



PERCEPTION OF MALARIA AND TREATMENT SEEKING BEHAVIOUR AMONG RURAL DWELLERS IN NIGERIA

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ABSTRACT

Malaria is the most important parasitic disease in the tropics and remains of highest public health importance. About 90% of all malaria deaths in the world today occur in Africa. An estimated one million people in Africa die from malaria each year and most of these are children under five years old

The factors determining the health behaviours may be seen in various contexts: physical, socio-economic, cultural and political. Therefore, the utilization of a health care system, public or private, formal or non-formal, may depend on socio-demographic factors, social structures, level of education, cultural beliefs and practices, gender discrimination, status of women, economic and political systems, environmental conditions, and the disease pattern and health care system itself.

Malaria remains a major Public Health problem in Nigeria and causes death and illness in children and adults, especially pregnant women. The objective of this review is to look at the following areas: malaria epidemiology; the burden of malaria on Nigerian rural dwellers; perception and treatment seeking behaviour of rural dwellers; and treatment sources of the rural dwellers.

Keywords: Perception, Malaria, Treatment-Seeking, Behaviour, Rural-Dwellers, Nigeria.

INTRODUCTION

Malaria is caused by infection of red blood cells with protozoan parasites of the genus Plasmodium. The parasites are inoculated into the human host by a feeding female anopheline mosquito. The four Plasmodium species that infect humans are *P. falciparum*, *P. vivax*, *P. ovale* and *P. malariae*. The first symptoms of malaria are nonspecific and similar to the symptoms of a minor systemic viral illness. They comprise: headache, lassitude, fatigue, abdominal discomfort, and muscle and joint aches, usually followed by fever, chills, perspiration, anorexia, vomiting and worsening malaise. It is also reported that malaria is an important health problem which had various causes, including poor diet, environmental conditions, and the bites of mosquitoes. The symptoms associated with malaria vary and range from generally 'feeling unwell' to a specific fever diagnosis (usually in children) of a rise in body temperature.

Malaria is, therefore, frequently over-diagnosed on the basis of symptoms alone, especially in endemic areas like Nigeria, because of this non-specificity of symptomatology. If treatment is not delayed and effective treatment is given, there is full rapid recovery. However, if ineffective treatment is given or treatment is delayed, this can progress to severe malaria especially in children manifesting as coma (cerebral malaria), metabolic acidosis, severe anaemia, hypoglycaemia, acute renal failure or acute pulmonary oedema. In high-transmission settings, infected but asymptomatic persons constitute an important part of the infectious reservoir (Cahill, 2007).

Malaria is the most important parasitic disease in the tropics and remains of highest public health importance. About 90% of all malaria deaths in the world today occur in Africa. An estimated one million people in Africa die from malaria each year and most of these are children under five years old (WHO, 2005). In Nigeria, malaria transmission is holoendemic in other words its transmission is ubiquitous and more than 90% of the population lives in areas with stable malaria. It is one of the leading causes of childhood morbidity and mortality with a prevalence rate of 19/100,000 and is responsible for 25% and 30% of infant mortality and childhood mortality respectively. Most of these deaths result from severe and complicated malaria especially in rural areas. Fifty percent of outpatient consultations and 15% to 31.3% of hospital admissions occur on account of the disease. Most caretakers begin treatment at home with antimalaria drugs and antipyretics purchased over the counter from drug sellers without prescription and usually with inappropriate doses of chloroquine, which often results in poor quality of care and fosters the development of drug resistance. The ultimate resort after home treatment has failed is the formal health sector (Nigeria Malaria Fact Sheet United States Embassy in Nigeria, December 2011).

People who become ill with the disease need prompt and effective treatment to prevent the development of severe manifestations and death (WHO, 2005). Early treatment depends upon prompt recognition of symptoms and signs of malaria in the household, mainly by women. Early treatment also requires that appropriate health services and medication are accessible and utilized. The success of this strategy depends on the behaviour of patients and caretakers of young children and it has been documented that treatment seeking behaviour is related to cultural beliefs about the cause and cure of illness treatment seeking behaviour. In some cases, illnesses are seen as amenable to treatment by modern practitioners, while others are considered best treated by traditional healers. Illness ideas and behaviours may enhance or interfere with the effectiveness of control measures.

