are filled up	1. Regular disposal 2. Not regular 3. Allowed to littered every

62.	Are you sure enough is being done to prevent malaria infection	1. Enough 2. Partially 3. Not enough
63.	Which of these method do you use to prevent malaria infection	1. Mosquito net 2. Insecticide 3. Smoke coil 4. Anti-malarial 5. Weeding 6. Wearing long clothes 7. Sewage disposal 8. Fan 9. Other, specify _____ 10. Don't know