INSECTICIDE–TREATED MOSQUITO NETS (ITNs)

* Malaria, a mosquito-borne infectious disease, continues to be a public health concern in Ghana, with the greatest morbidity and mortality rates occurring among children under five years of age and pregnant women.
* In 2014, malaria affected 53% of Ghanaian children 6 to 59 months of age living in rural areas, compared to only 17% living in urban households. In the Eastern region, 40% of children suffered from this illness.
* Malnutrition is associated with an increased risk of death from severe malaria.
* Insecticide-treated mosquito nets (ITNs) are an effective method of decreasing malarial incidence: ITNs reduce malaria rates by 50% compared to no net-use.
* Between 2010 and 2012, 12.5 million insecticide-treated mosquito nets (ITNs) were distributed throughout the country by Ghana Health Service (GHS).
* In 2014, GHS distributed 39,309 ITNs throughout the Upper Manya Krobo District.

References:
1) Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF International. Ghana Demographic and Health Survey 2014. Rockville, Maryland, USA: GSS, GHS, and ICF International. 2015.
3) Lengeler, C. Insecticide-treated bed nets and curtains for preventing malaria. Cochrane Database Systematic Reviews. CD000363. 2004.

NEWS FROM THE FIELD

The majority of surveyed households (84%) used an ITN. There were no differences across the subdistricts. Sleeping under an ITN was more common among infants living in Akateng (82%) than in Sekesua (51%) (p<0.0001).
**PROJECT ACTIVITIES**

The *Nutrition Links Project* is addressing adolescent health issues during social and health education talks that take place in conjunction with the financial literacy training sessions. The project has trained 40 adolescent mentors to lead these education talks. One health session highlighted malaria, how it is transmitted, what symptoms appear, and different ways to avoid it. The importance of families sleeping under ITNs to avoid mosquito bites for the prevention of malaria was highlighted and discussed.

Food secure (85%) and mildly food insecure (88%) households used ITNs more than severely food insecure households (72%) (p=0.001).

Households with mothers who completed at least secondary schooling (89%) used ITNs more than households with mothers who had only primary education (82%) or no schooling (80%) (p=0.004).

Most households received their ITN from a government health service (39%) or an outreach (39%) program. Some mothers identified more than one source.

Do you need information about ITNs or other health topics for UMKD? Let us know.

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Website: http://www.mcgill.ca/cine/research/building-capacity-sustainable-livelihoods-and-health-ghana

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