SUMMARY

**Background:** Malaria in pregnancy is an enormous public health problem with substantial risks to the mother, her fetus and the neonate. Pregnant women are among those at highest risk for malaria. Intermittent preventive treatment of malaria in pregnancy with SP is one of the interventions recommended by WHO to prevent malaria in pregnancy. The effectiveness of SP-IPTp is however being threatened by reports of increasing levels of resistance to SP.

**Objectives:** The aim of the study was to assess the efficacy of SP against asymptomatic malaria parasitaemia in pregnant women at Comprehensive Health Centre Zamko. This involved determining the Protective and Therapeutic efficacy of SP, adequate parasitologic response and treatment failure with SP use.

**Method:** Two hundred and twenty eight pregnant women who met the inclusion criteria and had asymptomatic malaria parasitaemia were serially recruited into the study after obtaining consent. A questionnaire on socio-demographic data was administered. Participants received a dose of SP under directly observed therapy and were thereafter followed up for 6 weeks with weekly assessment for malaria symptoms and malaria smears for asexual parasitaemia. Follow up stopped if participants used other malaria medication, became symptomatic or had evidence of failure. Data was analyzed using Epi info 3.5.2 and the analysis was on per protocol basis. Early treatment failure, late parasitologic failure, adequate parasitologic response, protective and therapeutic efficacy were expressed as percentages.

**Results:** The study revealed that SP as used for IPTp cleared asymptomatic malaria parasitaemia in 77% of participants by day 3. Late parasitologic failure was more common than early treatment failure at 20% and 7.59% respectively. Therapeutic efficacy was 100% while Protective efficacy
was 94.7%.

**Conclusion and Recommendations:** SP is still efficacious for preventing asymptomatic malaria parasitaemia in pregnancy in women at Zamko and should continue to be offered to pregnant women for IPTp as currently recommended by the World Health Organization.