Medicinal plants have been used in the treatment and prevention of malaria in various parts of the world. An understanding of communities' beliefs and behaviours is therefore crucial to the success of a specific control measure.

CULTURE

Culture connotes different things to different authorities. Haralambos & Heald, (2002) states that the culture of a society is the way of life of its members; the collection of ideas and habits which they learn, share and transmit from generation to generation. Culture is a design for living held by members of a particular society, since man has no instincts to direct his actions, his behaviour must be based on guidelines which are learned. Oke, (2002) conceptualized culture as being born out of the desire to characterize in an objective term the similarities and wide differences between groups of people. In other words, people can be divided based on their respective ways of life. It makes differentiation and identification easier. Culture has also been defined as the complex whole of man's acquisitions of knowledge, morals, beliefs, art, custom, technology, traditions and skills which are shared and transmitted from generation to generation (Igbo, 2003). Culture is socially learned and shared by the members of a society. It consists of all the shared products of a human society. Therefore, human behaviour is the manifestation of mans culture which is interest.

ILL-HEALTH

Ill-health refers to a bodily or mental state that is deemed undesirable, consequently intervention to ameliorate or remedy that condition can be justified (Marshall, 1994). Illness behaviour is peoples willingness to use health services, their access to services, their perception of their Illness (Marshall, 1994). The effort made to relieve one of the associated discomfort and pains experienced. Illness behaviour while any activity undertaken by a person who believes to be healthy to prevent a disease is health behaviour, the idea is to prevent diseases. For instance, having routine Checkups, immunization, vaccination. The utilization of health care services is determined by culture (Helmam, 1985).

The realm of illness behaviour falls logically and chronologically between two major traditional concerns of medical science: aetiology and therapy. Variables affecting illness behaviour come into play prior to medical scrutiny and treatment but after etiological processes have been initiated, in this sense, illness behaviour even determined whether diagnosis and treatment will begin at all.

HEALTH

Health according to the World Health Organization (WHO) is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This definition is vast and complex, therefore not practicable under the subject matter. Disease designated altered bodily state or processes that deviates from norms established by biomedical science. Disease is that alteration of living cells or tissues that jeopardizes survival in the environment. The aetiology of illness can be traced to three factors, that is, natural causes which is scientific, preternatural and mystical causes which is primitive causes. Therefore, illness treatment is determined by its cause and the cause determines the pathway to health care delivery (Owumi, 1996).

HEALTH CARE SYSTEM

The health system is intended to deliver the healthcare services. It constitutes the management sector and involves organizational matters and the totality of resources a population or community distributes in the organization and delivery of healthcare services. Healthcare can be described as a response to equilibrium. In other words, when there is an alteration in a system, those devices used to ensure equilibrium is healthcare (Jegade, 2006).

The medical system of a given state, community or nation refers to the available health care facilities in place for the management of health problems. The existing health care system is defined by the culture and belief of the members of the community (Owumi, 1996).

Before the advent of modern medicine, there was indigenous medicine which still exists for diagnosis and treatment of diseases in the community. The Treatment has its bearing on the cultural values and norms of the people and thus differs from community to community because of cultural differences. There are a variety of traditional practitioners: herbalist diviners, bone setters, traditional surgeons, Navaho singers (ritual healers), spiritual healers, traditional birth attendants, repairing the matters (sor kwagh), psychiatrists, sooth-sayers, these practitioners operate even in the urban centers of Nigeria (Dzurgba, 2011).

Traditional medicine encompasses all kinds of unconventional medicine and indeed any kind of therapeutic method that has been handled down by the tradition of the community or ethnic group. According to WHO(1978), traditional medicines is the sum total of all knowledge and practices whether explicable or not used in diagnoses, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observations hand down from generation to generation whether verbally or in writing. It was relied on because of its adaptability and cultural acceptability. Despite its acceptability and effectiveness, the traditional practitioners face the problem of bio-chemical evaluation and standardization of traditional medicinal products and herbal remedies used in treatment measures, inadequate appropriate quality framework and no regulatory mechanism to control the quality and safety of their products. With the advent of western medical services the system has become the predominant system in most societies throughout the most patronized in the developing world due to its inaccessible nature, its high cost and its alien nature (Owumi, 1996 and Iorvaa, 2013). It is important to note that most communities have a wide range of healthcare services to choose for their diagnoses and treatment of illness.

