

# What are Community Members Saying About Artemether-Lumefantrine?

## Qualitative findings from the Two Demographic Surveillance Systems in Tanzania.

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### Background

The INDEPTH Effectiveness and Safety Studies (INESS) platform is a multidisciplinary phase IV effectiveness and safety study currently underway in two demographic surveillance system (DSS) sites in Tanzania. These include the Rufiji DSS and the combined Kilombero/Ulanga DSS. As part of the baseline data collection activities, we collected qualitative data in four focus communities during the 2010 peak malaria season to explore community perceptions of Artemether-Lumefantrine (ALu), Tanzania's first-line antimalarial treatment.

### Methods

#### Site Selection

Two communities per DSS area were purposively selected based on their distance from a health centre:

- One community located  $\leq 5$ km from a health centre
- One community located  $>5$ km from a health centre

#### Data Collection

Three qualitative data collection methods were used:

##### Focus Group Discussions (FGD)

*Purpose:*

To explore community perceptions of malaria and its treatment.

*Participant selection:*

- Random selection of village hamlets (with replacement)
  - 1 hamlet for male FGD
  - 1 hamlet for female FGD
- Hamlet leader helps with FGD recruitment

##### Illness Narrative Interviews (INI)

*Purpose:*

To examine people's actual experiences with a suspected malaria episode that they or a child  $< 5$  years old experienced in the past two weeks.

*Participant selection: A two-stage process*

- Random selection of hamlet for INI recruitment
- Household starting point selected by spin of a bottle in center of hamlet
  - Team visits every household going in a rightward direction until 2 adult males, 2 adult females, 2 caretakers of under-fives, and 2 pregnant women have been interviewed.

##### In-Depth Interviews (IDI)

*Purpose:*

To explore providers' malaria diagnosis and treatment behaviors (health workers and drug shop vendors).

*Participant Selection*

- Based on information from FGD and INI about where they seek care
  - Drug shops and health facilities frequented by community members



### Results

- ❖ ALu was the most preferred drug, followed by SP and SP-branded products
- ❖ Monotherapies were still being used for malaria treatment
- ❖ Most perceived ALu to be an effective malaria treatment with minimal side effects.

*"ALu is good. First you do not get tired and you recover fast. Right after you take the first dose, even if you were seriously ill you become active and you can sleep, (aha) different from quinine. When you take it (aha) the condition become more serious (aha)".*

Female FGD Respondent, K/U DSS

*Me sir, I see that in general "dawa ya mseto" [ALu] is effective because it is even dominant in our health facilities. Other types of drugs are available in the drug shops. If you go there and you have malaria, well they give you another medicine. He gives you Metakelfin, but if you go to the health facility they must give you "dawa mseto". They really help us a lot.*

Male FGD Respondent, K/U DSS

*"It does not itch the body, when you take it the body remains normal"*

Male FGD Respondent, Rufiji DSS

*"Yes, and it treats well and ends your problem. Once you finish the dose it means you are cured. But for some other drugs, you may use and even finish the whole dose, yet you continue feeling the same and you have to switch to other drugs. With ALu, the way my body is, once I finish the dose, the malaria is gone."*

Male INI Respondent, Rufiji DSS

*M: Why do you say that ALU is much better?*

*R: Aah, for now myself I have not received any complaint that they have caused any side effects to a person and among the majority who are taking them, very few have come back to say that I have felt this condition. From the beginning up to this minute, they are very few. So maybe if you have treated ten people, one or two have come back.*

Health Worker, K/U DSS

- ❖ However, some respondents perceived ALu as ineffective due to unresolved symptoms after completing a full dose.

*"Like me my child (yes) I took him the day before yesterday, he has used that drug but he still has fever until this minute (ahaa) mmh."*

Female FGD Respondent, K/U DSS

*"The other day I was sick with malaria I tried those ALU, I have finished the whole dose but still it did not help."*

Male FGD Respondent, K/U DSS

- ❖ Many FGD and INI respondents spoke about a drug's ability to effectively treat malaria in terms of its compatibility with an individual's body or blood.

*"You will look at your body, the drug that likes you."*

Female FGD Respondent, Rufiji DSS

*"Honestly, all drugs are good but it depends on the blood of the person (mh). One person's blood likes ALu (mh), another one likes Amodiaquine (mh), another one Quinine"*

Female FGD Respondent, K/U DSS

*"I have said since I started, the drugs for my blood are these ALu because ALu receives me well (Why?) Because when I take ALu when I am sick (yes) from malaria if I take ALu, it does not bring me problems."*

Male INI Respondent, K/U DSS

### Interview Tallies

Transmission Season	Location of Data Collection			Interview TOTALS		
	Region	DSS Area	Site	DSS Area FGD	DSS Area INI	DSS Area IDI
High Transmission (26 Mar-11 Apr 2010)	Coast	Rufiji	Community A	4	14	9
			Community B			
High Transmission (26 Mar-11 Apr 2010)	Morogoro	Kilombero/ Ulanga	Community A	4	14	6
			Community B			
Totals				8	28	15

### Data Analysis

- All interviews are digitally recorded, transcribed, and translated into English
- Final transcripts and notes imported into qualitative data analysis software package (NVivo8) for coding and content analysis