

# ANTIBIOTIC USE IN MALARIA THERAPY AND ITS IMPACT ON ANTIMICROBIAL RESISTANCE IN NIGERIA

## Introduction

Thank you for taking the time to participate in this survey. We are conducting a study to understand the use of antibiotics in malaria therapy among university students in Nigeria. Your responses will help us gain valuable insights and inform policies to improve healthcare practices.

Your participation is voluntary, and all your responses will be kept confidential. The survey should take approximately 3 minutes to complete. Please answer all questions as honestly as possible.

*Note: \*Indicates a required question*

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## Section A: Personal Information

1. Gender \*
  - ☐ Male
  - ☐ Female
2. Age Group \*
  - ☐ 18 - 24
  - ☐ 25 - 30
  - ☐ Above 30
3. University \*
  - ☐ Abubakar Tafawa Balewa University
  - ☐ Ahmadu Bello University
  - ☐ Enugu State University of Science and Technology
  - ☐ Federal University Dutsin-Ma
  - ☐ Oduduwa University
  - ☐ University of Abuja
  - ☐ University of Calabar
  - ☐ University of Ibadan
  - ☐ University of Jos
  - ☐ University of Maiduguri
  - ☐ University of Nigeria
  - ☐ University of Uyo

4. Geopolitical Zone \*
- ☐ North East (NE)
  - ☐ North West (NW)
  - ☐ North Central (NC)
  - ☐ South East (SE)
  - ☐ South West (SW)
  - ☐ South South (SS)
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### **Section B: Knowledge of Antibiotics**

5. Have you heard of antibiotics? \*
- ☐ Yes
  - ☐ No
6. Which of the following are antibiotics? (Select all that apply) \*
- ☐ Amoxicillin
  - ☐ Ciprofloxacin
  - ☐ Ibuprofen
  - ☐ Chloroquine
  - ☐ Paracetamol
7. What conditions do antibiotics treat? (Select all that apply) \*
- ☐ Bacterial infections
  - ☐ Viral infections
  - ☐ Fungal infections
  - ☐ Parasitic infections
8. Are you aware of antimicrobial resistance (AMR) and its consequences? \*
- ☐ Yes
  - ☐ No
9. Do you think the misuse of antibiotics can contribute to AMR? \*
- ☐ Yes
  - ☐ No
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### **Section C: Attitudes Towards Antibiotic Use**

10. Do you believe antibiotics are always needed when you are sick? \*
- ☐ Strongly agree
  - ☐ Agree

- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree

11. Would you use antibiotics without a prescription if you felt very ill? \*

- ☐ Yes
- ☐ No
- ☐ Not sure

12. Do you complete the full course of antibiotics prescribed to you? \*

- ☐ Always
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

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#### Section D: Practices Related to Malaria Therapy

13. When was the last time you treated malaria? \*

- ☐ Within the past month
- ☐ 1-3 months ago
- ☐ 4-6 months ago
- ☐ More than 6 months ago
- ☐ Never

14. How did you treat malaria? (Select all that apply) \*

- ☐ Self-medication with over-the-counter drugs
- ☐ Prescription drugs from a doctor
- ☐ Herbal remedies
- ☐ Other: \_\_\_\_\_

15. Do antibiotics work against malaria? \*

- ☐ Yes
- ☐ No
- ☐ Not sure

16. Have you ever used antibiotics to treat malaria? \*

- ☐ Yes
- ☐ No

17. Where do you usually get your antibiotics from? (Select all that apply) \*

- ☐ Pharmacy with prescription

- ☐ Pharmacy without prescription
- ☐ Friends/Family
- ☐ Leftovers from previous prescriptions
- ☐ Other: \_\_\_\_\_

18. What influenced your decision to use antibiotics for treating malaria? (Select all that apply)

- ☐ Previous experience
- ☐ Advice from a pharmacist
- ☐ Friends/Family
- ☐ Doctor's prescription
- ☐ Other: \_\_\_\_\_

### **Conclusion**

Thank you for completing the survey. Your responses are valuable and will contribute to improving healthcare practices regarding antibiotic use and its impact on antimicrobial resistance.