THE BURDEN OF MALARIA IN NIGERIA

In Nigeria, the burden of malaria is well documented and has been shown to be a big contributor to the economic burden of disease in communities where it is endemic and is responsible for annual economic loss of 132 billion Naira. The disease is particularly virulent among pregnant women and children under 5 years of age, due to their low levels of immunity. A strong correlation between malaria and poverty has also long been recognized. Not only does malaria thrive

in poverty but it also impedes economic growth and keeps households in poverty. Hence the poor bear a disproportionate burden of the disease.

Malaria presents a huge burden to Africa and continues to cripple the economic development of the continent. Malaria has continued to be a prominent undesired companion of African people even into the 21st century (Jimoh, Sofola, Petu & Okorosobo, 2007). The disease has continued to wreck havoc among her most vulnerable groups - pregnant women and children with an estimated 2-3 million deaths each year (Oresanya, Moshe & Sofola, 2008). Due to the colossal loss of human the disease is considered a serious potential threat to Africa's realization of the Millennium Development Goals (MDGs) by the year 2015 (Baragatti, Fournet, Henry, Assi, Ouedraogo, Rogier & Salem 2009).

Management modalities for malaria related illnesses (MRI) among Nigerians are generally influenced by diverse socio-cultural factors which culminate into a particular treatment option by individuals and care givers (Adah, Ngo-Ndomb & Envuladu, 2009). Malaria control in a community could be influenced to a large extent by the rate of utilization of available healthcare facilities, types of drugs used for self medication and pattern of intake, and level of care and importance attached to febrile illnesses generally (Idowu, Mafiana, Luwaye & Adehanloye, 2008).

Makurdi city in north central Nigeria is not an exception to the present malaria burden in the country (Jombo, Mbaawuaga, Akaa, Alao, Peters, Dauda, Okwori, Akosu, Etukumana & Yaakugh 2010). Also, the growing resistance to aminoquinolines generally and the recommendation for artemisinin combinations for malaria treatment by the ongoing RBM programme also calls for the need to assess the level of participation by individual communities towards this goal. Women generally have been found to play a significant role in the overall success of the RBM programme in African communities, either as caregivers to themselves during pregnancy, to their children as mothers, grand mothers or mother-in-laws, and also largely influence the type and nature of healthcare services for their spouses.

PERCEPTION AND TREATMENT SEEKING BEHAVIOUR OF RURAL DWELLERS

Different cultural groups have diverse belief systems with regard to health and healing in comparison to the Western biomedical model of medicine. These belief systems may include different disease models, wellness/illness paradigms (e.g., Chinese medicine, magico-religious thinking), various culturally-specific diseases and disorders, feelings about healthcare providers and seeking Westernized healthcare, and the use of traditional and indigenous healthcare practices and approaches. People attribute causes of illness to: 1) factors within individuals themselves (e.g., bad habits or negative emotional states); 2) factors within the natural environment (e.g., pollution and germs); 3) factors associated with others or the social world (e.g., interpersonal stress, medical facilities, and actions of others); and 4) supernatural factors including God, destiny, and indigenous beliefs such as witchcraft or voodoo (Lisa, Farrah, & Baker, 2009)

Behaviour towards any illness is best understood in terms of an individual's perception of their social environment. These are based on a mixture of demographic, social, emotional and cognitive factors, cultural, perceived symptoms, access to care and personality (MacKian, 2003).

The aetiology of every disease has a social or remote cause which is usually always neglected by the biomedical sciences. In every society the presence of an ailment is perceived to be caused by supernatural forces. Perception about illnesses or diseases can be described as individuals shared beliefs, views, traditions and values that characterized illnesses, it causes, signs and symptoms.

Illness is believed to be culture bound. The perception, conception and management of ill-health are determined by the culture of a group of people. Ill-health exists in all societies though, the views about ill-health and treatment varies from one group to another.

The belief system of a group of people is embedded in a traditional society in which the concept of disease is anchored on magic-religious factors. The group appears to have greater confidence in the therapeutic skills of the traditional healers than in those of western health care institutions which people operates on. This is so because the community's culture and values directs the pattern of illness and health care (Bamidele, 2002) thus, the value a society holds regarding health care plays an important part in the development and use of health services. Every cultural group has a system of managing their health which is familiar to them and which they depended on before the coming of modern medicine. Different social exchange like attitude and communication influences health seeking behaviours. Patterns of illness may also be conceived from the social perspective where attention is focused on the life conditions status and environment of the population as determinants of the prevalence and the perception of ailments. This is fact that essentially determines the nature of medical care (that is whether the care should be preventive, curative or interventionist in approach) and invariably utilization pattern (Owumi, 1996).

Different traditional beliefs, superstitions and mythology are firmly and deeply rooted within our societies and the culture of a people has a direct relationship with their health seeking behaviour (Lambo, 1962). For instance, the Tiv people of Benue State believe that, sickness is caused by Mbatsav (witchcraft) through the combined accord of father's people and mother's people. The general believe is that, Mbatsav makes a person ill under the cover of darkness (Dzurgba, 2011). In other words, the Tiv people believe that, men with supernatural powers (Mbatsav) inflict and afflict victims with diseases which often are incurable through conventional therapies. This belief tends to affect the health seeking behaviour of Tiv people in general and Tiv women in particular. Many sick people utilize the services of assorted traditional healers before seeking care from western-style healthcare facilities. They tend to have greater confidence in the therapeutic skills of traditional healers because they are more accessible and the belief that illness is caused by witchcraft or sorcery which these healers are believed to possess to handle all kinds of problem.

The socio-economic status of the people also determine the pattern of illness and medical care. Odebiyi, (1980) observed that people of low socio-economic Status judge from residence pattern in Ibadan, conceive of disease differently and also have different access to health care facilities. The people with low Socio-economic status lives where life conditions are generally poor. For example, Guinea worm disease, cholera is prevalent among the poor and rural people whose main sources of drinking water are wells, streams, and rivers. The socio-economic status also determines

the choice of health care. The low socio-economic group people perceive disease from the biomedical angle. The utilization pattern of health care services is largely determined by the group of persons that constitute majority of the population. If the greater population is the illiterate group, traditional health care would be the main source of health care and if the literate group constitute of the majority, western health care would be mainly patronized. Though sometimes the literate seek traditional health care because of the high cost of services at the western health care likewise, if the poor and illiterate are convinced that they will received prompt attention or if they have high value for good health, they will prefer to patronize the health facility with quality assurance regardless of the cost.

The decision to engage with a particular medical channel is influenced by a variety of socio-economic variables such as, sex, age, the social status of women, the type of illness, access to services and perceived quality of the service (Tipping & Segall, 1995). These determinants of health seeking behaviour is categorized into patients and services which fall under; geographical, social, economic, cultural and organisational factors.

A variety of factors have been identified as the leading causes of poor utilization of primary health care services: including poor socio-economic status, lack of physical accessibility, cultural beliefs and perceptions, low literacy level of the mothers and large family size. Review of the global literature suggests that these factors can be classified as cultural beliefs, socio-demographic status, women's autonomy, economic conditions, physical and financial accessibility, and disease pattern and health service issues (Iorvaa, 2013).

Perceptions about illnesses/diseases can be described as individual shared beliefs, views and traditions that characterize illness, its causes, signs and symptoms (Helmam, 1985). Illnesses such as malaria have been conceptualized differently in traditional societies resulting in a range of different terms and categorization. Various local terms and concepts are used in many endemic countries of Africa to categorize malaria according to the level of severity and perceived causes. For example, among the Tiv ethnic group in Benue State, Nigeria malaria is termed *iyor hian*. The perception about the causes of malaria varies not only among different cultures but also among individuals depending on their socioeconomic background. Recent studies in endemic countries in Africa have revealed a change in the perception about the causes of malaria. As a consequence of increased health education endeavours at community levels caregivers are more and more recognizing mosquito bites as a cause of malaria beside other possible causes. It is usually associated with headache, hot body, fever, chills, bitterness of the mouth, vomiting and "dirty stomach" as well as convulsions, anaemia, lump or sore in the stomach. When the malaria is serious, the eyes will start to become very yellow." Although severe malaria including convulsion may be recognised in some communities as a progression from simple malaria that has not been treated properly, in many African cultures, it is attributed to supernatural forces such as evil spirits or "witch birds" flying in the sky. Among the Tiv people of Benue State, Nigeria malaria and convulsion is caused by supernatural forces likewise in Dangme communities in Ghana a convulsing child is said to be attacked by *hiorwe*: sky illness while in Burkina Faso a child attacked by convulsion is said to have *kono*: bird illness. There is the belief that the illness is provoked by bird whilst passing over the houses during the night especially striking women and children who sleep outside. However, the association with the bird might also be explained by the movement of the child's arms during an attack (Dzurgba, 2011).

DETERMINANTS OF TREATMENT SEEKING BEHAVIOUR OF RURAL DWELLERS

Treatment seeking behaviour is determined by many factors including perceived cause of a condition, health education and access to the different health care facilities. Also, the sources of care for treatment of malaria are numerous: herbal treatment, both self-prepared at home or given by herbalists, drug purchased from pharmacy shops, drug stores, drug peddlers and, modern health care facilities. Home treatment is often the first option using either modern drugs or herbal medicines. However, taking a malaria patient to a formal health care facility is usually the last resort after failure of home treatment. A major concern is the delay in seeking appropriate treatment which often results in a child's death. This is even more critical when a child already shows convulsions that is usually associated to spiritual causes, are considered not treatable by modern medicines (Dzurgba, 2011).

In Nigeria, and in many developing countries, the factors that commonly affect the way rural dwellers seek for health include.

Religious Beliefs

Everywhere, the quest for health easily shades into issues of morality and religion because the latter plays a significant aspect of social life. The rural populace has cosmological and nosological notions which ascribe etiology of diseases and ill-health to entities far beyond the realm of the stethoscope. They believe that the doctor knows all and can cure all provided the right conditions are fulfilled. Hence, treatment of diseases classified as "common" or "ordinary" is diffused using either traditional or allopathic medicines while those classified as "severe" or "extraordinary" usually require special (traditional) attention (Omotoso, 2010).

The basic explanatory theory is that in serious illness, there is an underpinning of the supernatural. The most frequently evoked agency is ancestor spirit anger. Ancestor spirits constitute part of the ordered structure of the African cosmology. Upsetting the ancestors produces a disturbance of this order and hence disharmony and illness. In African thought, all living things including man are linked in harmonious relationships with the gods and the spirits, so that reality consists in the relation not of man with things but of man with man and of all with the spirits. Such relationship is ascribed to vital forces which each entity generates. A state of health exists when there is perfect harmony between man and his environment.

On the other hand, ill health and other misfortunes can result from a disturbance in the relationship between man and his social cum spiritual environment, or from forces directed by witches, wizards, sorcerers, evil spirits or angered ancestors because of infraction of totemic principles (Mbiti, 1987). The popular notion is that "people do not just suffer illness by chance" therefore, serious illness is believed to have its origin in a primary supernatural cause. There is no difficulty, however, in accepting biomedical explanations based on the

presence of viruses, bacteria, parasites, cancer or high blood pressure; these are simply seen as secondary causes. The idea of primary causation provides an explanation as to why a particular individual, and not others in the group, is afflicted by these infectious agents (Dzuruga, 2011).

Traditional African Medicine

Since tam has been with the rural dwellers for generations and also for the fact that orthodox medicine is often in short supply, their approach in times of ill health is first towards TAM. It is when this fails that they result to chemist shops or medicine vendors and then the hospital as a last resort (Iyalomhe and Iyalomhe, 2012). In TAM, divination (consulting the oracles), confession, ritual sacrifices, incantations and potions made from plant and animal parts are essential components of illness management (Sallah, 2007). These are aimed at restoring the patient to a harmonious relationship with his environment and/or counteract the effect of evil forces. In every instance where an illness is diagnosed to be due to ancestor spirit anger, there is usually an antisocial act of commission or omission by the person who must usually confess the misdemeanor, followed by ritual sacrifices to appease the offended supernatural agency before he can be expected to recover (Godfrey, Iyalomhe and Iyalomhe, 2012). Confession, that is admission of guilt, is crucial for therapeutic success. In other words, although the illness is attributed to ancestor spirit anger, the trigger for this is the sin against moral laws committed by the afflicted person.

Cultural Beliefs

Cultural beliefs and practices often lead to self-care, home remedies and consultation with traditional healers in rural communities. Advice of elder women in the house is also very instrumental and cannot be ignored. These factors result in delay in treatment seeking and are more common amongst women, not only for their own health but especially for children's illnesses. Family size and parity, educational status and occupation of the head of the family are also associated with health seeking behaviour besides age, gender and marital status. However, cultural practices and beliefs have been prevalent regardless of age, socio-economic status of the family and level of education. They also affect awareness and recognition of severity of illness, gender, availability of service and acceptability of service (Idrisu & Paolo, 2008).

Women's Autonomy

Men play a paramount role in determining the health needs of a woman. Since men are decision makers and in control of all the resources, they decide when and where a woman should seek health care. Women suffering from an illness report less frequently for health care seeking as compared to men. The low status of women prevents them from recognizing and voicing their concerns about health needs. Women are usually not allowed to visit a health facility or health care provider alone or to make the decision to spend money on health care. Thus women generally cannot access health care in emergency situations. This certainly has severe repercussions on health in particular and self-respect in general of the women and their children. Despite the fact that women are often the primary care givers in the family, they have been deprived of the basic health information and holistic health services. In Nigeria, having a subjugated position in the family, women and children need to seek the permission of head of the household or the men in the family to go to health services. Women are socially dependent on men and lack of economic control reinforces her dependency. The community and the family as institutions have always undermined her prestige and recognition in the household care. The prevailing system of values preserves the segregation of sexes and confinement of the women to her home. Education of women can bring respect, social liberty and decision making authority in household chores.

Economic factors

The economic polarization within the society and lack of social security system make the poor more vulnerable in terms of affordability and choice of health provider. Poverty not only excludes people from the benefits of health care system but also restricts them from participating in decisions that affect their health, resulting in greater health inequalities. Possession of household items, cattle, agricultural land and type of residence signify not only the socio-economic status but also give a picture of livelihood of a family. Cost has undoubtedly been a major barrier in seeking appropriate health care in rural Nigeria. Not only the consultation fee or the expenditure incurred on medicines count but also the fare spent to reach the facility and hence the total amount spent for treatment turns out to be cumbersome. Consequently, the economic stand of the rural dwellers limits the choice and opportunity of health seeking.

Accessibility

Access to a primary health care facility is projected as a basic social right. Dissatisfaction with primary care services in either sector leads many people to health care shop or to jump to higher level hospitals for primary care, leading to considerable inefficiency and loss of control over efficacy and quality of services. The effect of distance on service use becomes stronger when combined with the dearth of transportation and with poor roads, which contributes towards increase costs of visits. Availability of the transport, physical distance of the facility and time taken to reach the facility undoubtedly influence the health seeking behaviour and health services utilization. The distance separating patients and clients from the nearest health facility has been remarked as an important barrier to use, particularly in rural areas.

CONCLUSION

As a result of great role health performs in development, governments at all levels have continuously striven to maintain and improve the health sector in Nigeria. This commitment has been demonstrated through a well articulated health policy. The implementation of which has thus far, been handicapped by several constraints consequently, the health of the Nigerian people are still been threatened by an inefficient health care delivery.

Rural Nigeria still remains the most neglected and its people, the most deprived with respect to the provision of modern health care services. In addition, they lack other basic infrastructural necessities that are essential to the maintenance and promotion of good health. This situation is very unfortunate. Moreso, as majority of the nation's population who produce the nations food needs, including valuable export crops reside in the underserved area. Even the few areas where medical facilities exist, such facilities are often short staffed, poorly maintained and are often inadequately supplied with drugs.

Thus, the rural dwellers are subjected to high incidence of morbidity and mortality resulting from the prevalence of preventable parasitic and infectious diseases. In most of the rural areas of Nigeria today, few people could have access to better medical treatment. The decision to engage with particular medical channels is influenced by a variety of socio-economic variables: sex; age, the social status of women, the type of illness, access to services, perceived quality of service, cultural beliefs and religion. No country can be properly regarded as sound when the generality of the people are poor in health. The better the state of health of a country, the better able, it is to develop, mobilize and utilize the minds, energies and resources of the people for the lack of development. Since the generality of the populace live in rural areas where they are medically deprived consequently, it is on this note that the study suggests that the rural areas be provided with more medical facilities. There should be adequate provision and equipping of medical facilities while more enlightenment programmes be embarked upon by government so as to reduce the rate of malaria which is a common illness among the rural dwellers in the area.

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